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EDITED FOR THE ASSOCIATION BY N. S. DAVIS, M.D., LL. D.

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ORIGINAL ARTICLES.

SUICIDE BY BLOWS AGAINST THE HEAD. A Medico-Legal Study.

BY ALLEN STAPLES, A.B., M.D.,

OF DUBUQUE, IOWA.

Although suicide, accomplished by blows against the head of such severity as to wound the contents of the cranium, is of very rare occurrence, it has been observed in a certain number of cases. Such selfmurder requires more than ordinary energy, or insensibility to pain, for its execution, and these conditions chiefly obtain among the insane. There are recorded in medical literature a few instances in which the object was attained by blows on the head with a hammer or hatchet, or by driving within the skull a chisel or similar instrument. Certain of these cases, too, consist of persons who have tried to end their existence by other methods, less revolting, and have failed. Death from the self-inflicted wounds, or secondarily from the inflammation consequent upon them, as a rule, has been the final result. In the following paper 1 purpose to give as complete a series as I can, of cases illustrative of the remarks above, and to narrate more in extenso the history of a patient that came under my own observation.

The first case to be related is that of Dr. L. Langer.1 A poacher, 37 years old, attempted suicide by beating his head with a sharp angle of an ax. There passed other substances into his brain. Later he were found on the forehead, between the frontal eminences and extending into the hair, three wounds filled with crushed and splintered bone. The middle one was about two inches long, and showed at its bottom a half-inch fissure in the bone. There was also a Y-shaped wound above and behind the right ear, extending to the bone, a similar one just above, and a large swelling just below the occipital protuberance. The man recovered in two months.

Fourmet² relates a noteworthy case: A joiner had driven an iron chisel 3½ inches long and 3 lines broad up to its head by means of repeated blows from a hammer, into his cranium about the middle line. The patient became comatose, but, on the removal of the chisel in about seven hours, recovered within two

I. M., convicted of repeated arson and sentenced to

imprisonment for life, was reported to have simulated epilepsy and insanity, and to have made suicidal attempts by inflicting superficial wounds on his neck and arms. In October, 1859, he drove two nails, 11/2 inches long, into his frontal bone: these were with difficulty extracted by the forceps. In April, 1860, a similar attempt was made in the left pariet d bone. He quickly recovered from the effects of each attempt. In September, 1860, he introduced under the skull a piece of wire. Signs of brain irritation followed this last wound, and a week later death ensued. The autopsy showed the dura firmly united to the skull at the place of the last injury, and the perforations through which the nails had been driven closed by membrane. There was purulent meningitis that had been caused by four needles that were found sticking into the meninges and brain. These needles had been introduced through the openings made by the nails.

A case presenting much analogy to the above is narrated by Dr. V. Biart. 1 It was that of a convict in the Kansas State Penitentiary, who attracted much attention among his fellow-convicts by boring a hole in his skull with an awl, and introducing therein pieces of wire. The physician-in-charge removed several pieces that had pierced both cerebral hemispheres. The wound of entrance was situated in the right parietal bone, near its posterior inferior angle. The patient stated at the time that he had committed suicide by taking morphia; and at the autopsy his brain was found congested, and a wire three inches long and three-sixteenths of an inch thick was found running from the wound of entrance to the fissure of Sylvius. A flat nail one and threefifths inches long was also found lying near the wire.

Carpenteis relates a similar case of an insane patient who sought in the following ways to take his life: First, he bored through his skull just above the right ear, and passed a heavy wire four and threequarters inches into the brain. Second, he thrust an awl into the vertex. Third, through the first opening he pushed another wire to the opposite side of the skull, causing a left-sided hemiplegia that lasted fourteen days. Finally, after some months, he poisoned himself with morphia. At the autopsy a piece of A remarkable case was published by Angenstein.3 wire two inches long and a threaded needle were found lying near each other in the middle lobe of the

¹ Read before the Julien Medical and Surgical Association, Dubuque. 1 Wiener Med, Wochenschrift, 1878, No. 37, p. 990.
2 Wiener Med. Wochenschrift (R. Frank) 1885, No. 15, p. 454

 $^{^3}$ Ibid.

⁴ Agnew's Surgery, vol. i, p. 204 3 Wiener Med Wochenschrift, No. 15, p. 457.

covered a piece of wire two and one-half inches from meningitis. The post-mortem examination long, and a long headless nail.

Schauenstein relates the case of a laborer who tal bone. gave himself seventeen blows or, the forehead and skull. Death from meningitis followed.

down his child with a hatchet, wounded his wife dangerously and also struck himself several blows in the neighborhood of the right frontal eminence, in consequence of which he fell senseless. healed perfectly.

Albert' gives the case of a joiner 32 years old, who two months cicatrization of the wound.

suffered much from headache dealt himself severe a large loss of substance, seventeen incisions being blows on the head with an ax, split his lower lip, counted posteriorly, fourteen anteriorly. The bone wounded his throat, cut off a testicle, and on his re- was much splintered and fissured. covery could not tell what impelled him to the act.

etal eminence.

E. von Hofmann.11 A woman first stabbed herself suppurating, must have been three or four days old. in the liver, and as death did not ensue seized a cutting edge of the hatchet.

found in a wood. On the vertex was a wound evidently made by a hatchet that was lying near by.

in a few hours.

first struck his head violently against a wall, then present. beat his head with an ax so long and heavily that he bone one inch long and two inches broad, with several depressions about it.

right hemisphere, and in the frontal lobe were dis- open the veins in the elbow. She died in six days showed a large fracture on the right side of the fron-

Riembault16 reports the following case: A man 53 vertex with a hatchet, some of which penetrated the years old, among whose relations were sixteen insane, and who suffered from severe headaches, was found J. Fritsch' reports the case of a drunkard who cut hung in a barn. He had first cut his scalp with a pocket knife, then dealt himself heavy blows on the head with a hatchet, and finally hung himself. There were found, at the autopsy, a large fracture at the The wound juncture of the parietal and frontal bones, and nine parallel incised wounds of the scalp.

Kupfer¹⁷ reports the case of a man, 40 years of struck himself in the right temporal region with a age, who was found drowned in the Spree. There hammer. A large wound resulted. Patient became was a history of overwork and anxiety, and a slight unconscious, tongue was deflected to the right. The temporary mental aberration. There were found next day there was return of consciousness, and in above and behind the right ear thirteen parallel wounds of the integument, some of which reached Fabrice reports the following case: A man who the bone. Over the left ear were many wounds with

Krugelstein¹⁸ records the following: On the head Zaggl^p reports the case of a patient in puerperio, of a woman found hung were thirty parallel wounds, who attempted to suicide with a meat ax. There one half inch long. These were situated on the was contusion of the scalp on the vertex, with a stel- forehead and vertex and had penetrated the outer late fracture and a bruised wound on the right pari- table. There were in addition some small parallel incisions in the cardiac region that, as they were

Von Haumeder19 gives the case of a hostler, ill of hatchet and struck herself so many blows on the fore-typhoid fever, who was found hung. At the centre head and vertex, that she fell back senseless. When of the vertex was a sharp-walled hole two inches she was brought into the hospital, consciousness had, long and half an inch broad, at the bottom of which returned; linear cuts with contusions of the scalp were the bone was laid bare. Both hands were stained found. Much suppuration followed, and the patient with blood. A short distance from the body lay a died of pyaemia. The autopsy revealed that the heavy hatchet, on which were traces of blood, and outer table of the vertex had been penetrated by the yet further off was found, near a pool of blood, a large hammer. An examination showed that there Krugelstein¹² reports that a skeleton of a person were at least sixteen blows directed against the head, who had run away from fear of punishment, was seven of which penetrated the skull. There was typhus abdominalis in the ulcerative stage. The expert opinion on the case was that it was one of suicide; Casper Liman : A laborer long afflicted with this opinion was founded on the facts that the wounds melancholia, struck himself such heavy blows on the were of comparative insignificance from such heavy head with a flax-beater, that he died of their effects instruments, that they were parallel in their course, that they were all near each other, that there was no Otton reports the case of a jealous butcher, who evidence of resistance, and that typhoid fever was

Howe20 reports the case of a man who, according sank back senseless. Death from harmorrhage re- to the statement of his wife, first dealt her blows on sulted. The autopsy showed a hole in the frontal her head with a pistol, then fired two shots upon her. He next attempted to blow his brains out, but as the pistol missed fire, he struck himself very violently on Maschka: 16 A woman 63 years old stabbed herself the head. Death from shock followed. The autopsy in the abdomen with a knife, then beat herself heavily—showed the right malar region suffused and penetraon the head with an ax, and finally attempted to ted by an incised wound one inch in length, two incised wounds in the right temporal region, nine on the vertex close together, a lacerated wound over the right ear, and one on the vertex, and a triangular cut

^{*}Bud.

Thid.

[°] Had.

n Lehrbuch d. gericht. Med., p. 467, ¹² Wiener Med. Wochenschrift, No. 15, p. 4-6.

¹³ Hard

¹ Ibid

¹⁶ Had.

is libid.

^{1/} Wiener Med Wochenschrift, 1882, No. 18 2 Boston Med and Surg Journal, Nov. 8, 1883, p. 433.

signs of mental aberration.

R. Frank'sⁿ case: This remarkable case, together with the result of the judicial investigation into it, I together upon a comparatively small surface, and will relate more fully, as the history is of much interest from a medico-legal point of view:

ordered. It was elicited that the woman lived in hand of the patient. easy circumstances, but was somewhat peculiar and secretive in habit. Her family energetically scouted head is a rare event, yet one sometimes observed; the idea of suicide, and the wounds were explained and experience teaches that this extraordinary mode by a fall from a chair or table while she was dusting of self-murder is chosen chiefly by the insane; it is pictures.

An examination revealed the following injuries: Hair in the anterior parietal and frontal regions abraded; a wound with ragged edges, four inches that came under my own observation: long, extending from between the eyebrows upwards and purulent meningitis.

above case was as follows:

1. J. N. died of purulent meningitis.

2. This was caused by violence through the above forty feet, and walked thence with but little aid. named injuries, especially by that reaching from the base of the nose directly backwards, forking posteriorly, and producing the fissure on the frontal bone.

and sharply defined wounds of the scalp, coursing side of the head, at a point about one and five-eighth generally from before backwards, was caused by vig-linches above the meatus auditorius, and one inch in orous blows with a sharp and heavy instrument, prob. front of a line dropped from the vertex to the meatus. ably with a hatchet, and the number of blows must have been nine or ten. The straight fissure of the side, about one and one-quarter inches, at a point frontal bone, and the incisions at the posterior end, one inch above, and half an inch in front of, a verfrom the fact that between the cleft walls, large pieces tical line bisecting the meatus. The length of the of bone are wanting, and the walls of integument chisel was eight and one quarter inches, the diameter

on the arm. The patient had previously showed bounding the wounds can be recognized, must have been caused by two or more blows.

4. Since these numerous wounds were compacted easily accessible to the hand of the patient, and were in the same direction from before backwards In the Vienna Allgemeines Krankenhaus, Surgical, and almost parallel, and since some of them scarcely Section, a woman 64 years old presented herself on break the skin, therefore the suspicion is very strong the forenoon of September 28, 1884. Her statement that these injuries were produced, not by a foreign was, that her wounds were self-inflicted and made by hand, but by that of the patient herself, for the pura hatchet. In consequence of her injuries she died pose of suicide. This suspicion is confirmed by the on October 4. Except some mental hebetude, she circumstance that on the inner surface of both foredid not show any cerebral symptoms. But because arms, on the flexor surface of the left wrist and under of her mental dulness, her ante mortem assertion that both knees are, huddled together, numerous parallel her injuries were produced by her own hand was not superficial wounds that doubtless arose from an atdeemed trustworthy, and a judicial investigation was tempt to open the veins, and were produced by the

> A suicide caused by blows directed against the therefore to be justifiably suspected that this patient, while she was insane, accomplished the deed.

The last history of a case that I shall relate, is one

On December 16, 1885, Dr. G. M. Staples was and backwards, and forking above, was continued to called to see J. A. M., a short, thick-set German, the right an inch farther. This large wound had a about 45 years of age, of florid appearance, and stellate appearance, and at its widest portion was stone-cutter by trade. He saw M. about 10 A.M., two inches across. On the left side of it were two and found him sitting up in a saloon that adjoined smaller wounds, and on its right side were two oth his shop. The patient was semi-conscious, and had ers, incised and parallel, that penetrated the skull, the appearance of a man somewhat intoxicated. On Their walls were inflamed and purulent. Numerous inquiry, it was found that he had left the saloon about smaller wounds were found on the right forearm, el. 9 A.M., after drinking several glasses of beer. The bow, knee, and on the left knee. The frontal bone proprietor stated that he had appeared considerably showed a fissure two inches long, half an inch wide, depressed in spirits, but returned to his shop to work In addition, there were seven punctures that had as customary. Twenty minutes thereafter two genmore or less completely penetrated the skull. Be- tlemen attempted to enter his shop to consult him sides the above named lesions, on the inner surface about work, but found the door, which was partially of the calvarium were found blood clots with frag- glass, locked. Looking through the door, they disments of bone. The anterior portion of the right covered M. walking towards them with a long chisel upper frontal convolution showed degeneration, and protruding from his forehead; he stooped down and was dotted over with small kemorrhages. The rest-attempted to unlock the door, but after trying some of the brain was anæmic and soft, the ventricles con-minutes and appearing unable to turn the key, those tained a turbid fluid; there were clots in the sinuses from the outside forced the lock and entered. M. then said to them, "Drive the chisels further into my The expert opinion of Prof. Hofmann in the head," and then, shortly after, "For God's sake pull them out." The patient was immediately taken to the saloon above spoken of, a distance of perhaps

Dr. G. M. Staples was summoned at once, and found on his arrival the following condition:

The head of a small stone chisel was found pro-3. This fissure, as well as the neighboring elongated truding about three lines from the scalp on the right

> The point of the chisel had emerged on the left of its head, three-eights of an inch, and it tapered to a flattened point. A similar chisel had been driven

²¹ Wiener, Med. Wochenschrift, Nos. 15, 16, 17, "Selbstmord durch Hiebe gegen den Kopf," von R. Frank

margin of the superciliary ridges, and had penetrated one and one quarter inches.

protruding point with a block of wood. The second had perforated the skull. chisel was bent to an angle of 20 degrees, five-eighths

rhythmical flexion and extension of the lower extrem-tions, that, from their peculiar situation and correities. At 1 P.M. his restlessness became much more spondence to the heads of the chisels, were supposed marked. He continually endeavored to arise in bed, to indicate the number of blows needed to accompand get upon the thoor, requiring two powerful men lish the deed described. Inquiry into the patient's to hold him down. His eyes were constantly closed, family history, failed to reveal any hereditary tenand the urine had been voided in bed. Morphia, dency to insanity; it was discovered, however, that ¼ grain, was given hyp⊕dermically.

the patient together; he was then resting more casionally showed depression of spirits. quietly. The lower extremities exhibited rhythmical: tition was slowly and very imperfectly performed.

with the urine that had been involuntarily evacuated. , existed.

At 10 P.M. the patient was seen by Dr. Bready and the writer; he was found very restless, continue tract, the course of nervous influence through it, ally throwing himself about the bed. The pulse from the cortical centres of motion, would be more to urinate and passed water freely. Deglutition was the rhythmical motions exhibited by our patient. If, quite impossible. He was given, hypodermically, as was thought, the posterior clinoid processes were morphia. Is grain, and atropia, 120 grain.

a comparatively quiet night, sleeping heavily. His case related by Belhomme. respiration was 36, pulse 120, and fever, temperature. In this case an exostosis from these processes

perpendicularly into the centre of the forehead, five-tient seemed to be sinking, and a solution of spts. eighths of an inch above the plane of the upper ammon, aromat, was made to trickle down his throat.

At 3 P.M., he was again visited by Drs. Staples, Bready and Minges. He had died at 2:30 P.M. The pupils were dilated, the left irregularly; the The dressings were removed, and a Nélaton probe pulse was slow and full. Forcible traction with with porcelain tip, was passed through the temporal strong forceps was necessary to extract the first men- wounds, from side to side, showing that the chiseltioned chisel, and an assistant pressing against the had traversed brain tissue its entire length, after it

Although with our utmost persuasion, no autopsy of an inch from its point, and was firmly imbedded was permitted, yet we were able to obtain very carefully on the frontal bone, requiring for its extraction, the made measurements. From these it was estimated greatest efforts with the forceps. Moderate hæmor- that the first mentioned chisel must have penetrated rhage from the orifices made by the first chisel, fol- the skull at the upper anterior angle of the squamous lowed. It is of interest to note, that a superficial punc- portion of the right temporal bone and lower margin ture was discovered one eighth of an inch above, and of the right parietal traversing the base of his skull, to the left of the point of entrance of the second chisel. in the region of the Sella Turcica, and emerging at Absorbent cotton was placed on the orifices, the nearly the centre of the squamous portion of the head was bandaged, and the patient sent to his home left temporal. The second chisel passed through the half a mile distant. After the chisels were removed frontal bone, and must have entered the frontal lobe the patient became more comatose, and at noon he of the brain, at least half an inch. The mallet with could be but slightly aroused. The pulse continued which the chisels had been driven, was of wood, and slow and respiration was somewhat laborious and weighed two and three eighth pounds. It was covstertorous; there were signs of restlessness and ered with blood and presented about fifteen indentahe had been greatly concerned about some business At 4 P.M. Drs, G. M. Staples and Bready visited matters, that he was a hard drinker, and that he oc-

In the absence of an autopsy, any statement as to movements as before. Respiration continued labored the particular cerebral structures wounded, is at the and there were ecchymosis and swelling about the best, mere conjecture; but after careful study and eyes. Pulse was 80 and pupils contracted. Deglu- measurement, on the subject, I have arrived at certain conclusions, and I give them to the reader for A tubber drainage tube was inserted, one and one- what they are worth. It is my belief that the first half inches into the right temporal orifice, and half chisel penetrated the right tempero-sphenoidal globe, an ounce of dark blood evacuated. The temporal or entered the fissure of Sylvius, passed just below wounds had been previously probed and hone, sup-the Island of Reil, traversed the fenticular nucleus, posed to be the posterior clinoid processes, had been internal capsule, and right optic thalamus. On the touched. After the tube had been inserted and the left side it must have passed a little lower through wound drained, the patient was visibly easier. The the substance of the tempero-sphenoidal lobe. .That tube was padded with absorbent cotton and retained the region about the Island of Reil was not injured, in the wound. The clothing and bed were saturated. I hold to be probable, by the fact that no aphasia

The internal capsule being a part of the pyramidal was 90 to 100. He indicated by motions a desire or less modified and this, it may be, was the cause of fractured, there probably resulted pressure on the The patient was seen by Drs. G. M. Staples and pons; and if the patient had lived any time, the Bready at 8 A.M. on the following day; he had passed issue would perhaps have been similar to that of a

101. He could not swallow at all, thirds being re-pressed upon the pons; the patient was subject to attained in the mouth, and flowing out at the corners, tacks of vertigo, and impairment of the motion of the Grumous blood, with some debris of cerebral tissue, legs, followed by forced movements from left to right. kept slowly oozing from the drainage tube. Urine Towards the close of the case, convulsions and had been passed involuntarily during the night. Patrotary motions from left to right ensued.

From the lesions in the lenticulo striate region, we comparatively unimportant, do not render the suicide would expect that the senses of vision and olfaction incapable of completing the act. would be impaired, though this, in our case could ing to Ferrier, would induce dilatation of the pupils, course. This is easily explained by the quick monot be followed by any marked effect.

Such wounds as those in our case belong to the tention can be directed. punctured or perforating variety of wounds of the head; of this class there are but six reported in the History of the War of the Rebellion," and in no one duced. of these was there absolutely complete perforation. Five of these patients were wounded by a bayonet, one by a sword, one survived, permanently disabled, in other portions of the body. five died with extravasation of blood in one case, cess of the brain in two cases.

As to the treatment of our case there is little compatible with resistance. room for discussion. All surgeons will agree that The best authorities, too, are in favor of famous tamping iron case, says that it was due in the causes in one case each. great measure to the free outlets in the skull above and below, that the man Gage owed his life.

In wounds of the head where the skull is perforated case must be carefully considered. the mortality is always very high, no authority giving it as less than 80, and some giving it 100 per cent. "If death follows in twenty-four or thirty-six hours, it will be from shock and the extravasation of blood and serum, when the fatal result is longer delayed, encephalitis or abscess will ultimately prove fatal. When the projectile remains within the cranium, the danger is greater than when it passes through or perlate war show a difference of 5 per cent in favor of in the former being 80 per cent, and the latter 85.5 per cent."22

A study of the above cases shows that death often does not result from the immediate effect of the injuries, more often the patient either gets well of them, dies from the resulting inflammation, or tries some producers will not prove effective. other method of suicide. Another lesson to be drawn from these cases is, that even heavy blows removal of the diseased, hyperaesthetic mucous memagainst the head do not necessarily produce con- brane that covers the turbinated processes and porcussion of the brain.

suicide may be of great importance, and attention to valuable instrument. the following points, will be of use:

on the frontal and parietal bones, more rarely on the of the size of the portion removed. temples, very rarely indeed upon the occipital bone.

blows are made somewhat cautiously, and being some extent.

- 3. The injuries are, as a rule, huddled together in not be ascertained. A wound in this locality accord—a comparatively—small—space, and take—a parallel a phenomenon which we noted in the case of M. tion that has been taken by the hand. This disposi-A wound in the tip of the frontal convolution would tion of the wounds almost characteristic, is one of the most constant and weighty signs to which our at-
- 4. Heavy strong instruments are regularly used. If they are blunt, fewer wounds are to be looked for, large surgical volumes of the "Medical and Surgical as unconsciousness would be the more quickly in-
 - 5. In many of these cases, other injuries made with suicidal intent, or traces of them, can be found
- 6. Signs of resistance or non-resistance, should in cerebral hernia in one, encephalitis in one, and ab- every doubtful case be looked for. Regularity of the wounds, and a grouping together of them, are not
- 8. The history of the patient, as concerns the the immediate removal of the foreign bodies was in- mental state is always of importance. Most of these suicides had shown aberrations of intellect, perhaps establishing and maintaining the most complete of a transitory character, and hereditary taint came drainage possible. Dr. Harlow who treated the often into play. Delirium and cephalalgia were also

It goes without saying, however, that to avoid an error of diagnosis, all the circumstances in a given

SURGICAL METHODS FOR THE RELIEF OF PRU-RITIC RHINITIS (HAY FEVER).

BY THOMAS F. RUMBOLD, M.D., OF ST. LOUIS, MO.

My method of ascertaining who will require operaforates, as in the former case there is one foreign tive procedure, is to treat by the spray producers body more in the cranium. The statistics of our every case for a few days, giving from ten to fifteen treatments. From the effect of these applications, I perforating over penetrating fractures, the mortality judge whether or not the case will require severer measures. It is seen that I operate on as few patients as possible, because I fear the effects that will follow the formation of scar tissue in the nasal cavities. I do not wait until the pruritic season has passed away, but operate as soon as I find that the spray

Relief by Surgical Measures.—This consists in the tions of the septum nasi. This is best done by means In a given case, the diagnosis between murder and of Jarvis's wire snare, or some modification of this

I prefer this instrument to the galvano-cautery, be-1. The situation of the wounds must be one readily cause it can be employed to remove even an extenaccessible to the hand. The majority of these in- sive hyperplasia of the turbinated processes without juries, as the cases given above attest, are situated leaving a large cicatrix, certainly not the one-tenth

To be enabled to apply this instrument with com-2. Usually more than one wound, frequently many, parative ease to the patient, a nasal speculum will be are found. It is easily comprehensible that the first required. With it the passage can be dilated to

> I have had a nasal speculum made that has handles eight inches long. It is illustrated in Figure 1.

²² Agnew's Surgery, Vol. i, p. 290.

Such a length enables the patient to hold the in- To apply the wire snare, the nostril should be dila-Thus held, it will be far more comfortable for the withdrawn, and a new attempt made. patient than if the physician were to hold it, and the parts will be fully as well seen.

speculum?

strument in position in the nasal passage, thus allow-'ted to its utmost, and the loop passed in with its ing the physician to use his hand for other purposes, transverse diameter held vertically. It will not be If the patient does not hold the instrument in the possible to prevent the wire from touching both the best position for complete inspection—and they sel-septum and the turbinated process, which may exdom do at first—the physician must properly adjust cite sneezing. If it does the loop will have to be

Placing the wire loop around the growth is difficult to accomplish, and frequently requires great patience If this is the case why cause great discomfort, if and dexterity. The loop is slowly passed into the not excessive pain by employing a self-retaining nasal mostril, and made to surround the growth. If this is Llarge enough to protrude a quarter of an inch, it may



1.-NASAL STECCEUM, eight inches long, with reversible blades. length is given it to enable the patient to dilate his own nasal passage



Fig. 2.-Modified Jarvis Wire Snare.



ASTERIOR NASAL MIRRORS, -The mirrors are represented full size The handles are five inches The desired angle may be given to each mirror by bending the wire handle near the glass.



Fig. 4.—Pharkysgi vi Murror—By pressure on the lever on the handle the mirror may be made to take any desired angle, thus reflecting the posterior, superior and anterior surfaces of the pharyngo masal cavity, white rotation on its axis reflects the lateral surfaces.



The Soft PALATE RELEGED to the Formation of A, lever to separate arms. B, the soft rubber band that closes the arms and holds the usual out of the operator's way. C, the lever that raises the wedge. After the intraneur is introduced behind the velum and the arms spread by the lever A, then the wedge retains the man position

as shown by the dotted lines in the illustration.

the spray producers to the anterior naris.

One of the blades of this speculum is flatter than be easily surrounded by the wire. As soon as it is the other, the flatter one should be applied to the ascertained, by slight traction, that the wire is enmasal septum, and when the other passage is to be gaged, the milled nut is slowly turned, time being inspected the blades are to be turned over or reversed, given for the wire to sink into the hyperplastic and partially redemators tissue, as it always does; and I employ this speculum in all operations in the an- in about half a minute the nut should be again turned terior nasal passages and during all applications of partly around. As soon as it is ascertained that the loop has a good hold on the growth, the patient

should be directed to take hold of the instrument less from the instrument, and ready to be applied to with the left hand. He should then turn the nut so the hypertrophied tissue to be removed.

slowly that he experiences but little pain.

tremity of the growth.

passage, from one to three hours are required. The the desired direction. only sure guide is not to cause too much pain.

size of a large pin's head.

Not unfrequently the hyperplasia is a rounded to show the ring. body only, such as the wire loop will not take hold. In this case I have taken the needle of a hypodermic the loop over it. This gives the wire a hold on the; tumor. Since then I have had long needles made, taking my pattern from some I saw in the hands of Dr. Jarvis, in June, 1882.

for this purpose.

by me, has a little advantage over the original Jarvis sufficiently hot to be destroyed. snare, but in very many cases I use the Jarvis snare, modification consists in the following:

surgeon's view of the parts to be operated upon.

- 2. A ring is employed for holding the instrument. the part being burned. I prefer the patient to hold the instrument while the comfortably to himself than can be done by any one else, I also direct him to turn the excising nut. As the exision should be performed slowly—to prevent hæmorrhage and the foundation of an extensive, cicatrical surface—his sensations are the best guide as to the speed of the cutting process. As the pain lessens he is directed to turn the nut; and the placing of the nut on the outer extremity of the instrument, I have found to be a little more convenient lar treatment with the spray producers. also for the patient.
- 3. The wire holder is a rod, not a tube. There is not the least advantage in this, but this is required if the excising nut is placed on the outer extremity of the instrument. This rod is long enough to extend beyond the inner extremity or operating end of the instrument, and the portion thus protruding has a small opening in which to fasten the excising wire. After the wire is firmly attached, the extremity of the crystal of chromic acid; the crystal instantly melts and rod is then drawn into the barrel of the instrument, leaving the loop of wire extending one inch, more or ready for use. Cocaine, a 5 per cent. solution, should

- Two needles are permanently fixed on a perfor-An important direction, is to keep the end of the ated slide, which moves easily on the instrument and instrument, from which the loop extrudes, held close is seen next to the ring. To make the needles take to the outer wall of the nostril. If this is not done, the right direction, their points pass through a guide the loop will slip off over the anterior extremity of that is also slipped on the instrument, but at its outer the hyperplastic growth. It should be borne in mind, extremity. This guide fits so tightly on the instruthat the loop seldom slips off over the posterior ex- ment that it does not leave its place while the needles are being pushed through it by the finger of the op-It generally takes about half to three-quarters of erator applied to a perforated slide, which, as has an hour to remove even a small enlargement, while been said, moves easily on the barrel of the instrufor one of so great dimensions as to fill the nasal ment. This mechanism insures the needles taking
- 5. The instrument is bent on itself, at the location of When the instrument has cut itself out, if the pa-| the perforated slide. This is done to make a sufficitient does not blow his nose-which he should not entangle to prevent the nut from interfering with the do-there will be no loss of blood, or at least but operator's view of the parts inspected. The illustravery little. This insures a small scar, one about the tion given above does not indicate this angle very clearly, as the instrument is made to lie on its side

The Galvano-Cautery.—Every one has a favorite manner of applying the galvano-cautery. Some alsyringe and transfixed the growth and then placed low the platinum to become almost white hot before passing it into the nasal cavity. I did this on several occasions, to my patient's detriment, the radiating heat being so great as to cause acute inflammation of the whole cavity and great swelling of the face. This led to the idea of having the needles so at. The electrical energy should be sufficient to make tached to the ecraseur, that they could be used after platinum white-hot in one second of time while held the loop of wire was placed around the growth, in the air. Of course if the current was allowed to Figure 2, illustrates the instrument I have had made continue, the wire would be burnt through in about three or four seconds, but when the electrode is laid In some instances I find that this snare, as modified on the tissue, this keeps the wire from becoming

I prefer to place the electrode on the spot to be with his needles in the place of this instrument. The cauterized and then make the connection with my foot, never using my finger or thumb for making the 1. The excising nut is placed at the outer extrem-| connection, as this would necessitate holding the inity of the instrument, so as not to intercept the strument so firmly in my hand that I could not be certain of the degree of pressure 1 was making on

Immediately on the withdrawal of the electrode, I excision is being performed, as he can do so far more spray the cavity with spray producers Nos. 2 and 5, employing the vaseline comp. given on page 497, October 30. This will have a soothing effect, but if the patient still complains of the distress from the burning, I apply the oleate of cocaine. This is an excellent preparation, and produces a much more lasting effect than the solution. The strength that I now employ is 5 per cent.

The next day the patient should receive the regu-

As soon as the patient can endure a second application of the cautery, it should be applied. Generally one or two applications a week can be borne without great discomfort.

Caustic Applicators.—The applicator that I have most frequently used, has been a silver probe. When I desire to use chromic acid—which is very seldom— I heat the point of the probe and then touch it to a coats the probe point, and the instrument is then be applied to the parts frequently for half an hour certainly a very common occurrence, and in the mabefore the acid is applied. Care must be taken not jority of cases runs its course in a few weeks without to hold the acid too long on the part to be destroyed; any complications. In some instances, however, but just to touch the parts is quite sufficient. The the inflammation invades adjacent parts, and may be applied immediately after the touch is made.

of the membrane with a slender, but strong pair of meningitis and death. forceps, maintaining the hold on the membrane for two or three minutes, first spraying the parts with a fortunately, a happy termination. 2 per cent, solution of cocaine. The results are quite

satisfactory.

burning sensation.

great that I think I will not use it again.

turbinated processes or the septum nasi are to be in- posterior quadrant. spected or operated upon, I hand the patient the turbinated processes and the septum nasi, using my snare, or the chromic acid probe.

If the volume hangs too close to the posterior wall instillation three times daily of the following solution: of the pharynx, I hook the pendent portion with the spreading soft palate retractor (Fig. 5). Before drawing the palate forward, I spread the limbs of the instrument a little, and then draw it slightly outward. I then lift the right hand of the patient to the handle of the instrument and direct him to draw it as far forward as he can without causing unpleasant sensations. The patient can hold the instrument very much better than an assistant, as he knows how to control it so that it will not cause him to retch or occasion pain.

sist the operator in locating the sensitive spots, and applications to the part. She soon obtained relief. in adjusting the Jarvis snare.

employ the same methods.

A CASE OF PURULENT INFLAMMATION OF THE eye was noticed. Temperature but slightly elevated. MIDDLE FAR WITH RRAIN COMPLICATIONS 1 April 21. Dr. Doering examined the case with MIDDLE EAR WITH BRAIN COMPLICATIONS.

BY BOERNE BETTMAN, M.D.,

OF CHICAGO, D.L.

spray of vascline, with No. 2 spray producer, should give rise to very annoying, and even serious and grave results. Cases are on record where the inflam-Crushing.—I have grasped the sensitive portions mation has spread to the brain, giving rise to severe

I will report one of these complicated cases, with,

On April 1, 1885, I was kindly asked by Dr. Doering to examine the ears of a young lady, æt. 18, suf-Locating the Diseased Membrane.—In locating the fering with an acute purulent otitis media. The hyperaesthetic spot or spots, I employ, if possible, a patient had contracted a severe cold five days prevismall reflector (Fig. 3.) if it can be passed into the ously. Two days later she complained of pains in anterior nares without producing much, if any, irrita- the ears and loss of hearing. Counter-irritation, in tion, using, at the same time, a nasal speculum. I the form of blisters to the mastoid region, and instilthen insert a probe, bent slightly at the point, and lation into the ear of mild astringents, had been orascertain according to the method employed by Dr. dered by the attending physician. The young lady Roe, of Rochester, N. Y., the location of the most also employed a warm water spray very energetically, sensitive spot known by the patient experiencing a hours at a time, as she told me afterwards, to ease the pain. When I first examined her, the discharge Nttric Acid.—I have used nitric acid but once, from one ear had lasted three days, from the other The disturbance occasioned by its application was so ear but a day or two. Her condition was as follows:

Aur. sin.—Discharge of sero-purulent matter. M. Posterior Narcs.—If the posterior portions of the T. very much injected, large perforation on its lower

Aur. dex.—Profuse discharge of creamy pus mixed tongue depressor and direct him to hold his tongue with blood. M. T. almost totally destroyed. Mudown with it, using his left hand. If the space becous membrane macerated and very succulent—the tween the porterior wall of the pharynx and the soft slightest touch with a probe producing hæmorrhage. palate is sufficiently large, I place the pharyngeal re- Watch was not heard when placed against auricle, tlector (Fig. 4.) back in the fauces to get a reflection mastoid and glabella. Loud conversation was unof the posterior extremities of the inferior and middle derstood only when spoken directly into the ear. The otorrhea was so profuse that the cotton batting left hand, leaving the right hand for the manipulation over the ear had to be changed every half hour. I of the diagnostic probe, the electrode, the Jarvis recommended frequent cleansing of the ears with lukewarm water and peroxide of hydrogen, also the

R.	Zinc sulph	0.20.
	Acid carbol	0.40.
	Aq. dest	30.00.
	1117	

The discharge from the left ear ceased in one week, with perfect restoration of hearing. Two small fnruncles which appeared later on at the mouth of the external auditory meatus yielded to warm applications. Several granulations in the right tympanum were destroyed with nitrate of silver.

April 12. Patient complained of pain in the right The reflection from the pharyngeal mirror will as- mastoid region. I sent her to bed and ordered cold

April 14. Severe frontal headaches caused much In making all caustic applications to these parts 1 distress. The discharge from the right ear was less. Temperature not much increased. Prescribed soda salicyl, grs. 10 every three hours.

April 18. A slight internal strabismus of the right

me. We found little change in her condition. Otorrhoea less, but still profuse. Temperature 100. No tenderness in mastoid region; frontal headaches. Acute purulent inflammation of the middle ear is. The doctor concurred with me in the opinion that the inflammatory process had invaded the brain, in

I Read before the Chicago Society of Ophthalmology and Otology,

recommended by the family physician.

head. Vomited frequently after taking food.

application of ice bags.1

April 24. No pain in mastoid region. Frontal isfactory result and occipital pains less violent. Vomited once or peared.

twice during the day.

lachrymation ceased. Conjunctival injection of right experienced. This procedure restricts, localizes the eye entirely gone; it had existed but a few days, inflammatory process to the tympanum. Warm ap-Right ear perfectly dry.

slept better.

April 29. Very little headache all day, slight during the night, and pain confined now to the left side of head.

May 1. Slight headache on left side. Slept well, discarded supporting pillows. Left eye epiphora. Temperature and pulse normal.

May 14. Out of bed. Diplopia produced only

when the eye is turned far to the right side.

June 1. Eyes normal. Hearing on the left side normal; right ear, hearing $\frac{2}{3}\frac{6}{6}$. The points of interest attached to this case may be classified as follows:

- 1. Constant poulticing in this form of disease is reprehensible practice, and fraught with destructive changes. The patient, contrary to the physician's instructions, applied a spray of warm water, hours at a time. The natural result was a maceration and breaking down of the tissues, accompanied by intense engorgement of the vesssls and infiltration of the surrounding parts. Granulations and consequent suppuration completed the picture of a most intense acute inflammation. All forms of continuous poulticing must be carefully avoided unless it is desired to favor suppuration.
- 2. The invasion of the cranial cavity is not at all a frequent accompaniment of otitis media purulenta acuta, neither is its termination usually as favorable as in the recorded case. We know that the osseous partition between tympanum and cranial cavity is extremely thin, and in some instances natural fissures exist in the tympanic roof, covered only by the mucous membrane. This naturally favors the progress of the disease by direct continuity of tissue and involvement of the meninges. In chronic forms of the inflammation these complications arise only after the bony barrier has been broken down by the protracted process of caries and necrosis.
 - 3. The relief obtained by the application of ice bags

all probability through a dehiscence in the tegmen to the mastoid was immediate, and substituted the orditympani. Pressure on the abducens nerve by exud- nary method of applying fomentations. Last spring ative material would account for the strabismus. Lee I had six or eight cases of acute inflammation of the bags, which had been applied to the head since two middle ear accompanied by slight puffiness and exdays, were continued, also the cleansing of the ear treme tenderness of the mastoid region. I regarded with the oxygenated water. Salicylate of soda was this as a slight periostitis, or rather congestion of the discontinued. Being troubled with dysmenorrhea, bone covering, associated, perhaps, with a hypersemia bromide of potash and tincture of gelsemium were of the mastoid cells. These cases yielded very readily to the cold applications. In one instance the April 22. Headache was intense. She was sup-puffiness was extensive enough to push the auricle ported in a half reclining position by pillows; she forwards, usually indicative of a severe inflammatory could not lie down, owing to the severe pain in the process in the mastoid. The pain was intense, temperature high. The condition certainly justified a April 23. Discharge from ear much less. Slight Wilde's incision, but before resorting to operative inpain in the mastoid again quickly subsided on the terference I resolved to try Leiter's tubes. They were kept in situ forty-eight hours, with the most sat-The complication rapidly disap-

I invariably order cold compresses or Leiter's tubes April 26. Motion of ext. rectus much better; to the mastoid, as soon as the slightest tenderness is plications in the early stage encourage increased April 28. Appetite better; pain in head less; blood supply and infiltration of the tissues. The inflammation is thereby induced to invade adjacent

A CASE OF PSEUDO-MEMBRANOUS LARYNGITIS TREATED BY ELECTROLYSIS.3

BY F. E. WAXHAM, M.D.,

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Almost every organ of the human body, when in a diseased condition, has been subjected to the influence of electricity. The urethra, the prostate, the ovaries, the uterus, the brain, the liver, and the spleen, have all been treated by this silent, strange and powerful agent. Until recently, however, the larynx has not been invaded. If it be true that strictures of the urethra can be cured by the galvanic current; if it be true that enlarged prostates can be reduced, and fibroids of the uterus successfully treated, it has occurred to me that stenosis of the larynx from membranous exudation might be reduced in the same manner. If false membrane can be destroyed or detached in this manner, it will be a great advance in the treatment of one of the most distressing, frightful and dangerous diseases of early life. The thought that this is a field worthy of investigation is the apology I make for this brief report.

On October 20 I was called to see Esther J., a little girl of eight years. The little patient had been sick nearly a week with membranous croup, and had been attended by Dr. E. C. Helm. The patient was also seen by Dr. Sanders. The child was in a most desperate condition, and all hope of recovery had been abandoned. The pulse was rapid and feeble. the face of a deadly pallor, the lips livid and the respiration laborious in the extreme. The child was in the last stages of asphyxia, already semi-comatose. and was roused with difficulty.

 $^{^{1}\,\}mathrm{Dr},\,\mathrm{H},\,\mathrm{A}$. Johnson kindly saw the case with me on two occasions during the absence of Dr. Doering.

¹ Read before the Chicago Medical Society, December 6, 1886.

wire and used as a negative electrode. At 5 P.M. the the child frequently with cold water, and antipyrin tube was introduced into the larynx without diffi- was given in 15 gr. doses, per rectum. culty, and the respiration at once became easy. The child was soon resuscitated, and after coughing out tion 40. Growing weaker and taking but little nour-considerable softened membrane and ropy mucus, ishment. Five P.M., pulse 150, temperature 103°, once more became conscious of its surroundings. respiration 60. The respiration, although rapid, is The platinum wire was now insulated by passing it through a very small rubber tubing. The platinum nourishment. Nine P.M., pulse very rapid and feewire projecting from the tubing was now attached to ble, temperature 104½°, respiration 64. a twelve-cell. McIntosh galvanic battery. The positive electrode consisted of the ordinary sponge, which membrane were expelled. The tube was now acci- congestion. dentally withdrawn and the respiration appeared was removed and the respiration was again comfort- bit recovered. able. The child seemed bright and interested in those about her.

Nine P.M.—Sleeping soundly. Pulse 140, temperature 103, respiration 32. The respiration, although suppressed and whispering before the operation, now became louder, and the cough, which had been smoth. sible that too strong a current was employed, or posered and husky, became stronger and clearer. The sibly the current was not of sufficient strength. It respiration as well as the voice and cough indicated may be necessary to employ a current that will verge cords, rather than the presence of membrane. At 10.30 P.M. gave tr. opium gtt. vi per es, antipyrin gr. further investigation. xii per rectum, and cold applications applied to the neck.

At 11.15 P.M. temperature 102, pulse 120°, respiration 32. The little patient took nourishment well and was left feeling quite comfortable.

At 2 A.M. I was again called and found the respiration labored and the dyspacea well marked. Not feeling justified in experimenting further with the intubation tube was introduced and left in situ, givand increased fremitus over both lungs.

Eleven A.M., pulse 150, temperature 105120, respir-Eleven A.M., pulse 150, temperature 105.2, respiration 40, taking nourishment fairly well, but restless Seventh Annual Meeting of the American Medical Association.

An intubation tube was threaded with platinum and very thirsty. Directions were given to sponge

Three P.M., pulse 150, temperature 105 1/2°, respira-

The little patient died at 2 A.M.

It was expected that the galvanic current would was moistened with warm water. The sponge was have little or no effect upon the false membrane, but placed over the larynx, and a current from ten cells we confidently hoped that it would relieve the conemployed. This current caused some pain and congestion and swelling of the tissue. Contrary to exsiderable redness of the skin under the sponge. The pectation it certainly seemed, to one watching this current was reduced to eight cells, which was borne case closely, that it had a most decided effect in more comfortably and was passed five minutes, dur-loosening and detaching the membrane, but that the ing which time considerable mucus and softened secondary effect was to increase the swelling and

In this connection the result of a few experiments very easy without it. The little patient, who had may not be uninteresting. Wishing to observe the taken no nourishment for several hours, and but very effect of the galvanic current upon the healthy larynx, little for two days, now drank eagerly two glasses of two rabbits were subjected to electrolysis, with the milk, and passed into a quiet sleep. At 7.30 P.M. I assistance of Dr. Bütner. The first rabbit, a halfwas again called and found the respiration becoming grown one, was given chloroform and the tube introlabored. The tube was reintroduced and electroly- duced into the larynx with considerable difficulty, on sis again performed in the same manner. A current account of the small size of the mouth. The attachfrom eight cells was first employed, and then from ments were made and a current from eleven cells ten, the sitting lasting ten minutes and the current was passed for five minutes and the tube removed. causing some discomfort. One could not doubt the Some dyspucea followed the operation, but it was effect of the current upon the false membrane, for it attributed to the rough usage to which the larynx was rapidly detached and expelled in small patches, was subjected, rather than to the effect of the curtogether with considerable ropy mucus. The tube rent. The dyspnæa gradually subsided and the rab-

> The second rabbit was given a current from eight cells, in the same manner, and seemed to suffer no inconvenience.

No deductions can be drawn from the report of a noisy, was not labored. The voice, which had been single case, but we may express the hope that this subject may be still further investigated. It is posswelling of the mucous membrane about the vocal on cauterization, and employed with an anæsthetic. These queries, however, can only be answered after

3449 Indiana Avenue.

TRANSPLANTATION OF TEETH.

BV WM. N. MORRISON, D.D.S.

OF ST. LOUIS, MO.

I will give the history of one very interesting case. patient, electrolysis was not again employed. The In the Missouri Dental Journal, of July 15, 1882, is a paper by me upon this subject, and among other ing the child immediate relief. No membrane was cases reported is a prospective case which presented expelled when the tube was introduced. There were itself last fall: A young lady of slight build, about now evidences of pneumonia, the respiration being 22 years of age, teeth not of extra quality, arch rapid, although perfectly easy, the temperature high, perfect, and articulation correct, except the lefterratum; read right- instead of left-side of the mouth;

was a deciduous tooth.

the young lady being called home from our city.

the case up to the time I first saw it, and gave my enlarged to receive the root. diagnosis and plan of operation. Other members of the patient's family had their favorite dentists, and worn about four weeks, shielding that tooth from she was taken to one and my plan duly explained and injury; no unusual results followed; it was speedily criticised; it was pronounced an impossible, impractaken into fellowship without an unfavorable symptom. ticable and dangerous thing, but my diagnosis was pro- The right lower first-bicuspid was much within the nounced correct so far as the canine was concerned, arch, and by forcing it out with a jack-screw it perand its extraction was urged; to make this decision formed excellent service as a canine. By this opermore forcible another was called in consultation, and ation, although not as good as the one first conthey administered ether, and gouged away the pro-templated, this beautiful young lady is spared the cess, exhausting themselves and the patient after uncomfortable and humiliating necessity of wearing breaking off a piece of the crown.

later, when Dr. --, who was called to use his pergood. suasive powers and hold her hands, renewed hostilities, but with no better success. About three weeks later she was taken by the above or by their order to Dr. —, who administered gas and extracted the canine, which was laid away to dry, and the patient assured that the central would grow firm again and be as useful as ever. When the root was mann's Sammlung, No. 288, Fritsch, of Breslau, entirely absorbed and the crown only suspended by gives the manifold uses to which he puts iodoform slight attachment to the gum, the patient returned to gauze in gynecological practice. A 10 to 50 per her home, carrying with her the extracted canine cent, article is made, and the former-may be easily trophy. All this occurred in the fall of 1881, and I made stronger in iodoform by incorporating the gauze had no knowledge of it until the discussion of my with more iodoform, either in powder or in solution paper in the St. Louis Dental Society.

swallowing it, particularly at night. Contrary to the use of iodoform gauze tampons. Formerly, in bleed-

superior canine, which was missing. The left-central opinion of my brother dentists in the society, and was very loose. On careful examination I found it statistical evidence collected from best dentists all to be caused by the absorption of the root below the over the country, (see discussion of the paper, cervical line, by the crown of the canine, which lay Missouri Dental Journal, page 247, July 15, 1882), horizontally in the process with its point to the the operation was performed; the loose tooth was median line, entirely across the root of the central, removed and with a drill, (using cocaine). The prothe latter being as thoroughly absorbed as though it cess was opened up exactly in the track of the root which should have been there; at any rate 1 ex-I had decided to extract both and transplant the pected to find a piece of the root, but not a particle canine to the socket of the central, after enlarging was there; with drill and fissure buri enlarged and and deepening it to correspond to the root of the deepened the socket quite to the floor of the nose, canine; after the canine had become fixed, if the and antero-posterially from plate to plate; and recrown could not be made to look as well as a cen- member the anterior plate was cicatrical bone and tral, I intended to cut it off and substitute a porce- not any to spare at that, owing to former extractions lain crown with a metallic pivot; but this heroic of canine, above described; the teeth and general operation was indefinitely postponed by reason of shape of the socket being now known. The right lower canine was extracted, and root vessels re-This case is all the more wonderful from the fact moved, and canal filled with gold wire, and a promithat six dentists had already identified themselves nent contour filling built upon its distal face or long with it; two of a neighboring city told her it had angle, with platinum gold, which made the median been broken off by blow or fall. Although previous edge of the new right central which it was to be. to that decision one had constructed and adjusted. The root was long, and instead of being round as its regulating plates which were worn for months; ex-predecessor, was oval or flattened on the sides, it was ostosis being assigned as reason for enlargement; a fortunate thing that there was a thin scale of plate but a tooth never until 1 demonstrated it. Such was left upon the labial side when the socket was enough

A black rubber splint capping the crowns was an artificial appliance, and has her own home-grown Further operations were postponed till some days natural teeth distributed where they will do the most

MEDICAL PROGRESS.

IODOFORM GAUZE IN GYNECOLOGY.—In Volkwith ether, or in form of a glycerole. Todoform gauze Now two years later, or three years after I first saw should be the only substance used in making tamthe case, the patient came to see if I would not pons. In aseptic cases these tampons may remain transplant her right lower canine in the place of the in situ for ten days without showing any signs of puupper central. The canine was condemned to extrefaction. In making these tampons a strip of gauze traction by another dentist, as its occlusion against five cm. broad and two m. long is cut off, folded upthe superior lateral was forcing the lateral out of on itself fan-shape, and inserted by means of the place and making it assume an unsightly angle to the hand or dressing forceps, the end being allowed to others. The central was hanging loosely to the gum hang out of the vulva. Simply drawing on this end and had been for three years, the other teeth sup- will unravel the tampon and remove it without pain porting it latterally, and the lip and tongue antero or inconvenience. At the head of palliative cancer posteriorly; the patient was in constant dread of treatment he shows the great advantages of making

ing and ulcerating cancer, irrigation was used for the removed and the gauze is applied. In endometritis double purpose of disinfecting and removing the of- he also introduces the gauze, filled with the iodoformfensive secretion. If the hemorrhage was consider-tannin powder, or soaked in its glycerole. The gauze able a tampon soaked in houor ferri was introduced. is very readily introduced into the uterus, even in the In twenty-jour to forty eight hours this tampon had multiparous womb a strip 20 cm. in length can be become offensive, and if its removal was delayed to easily inserted. In incision of the cervix the gauze is the third or fourth day it was a mass of putridity, packed into the cervix and between the cut surfaces. It had become hard, was removed with great pain na irritable and contracted.

be used, the ends being made to hang out of the opening in the abdominal wall. vulva. In most cases an astringent adjuvant becomes necessary. Tannin and iodoform are intimutely mixed, and the gauze filled with the powder changed only twice a week.

Tamponing or filling large wounds in abdomen or and difficulty, its removal was followed by a mass of large abscess cavities with the iodoform gauze has offensive coagula and discharge, and it left the vagi- replaced wound drainage in his hands. In vulvar and vaginal cancer where, from loss of tissues, the In dividement and cauterization the iron tampon deeper parts cannot be approximated, the cavity is was applied to the oozing surface, to stop the hem-stuffed with gauze. In the two cases operated on orrhage. If the tampon was well applied it accom- the cavity closed rapidly, there was no fever, and replished this object, but if it was simply packed up covery was complete. He cites one case of perityinto the vagina, the hemorrhage continued, the tam-phlitis abscess, refers to several cases of ecchinococpon had to be reapplied, or the patient died from cus cysts, gives three cases of laparotomy for ovarian loss of blood, as he has had an opportunity to ob- tumors, and two cases of extra-uterine pregnancy, in serve in two cases. This procedure is certainly not all of which the abscess cavities, or the extensive one of ideal perfection, and from a theoretical stand- wound surfaces, were dusted with iodoform and then point grave objections can be brought against it, packed with iodoform gauze, folded in fan shape, the Instead of introducing fluids into parts already bathed ends being carried out at the lower angle of the exin profuse discharge, a method by which the secre- ternal wound. After seven or eight days these strips tions are absorbed, disinfected and restrained would were drawn out, and if necessary replaced by one or seem more rational, especially if it combines the ad- two fresh strips. No fever followed these operations, vantages of less frequent dressings. He makes use recovery was rapid, and the patients could be disof the following dry method of treating cancer: A charged cured in a very short time. He claims that small Sims' speculum is introduced, the vault is all discharges from the abscess walls or the wounded stuffed with gauze, the gauze is then stuffed round surfaces are absorbed, disinfected and carried out about the portio so that it lies imbedded in iodo- into the external dressings by capillary drainage; form gauze. It is not necessary to use great quan- that if any wound secretions remain behind these are tities of gauze in this dressing, for it may be stuffed aseptic and innocuous; also that a large part of his up very loosely. If, however, the cancer is ulcerat-splendid results is due to filling up the cavities with ing, the gauze must be famly packed into the cavity. the dry iodoform gauze, and that the removal of this If one piece of gauze is not sufficient, several may dressing is easy, and can be accomplished through an

THE USE OF SEDATIVES IN INSANITY.—In the Practitioner, September, 1886, p. 181, Dr. Savage and then packed into the cavity. A tampon of this contributes a most valuable paper on the use of sekind stops hemorrhage, checks secretions, it disin-datives in insanity. The old practice of restraint by fects, absorbs, and has an anodyne effect. It can means of chain, cord, or whip was most barbarous, be kept in situ four or five days, and may be re- and the practice of producing quiet by means of moved easily and without pain. The advantages of narcotics is most strongly condemned. The princithis method are very apparent after an operation, ple of controlling patients by means of drugs will After the cancer has been scraped with the spoon continue to be used by general practitioners until the and canterized with the thermo cautery, the cavity is public overcome their prejudice against asylum treattamponed with iodoform tannin gauze, or it is first ment. In nearly every case the history is the same. filled with the powder and the tampon applied over | Sleeplessness and depression are tried to be overthe powder. This dressing is left unchanged for five come by opiates, or it is attempted to subdue violence to six days, and is then renewed. If the harmorrhage and restlessness by narcotics. Something must be is obstinate, glycetine may be added to the powder, done if the patient be treated at home, and it is on iodoform, tannin, as 10, glycerine 200, and the tam- this account that the author enters upon the subject pon soaked in it. As soon as the tampon is no lon- of drugs in insanity, giving his experiences when ger stained with blood, the dry treatment is resumed. they may do good and when they are harmful. At In this way cancer in ty be kept free from smell and the Bethlehem Hospital such drugs as the bromides, discharge until the death of the patient, the tampon, morphine, chloral, and opium are seldom if ever used. even in large and profusely secreting cavities, being. In studying the treatment of mental disorders by means of sedatives, it must be remembered that two Iodoform gauze may also be inserted into the cave very opposite conditions give rise to mental disturbity of the uterus. In puerperal metritis, with offen ances: In one the brain is the chief cause of the sive discharge, the womb is syringed out, and then disorder, in many cases the evil being organic decay stuffed with gauze. If pieces of placenta have been of this organ; in other cases the mental disorder is retained, or in case of incerating polypus, these are functional, and may be due to bodily disease reactsenses and allied disorders of intellectual processes, mosphere. 2. That it depends upon a specific or-In cases of brain decay you must be careful not to ganism, which can be made to produce the disease begin with large doses; in functional disorders you by inoculation. 3. That the key to the introduction must sometimes not be afraid to give large doses, for and development of this organism in the system is in functional disorders of the mind profound impres- ordinarily some form of irritation. 4. That the dissions produced by the apeutical or accidental circum ease is plainly curable in all its forms except the stances may effect wonders. In these cases the old acute, and even this may not always be fatal. 5. That term "alterative" has some meaning. In some to the predisposed it is communicable by infection functional cases, a whitlow, or a toothache, a severe through the medium of a polluted atmosphere. 6. attack of diarrhoea, or sickness, may cause relief, and That the infection depends upon quantity rather in the same way a blister or a seton, an emetic, or a than quality of virus. 7. That on the open sea, where powerful sedative may effect a similar result. The every condition favoring the development of tuberauthor does not believe in treating the symptoms of culosis is present except the tubercular spores, the insanity as if they each had a definite meaning, disease speedily disappears. 8. That the nearest Sleeplessness may as often be removed by a stimu- approach to perfect immunity from tuberculosis is lant as by a narcotic. Bromide of potassium is sup- to be found on high mountains where, on account of posed to be the strongest remedy we have for nervex treme rarefaction and accompanying dryness of ous excitement, and in some cases of restless excite- the air, the tubercular organism cannot exist. ment it is very useful, if given in doses of 20 grains three or four times a day; it is most useful in young cases belonging to nervous families, especially those OPIA.—DR. GEO. 11. POWERS, of California, says: who complain of vague uneasy feelings in the head. It has been my practice for several years to use in-In cases of sexual perversion of one kind or another, halations of amyl nitrite in all amblyopia cases, and bromide is very useful. In young men and women, I have found it of great value, especially (if not exwith a tendency to commit suicide or be violent, a clusively) in the cases of tobacco amblyopia. I bedose of from 20 to 40 grains at bedtime has good lieve that it is of great assistance in differential diageffect. Any tendency to epilepsy is often treated by bromides, but here frequently the number of fits are reduced at the expense of harm to the mind. Bromide is generally given in combination with chloral, and the author's experience is that they do no good. In the sleeplessness of the early stage of puerperal insanity it is well to try them, and they may tide over a dangerous time; but if rest be obtained at the expense of appetite for food, more harm than good is done. Dr. Savage lays down the law: if sufficient food be taken, bromide or bromide and chloral may be pushed in cases of mental excitement. Objection is taken to chloral because it soon disturbs digestion; but in cases of acute delirious mania, if given with abundance of food and stimulants, it will save many from death.—London Medical Record, Nov. 15, 1886.

NATURAL HISTORY OF TUBERCULOSIS AND THE BACILLUS THEORY.—DR. R. B. DAVY, of Cincinnati. has lately read two papers before the medical socie- porary, as, after an hour or so, S. recedes to perhaps ties of that city, in which he thinks he has shown the $\frac{20}{20}$, but it is not wholly lost, and daily inhalations, infectious theory of tuberculosis to be supported in C pearance most favored in unconfined spaces, he con-continued.—Medical News, Dec. 4, 1886. cludes that the danger of infection depends more upon quantity than quality of poison. After extengions characterized by a non-porous soil and the or-tevil effect of strong purgations—how they enervate

ing on the mental processes, or to perversion of the dinary accompaniment of excessive humidity of at-

DIAGNOSIS AND TREATMENT OF TOBACCO AMELYnosis, for thus far it has proved that, in progressive atrophy from other causes, no benefit is derived from the exhibition of the amyl, while in tobacco amblyopia vision is immediately and markedly improved.

For instance, a patient presents himself with a history of rapidly failing vision, without pain or inflammation, and examination discovers a dirty grayish hue of the disk, with diminution of circulation, and

S .= ... Inhalation of a few drops of amyl, pushed only to the point of lively hyperæmia of the face and headache, will cause a decided increase in the circulation in disk and retina, and within five minutes

This evidence that vision is not permanently lost is of great value in fortifying the patient for the abstinence which is necessary to his cure. The sudden improvement is, for the most part, tem-

every respect by the natural history of the disease. combined with tonics and abstinence from tobacco He does not lay particular stress on the "bacillus and alcohol, have in my hands proved much more tuberculosis," and speaks of the poison more as the rapidly curative than the strychnine and electrical

"tubercular virus," but insists that, like all other or- methods. As the only action of the amyl seems to ganisms, it is a creature of heat and moisture. From he to increase the blood supply, it would seem that the fact that its appearance and extension are only tobacco amblyopia is due simply to a loss of function noticed to occur in confined spaces, and its disap- from anæmia, which may result in atrophy if long

TREATMENT OF CHRONIC CONSTIPATION IN CHILsively discussing the natural history and climatic DREN.—DR. W. B. CHEADLE, at the close of a climatic DREN.—DR. W. B. CHEADLE, at the climatic DREN.—DR. W. B. CHEADLE, at the climatic DREN.—DR. W. B. CHEADLE, at the close of a climatic DREN.—DR. W. B. CHEADLE, at the close of a climatic DREN.—DR. W. B. CHEADLE, at the climatic DREN.—DR. W. CHEADLE, at the climatic DREN treatment of the disease, he comes to the following ical lecture on this subject, points out the disastrous conclusions: 1. That tubercular phthisis occurs results of mistaken treatment, and shows the necesmost frequently and most fatally in warm or hot re- sity of a more rational procedure. "Look at the

and wear out the tone of the bowel. No occasional five minims of oleum santali, being taken three times of fresh air, which aids in improving nutrition; and Medical Journal, Dec. 4, 1886. exercise, which aids the passage of the contents of the intestine down the tube, and improves general health and muscular tone."—Lancet, Dec. 11, 1886.

Munich, furnishes (Alic, Med. Central Zeitung., Nos. ileum, colon and rectum; enlargement of the spleen 76 and 78, 1886) a somewhat detailed account of his and mesenteric ganglia; recent vertucous endoexperience of the use of santal oil and essence of carditis limited to the mitral valve; tumefaction of copaible, in the treatment of this troublesome affect the liver and kidneys; and pronounced pulmonary tion. He at first give this medicine with extract of redema. No bacilli could be found in the ulcerations, conce, but as at least half the patients showed ex- but the intestinal mucosa, the mesenteric ganglia, treme aversion to the dong, gelatine capsules were and the tissues near the endocarditis were infiltrated

purge of rhubarb or scammony is efficient to cure, a day. Of ninety-seven patients thus treated, four Look, again, at the evil effect of frequent enemata. had gastro-intestinal disturbance; two of these had Enemata are only to be used on an emergency. They, violent diarrheea, and the other two severe dyspepsia. equally with strong purges, impair tone and do direct. Eructations and burning sensations in the stomach harm by actual dilatation. In confirmed cases of were often noticed in the rest, but the drug was perconstipated habit, treatment must be not intermit-sisted with. It should not be given on an empty tent, but continuous; the daily administration of ap-stomach. One bad symptom, which occurred in five propriate remedies steadily, for a considerable period, cases out of the whole ninety-seven, consisted in is absolutely essential. Intermittent treatment is severe congestive pains over the kidneys. Louis abortive, ineffectual, and aggravates the evil. What, Jullien, in his recent work on Venereal Diseases then, is the proper treatment for these cases? First, (Paris, 1886), speaks of this symptom, also of urbe sure that there is no malformation, no intussus-ticaria, as being not infrequent. Sandal-wood oil is ception, no sore about the anus, rendering defeca- much better tolerated than balsam of copaiba, and if tion painful. Then use saline laxatives. Their mode pain in the liver should arise, it suffices to discontinue of action is by increasing the flow of secretion rather the drug, and order a warm bath. The use of about than by stimulating peristalsis. Thus tone returns thirty minims daily is generally enough to give the when distension is relieved by the easy evacuation urine a distinct odor of the oil. The capsules used of fluid stools. Further aids to this are strychnia, were Grimault's (Paris), and Paulcke's (Lepsig). nux vomica, iron and belladonna. They act by in- Both these makers sell the pure oil in their capsules. creasing muscular tone and nutrition, not by stimu. The general indifference and distrust towards sandallating peristalsis directly. In the case of little chil- wood oil is apparently due to the fact that owing to dren up to two years old simple carbonate of magne its high price, it is extensively adulterated with sia in milk is sufficient (5 to 10 or 20 gr.); this is copaiba balsam and castor oil, so that the commercial be ter than the piece of soap in the rectum, or the oil often contains only a small percentage of the repeated castor oil or manna so constantly advised, genuine oil. Dr. Hager gives the following test of In older children the sulphates of magnesia and soda, its purity: "Genuine E. I. sandal wood oil (.0980) with the tonics named above, and daily massage with specific gravity) requires, to produce turbidity, from castor oil or cod-liver oil, are most useful. In older four to five volumes of dilute alcohol of specific children still, a pill of aloes or euonymin, with sul-gravity .0889, added to a clear mixture of one volume phate of iron and nux vomica, may be given as an of the oil, and two volumes of absolute alcohol alternative to the salts and strychnia, but no frequent (.0709 specific gravity)." Dragendorf's test is simprhubarb, or scammony, or podophyllin or jalap (these ter; namely, a solution of one part of bromine in are for the relief of temporary difficulty only); in twenty of chloroform. When from ten to fifteen mild cases, perhaps, or if the liver is not acting, a drops of this test are mixed with one of the oil, the dose of calomel, grey powder, and soda, or senna, color becomes a brownish violet, and later on dark-Regimen is an important element in the treatment blue. The pure oil is clear, light-yellow in color, and if the child should have chronic constipation; abund-very pungent on the tongue; it has a slight odor of ant water, pure, no: hard; "salutaris water" is excel- copaiba balsm. The results of treatment were these: lent. In little children add a good infant's food to 1. Given in an early stage, the secretion diminished milk; fruits, fruit jellies, treacle, cooked green veg-rapidly, and the pain on micturition ceased. This etables of the softer and more delicate kinds. Some result happened in thirty seven out of forty-two variety in food is useful; a good mixture is better cases. 2. If, after ten or twelve days, the oil be disthan a monotonous diet. It is, I think, extremely continued, the old symptoms reappear. 3. The best doubtful if coarse food is useful in the long run. It results were obtained when the oil was commenced causes atomy and weariness of muscle eventually by in the third or fourth week of the gonorrhea, toover stimulation. And you must insist on regular gether with the use of weak astringent injections. evacuations. Take care that the stools are not dry 4. Cystitis. 4. Cystitis and gonorrheal prostatitis and hard, or the child will resist action and increase were always greatly benefited by the oil. 5. Cases constipation. Other useful adjuncts are -abundance of gleet did best under local treatment. - British

SECONDARY INFLICTION THROUGH TYPHOID UL-CERS.—SENGUR reports a case of a woman who died of typhoid fever, in which he found the following SANTAL OIL IN BURNNORRHAGIA. - Dr. LITZLE, of Jesions: Vast ulcerations of the Jower part of the substituted, two or three capsules, each containing with streptococci. - Gaz. Med. de Paris, No. 49, 1886.

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THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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A COMPLETE ORGANIZATION OF THE MEDICAL PROFESSION, AND HOW TO ATTAIN IT.

"We want 80,000 doctors enrolled under one Constitution and By-laws believing that their common interests are faithfully looked after by the great central body. Perhaps such a hope is Utopian. But we are sanguine enough to believe that it can be wrought out, and must be if the American profession shall attain the power to which it is entitled."—American Lancet, p. 422, for November, 1886.

able contemporary simply expresses the desire to not even a general registration of the members of have the entire number of members of the regular the profession in many of the States, the prospect of enrolled under one general organization, and a de- ganization capable of wielding an united influence, is lished. The idea of such an enrollment or nominal impracticable to bring the whole profession of our one organization can never be effected or perpetu-, ance with a uniform ratio of their membership, thus

ated either in Great Britain or the United States of one, and an equally imperative law of Congress for the other, enforced by adequate penalties. The probability of the procurement of such a National law susceptible of practical enforcement, in either country, is too remote to justify its further consideration at present. The development of such a complete organization or literal enrollment under one Constitution, by the voluntary act of the entire membership of the profession, if even attained, would require at least one or two centuries if we may judge by the progress made in the past.

Great Britain, from the comparatively limited extent of her territory and the density of her population, presented conditions much more favorable for the success of such a plan, than our own country. Notwithstanding, the British Medical Association organized with a limited and stable Council for the management of its business affairs, and rules favorable for the formation of Branches in all parts of the country, the members of which thereby become members of Association, has been in existence fiftyfour years, and has enrolled as members to this date only about one-half of the members of the profession in England and Wales, Scotland and Ireland, who are legally authorized to practice medicine, surgery and midwifery. With our vast territory divided into between thirty and forty States with no uniform laws The above paragraph from an editorial in our valu- regulating either medical education or practice, and profession of medicine in the United States actually bringing them all into actual membership of one orgree of confidence that it can be practically accompacertainly very remote. While it may be justly deemed membership of the whole profession under one country into actual voluntary membership of one Constitution and By-laws, to be governed by a com- organization under one constitution, it certainly is paratively small select Council or Senate, is not new, not impracticable to so far complete the organization but was the fundamental idea or principle on which of the profession into municipal, country, district, the British Medical Association was founded more State and National Associations, on the representathan half a century since; the same that shaped the tive basis, as to give it all the unity and power, with organization of the Massachusetts State Medical So- far greater facility of expression, that has ever yet ciety with its Branch or District Societies; and the been attained by other methods. A complete organisame was actively discussed by the Committee ap-zation of the profession on this basis would require pointed in 1846, to report a "Plan of Organization the voluntary formation of the regularly educated for the American Medical Association." We are members of the profession in each county of each State; satisfied that our confrère of the American Lancet each State Society should be composed essentially . and all others who will thoroughly study the history of delegates elected anually by the County Societies and practical results of Medical Society Organiza- in accordance with a uniform ratio of representation; tions among all English speaking people, will become and the National Association should consist of deleconvinced that such a complete enrollment under gates appointed by the State Societies, also in accordhabits of thought of our people.

tion, though imperfectly applied on account of the lim- croup and diphtheria at about 5 per cent. National Association was made to consist of direct may be regarded as cases of germ disease. enrolled as members of the Branches of the British existence and work of that great and influential medof the principles of its organization, as experience the most important work that needs attention, is that of organizing the profession in every county or dis- believed to cause putrefaction and suppuration. To the details of this part of the work and its impor- or twenty varieties of which have now been discov-THE JOURNAL.

FERMENTATION, PUTREFACTION, AND SUPPURATION.

combining the whole profession in one National sufficiently appreciated in this country. He quoted representative body, based directly on the State a recent opinion of Professor Brieger, of Berlin, to Medical Societies, and indirectly through them, on the effect that the great majority of all diseases now the municipal and county societies of all the States, seem to be of bacterial origin, and in support of the in strict accordance with the political institutions of correctness of this proposition referred to the weekly our country, and in harmony with the prevailing mortality lists of the various American cities. Thus, during the week ending August 28, 1886, the number The organization of the American Medical As- of deaths from infectious diseases in New York was sociation commenced in 1846 and completed in 1847, set down at 33 per cent. of the total mortality; those was based essentially on this principle of representa- from consumption at 16 per cent.; and those from ited number of county and State Societies then in exist-were nearly 55 per cent. of all deaths attributable to ence and the diverse organization of such as did ex-diseases of undoubtedly bacterial origin. In addiist. But the adoption of the fundamental principle tion, 20 per cent, of the deaths were from diarrheal by which the responsible roting membership of the diseases, and at least 90 per cent., if not all of them, delegates from local and State societies gave so much brings the percentage up to 75 per cent. But such impetus to the work of organization of these, that affections as pneumonia, peritonitis, syphilis, gonorfor several years past regular organizations have ex-rhee and skin diseases, are not included in the estiisted, and have been sending delegates to the National mate; and if only to per cent, of these were classed Association in every State, in many of the counties, as of this character, it would increase the present and all the larger cities of our country. A full in- percentage to 85. This is exclusive of surgical disvestigation will show that during the forty years since eases in which undue suppuration is caused by mithe organization of the American Medical Associa- crobes; and estimating the mortality from these at 5 tion it has increased its direct constituency in the per cent., we have a grand total of 90 per cent. of local, County, District, and State Medical Societies, all deaths to be attributed to disease of bacterial orito an aggregate number three times greater than are gin. It seems, then, that Professor Brieger is right.

Bacteriology has shown its principal fruit in the Medical Association resulting from the fifty-four years' department of surgery, and there can be no sort of doubt that antisepsis has advanced this branch of ical body. During the past history of the American medical science to its present high position. Anti-Medical Association such improvements have been sepsis, however, is in reality nothing but the practical made from time to time, in the practical application application of the three words, fermentation, putrefaction, suppuration. Fermentation may be described has shown to be necessary, leaving, at present, but as the decomposition of carbohydrates through the few further changes of importance desirable. But agency of the yeast-plant; and we may compare the action of the latter to that of the bacteria which are trict where no society yet exists, and the making of There are two grades of putrefaction (which is those already in existence more full and efficient, brought about by different kinds of microbes, fifteen tance we will give attention in another number of cred); the first grade is met with when there is but little oxygen present; the products being water, carbonic acid and ammonia, and the process of decomposition is attended with little or no offensive odor. The second grade, or putrefaction proper, as generally understood, is seen when there is a larger quan-Notwithstanding the deluge of matter that has been tity of oxygen present. Dr. Knapp then discusses published of late years in regard to bacteriology, Dr., the question, whether suppuration and putrefaction HERMANN KNAPP, in introducing a recent lecture on are one and the same thing. Surgeons, he said, use "Fermentation, Putrefaction and Suppuration" before the two terms indifferently, and after speaking of the the New York. Academy of Medicine, expressed his experiments of Recklinghausen and others with the conviction that the importance of the subject was not cornea of the frog, he refers to the common assertion

tion could not take place. Personally be has invessioned view or not, we do not know. tigated three special points in this connection, viz.: 1. Does mere traumatism produce suppuration? 2. puration? is almost invariably answered in the affirm-Do foreign bodies alone produce suppuration? 3. ative. Especially in the case of croton oil is it Do chemical agents of themselves produce suppura-claimed that suppuration is caused without the inter-

at home he has made a number of experiments on the views here taken, must fall to the ground. It is the eyes of rabbits. If a wound be made by a per- a very difficult question to satisfactorily test in a feetly clean instrument, he has found that it will heal practical manner; but the solution of the problem by first intention, with no suppuration whatever; but has been undertaken by four observers under very if the wound be made with a contaminated instru-strict precautions. The results of these experiments ment, suppuration invariably results. One of the go to show that chemical agents do not of themaxioms in antiseptic surgery is that simple fractures selves produce suppuration. In repeating some of never suppurate. It is true that there are rare ex- them Dr. Knapp had much difficulty as regards croceptions to this; but when suppuration does occur, ton oil, on account of the extreme irritation caused it is always in cases in which some other process of by it. Oil of turpentine, however, is much more suppuration is present in the body. Whenever the manageable. He followed the method of J. Straus individual is healthy, therefore, no suppuration will in these experiments. On account of the practical take place. In support of this statement may be impossibility of otherwise completely disinfecting the mentioned the experiments of Becker, who, having fur of the animal, he sterilized the skin of a rabbit made fractures in animals, injected pyogenic fungi by means of the actual cautery. Then, having made into the ear; with the result of at once producing the injection of the chemical agent under the skin suppuration, although the exciting injury was only a by means of sterilized apparatus, the opening made simple fracture. Where no such injections were made by the needle was sealed up again by the actual the process of repair was never attended with sup-cautery. Some of the experiments were made with puration. Other similar experiments show how ulcer-a pipette, the opening in the skin through which its ative endocarditis and other suppurative processes point was inserted having been made with a heated can be produced by the introduction into the system knife. With the experiments made with oil of turof pyogenic organisms.

by themselves capable of producing suppuration? Dr., only 10 per cent of the cases. As a rule, there was of sterilized instruments, a piece of rusty hair-pin, has made the same experiments in connection with curred, although the foreign body had been in the under observation. Dr. Knapp has repeated Roice's up, which soon completely destroyed the eye. Still, autopsy. the truth of the proposition that foreign bodies alone will not cause suppuration is not generally admitted, mation was caused, but no suppuration, even with and Pasteur, in 1878, stated that even if foreign bodies croton oil; which he finds can be used more satisfacbe introduced antiseptically, they are capable of pro- torily when mixed with olive oil, in the proportion of

of surgeons that if all germs be excluded, suppura- ducing suppuration. Whether he still adheres to the

Do chemical agents by themselves produce supvention of germs. If this exception can stand, how-In regard to the first inquiry, both in Berlin and ever, the whole theory of suppuration, according to pentine and croton oil (although there were but five In regard to the second inquiry, Are foreign bodies in which the latter was used), suppuration resulted in Knapp concludes that if they are introduced anti- coagulation of fibrin, with some necrosis, but no septically, they will not produce suppuration, and suppuration. In the cases in which suppuration did that they may remain indefinitely without giving rise occur, it was found that there were always germs to it. In support of this, he showed a rabbit into present, on account of some imperfection in the one of whose corneæ he had introduced, by means technique of the experiment. Roice, of Utrecht, after having first brought the latter to a glow, in the anterior chamber of the eye; and this method of order to destroy any organic matter that might be procedure has the great advantage of allowing the adherent to it. No suppuration whatever had oc- whole process set up by the chemical agent to be eye for a very considerable time. Into the cornea experiments, and he also in one instance introduced of the other eye of the same rabbit he had intro- the chemical agent into the abdominal cavity. No duced a piece of the same rusty hair-pin which had appreciable effect was produced upon the animal, been dipped in fluid containing pyogenic fungi; and and when, two weeks afterward, it was killed, no pawithin twenty-four hours a violent phlegmon was set thological changes whatever could be observed at the

In Dr. Knapp's experiments upon the eye, inflam-

one to two. In some of the animals operated on the injection was made through the sclerotic. When the same chemical agent (either croton oil or turpentine) was introduced into the other eye in connection with pyogenic fungi, the most violent suppurative inflammation was always produced. He has also made a large number of cultures from the two classes of eyes. From the eves containing pus, an increased quantity of microbes, with pus, resulted. But microbes (although no pus) were also obtained from the eyes from which pyogenic fungi were excluded; and this is of the experiments of a large number of clinicians. a point that calls for an explanation. The microbes were found not only in the eyes, but also in the kidnevs and the blood, though not in the brain. It is evident, therefore, that the system had become infected through the suppurating eye; and the microbes found in the other eye no doubt originated from this source. He therefore made the two classes of experiments in two different series of animals, instead of operating on both the eyes of the same rabbit. When the cultures were now made, no microbes were found to have come from the non-suppurating eyes. These experiments seem to be satisfactory and conchisive. In the eyes into which pyogenic germs were introduced in connection with the chemical agent, subject any special study, but the subject of tempersuppuration occurred and microbes were found in large numbers; but in the eyes from which such germs were excluded there were neither suppuration nor microbes. The results observed in the latter were merely coagulated fibrin and fibrino-leucocytic creased or diminished and radiation remains normal, exudation. He thinks, therefore, that so far as this whole series of experiments go, we are justified in formulating the proposition that suppuration is always produced by microbes; and hence there can be no bific agents.

What, then, is suppuration? First, as in the case of fermentation, the microbe ought to enter into its definition. Fermentation, as has been seen, is the splitting up of a hydro-carbon into simpler forms through the agency of the yeast plant. Putrefaction, again, is the similar decomposition of a nitrogenous substance through the agency of microbes. Finally, suppuration is likewise the splitting up of a nitrogenous substance, by the same kind of agents. The difference between the two is that in putrefaction, the process is always concerned with dead matter, while suppuration always takes place in living matter.

Physicians of Philadelphia.—Full preparations have been made for an interesting and elegant celebration of the Centennial Anniversary of this wellknown Society, January 3d and 4th, in Philadelphia, er value to us than the thermometer.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Stated Meeting, Monday, December 6, 1886. THE PRESIDENT, EDMUND J. DOERING, M.D., in the Chair.

Dr. John A. Robison read a paper on the ANTIPVRETIC ACTIONS OF ANTIPVRIN AND THALLIN, in which he had collected and condensed the results The largest number of observers agree that antipyrin is a safe, efficient and unobjectionable antipyretic. Contrary to belief in general it does not have a depressing or debilitating effect on the heart, whereas thallin has. Antipyrin causes no change in the blood, whereas thallin has a deleterious effect on the blood and veins. In conclusion, the author believed antipyrin should always be given to produce a pyrexia in cases where the temperature is excessively high. He does not believe the drug has any influence to lessen or prolong the duration of the continued fevers. He also stated that it not only lowers the temperature, but relieves the pain that accompanies acute articular rheumatism with endocarditis, especially if given with alkalies.

DR. J. J. M. Angear said: I have not given this ature I have, and it may not be amiss to speak of some difficulties which we have to contend against. If radiation is increased or diminished and metabolism remains normal, we have increased or decreased temperature; or if metabolism of the body be inthen we have increased or decreased temperature. We have no means of arriving at any definite conclusion whether our patient, with increased temperature, is suffering with increased metabolism or decreased radiation, or both. We know from observation and suppuration without the intervention of these mor- from various experiments that the internal part of the body is very frequently hotter than normal during the cold stage of fever, and cooler than normal during the febrile stage. May not the sum total of caloric in the body be diminished when the thermometer tells us that it is increased, and vice versa! If we answer yes, then we are found trying to diminish the temperature, when we should be husbanding what we have. Does not this show that there is a certain amount of pathological knowledge in regard to body temperature which we have not yet arrived at? And our therapeutical knowledge is necessarily as defective in this regard.

Do antipyretics facilitate radiation or check metabolism, or both, or do we know anything about it except its action upon the thermometer? could arrive at some definite, pathological conclu-CENTENNIAL CELEBRATION OF THE COLLEGE OF sion as regards the pyrexial state of the patient, then we could, perhaps, arrive at some scientific knowledge of the action and use of all antipyretics. Had we an instrument by which to measure the amount of radiation and metabolism, it would be of far greatof scarlatina, two of lung trouble. In regard to the position. fever, I admit that the remedy had an antipyretic temperature, of course, but the same effect was pro-temperature. duced by quinine.

tice does not often enable me to watch the effects of typhoid fever, and none of the patients were older antipyretic drugs in disease, I can speak of the effect than twenty one. In these cases there was a visible of antipyrin in one disease, viz., the dentition fever decrease in temperature and the delirium was lessof infants; which, although not usually serious, is in ened very much. a great many instances annoying, and in which, when the fever is high, there is a possible danger of control give anything except the results of the observathe course of eight to twelve days.

He had used it in cases of typhoid pneumonia. One conclusion; these experiments have been carefully point is the favorable action of antipyrin on the head—conducted and we have seen that antipyrin actually aches of typhoid tever. One of the most distressing reduces high temperature without any danger to the symptoms when the temperature is very high is the patient, and it is only in cases where the high temsevere, continued headache and the delirium which perature itself is a danger to the patient that its use always accompanies it. He had not found any other in large doses is to be recommended. In regard to remedy that would have as good an effect in these, its use in aborting typhoid fever, I have not tried it cases as antipyrin, which always relieved the head-bexcept in four cases; one was a boy under sevenache promptly.

child was sponged off six times in six hours, five to one of them dying; then three others took sick. ten minutes each time, without any reduction in tem- Antipyrin was given in large doses in all these cases, perature. Sometimes cold baths have no effect in but it failed to abort the fever in any of them. reducing the temperature because of a very thick panniculus of adipose tissue. Here antipyrin is indicated. The continuous administration of antipy-

Dr. C. C. Paolii said: The paper was well pre- rin in tuberculosis I have found in a few cases very pared and interesting, but the question arises, do we gratifying. In one case ten to fifteen grains were know anything about the essential nature of fevers? given every afternoon for a term of ten weeks, with I answer, no. But we know the effect, if we do not great relief to the patient. His temperature was 103°, know the nature, and in fevers we generally use remand there was prostration and irritability of mind, edies to lessen the temperature. I have used anti-. The antipyrin was a relief to the patient, and to his pyrin in only eight cases, two of typhoid fever, two family on account of the improvement in his dis-

Dr. J. Frank had had a personal experience with effect. In two cases the patients vomited as an effect antipytin, having taken it two years before while of taking this remedy. I commenced with ten grains, suffering with typhoid fever. The temperature ran and it diminished the temperature but did not stop as high as 106°, and quinine had no effect in reducthe course of the fever, which lasts usually from five ing it. He took antipyrin in 15 and 30 grain doses, to six weeks. One effect I have found from the use first by mouth and then by rectum, with the effect of of antipyrin, is the lessening of nervous irritability, rapidly reducing the temperature. He has used it In a case of tuberculosis, after using antipyrin I be- in practice in the treatment of crysipelas and typhoid gan with quinine and found it more of a tonic. In fever, but does not depend upon it entirely, giving it the cases of scarlating in which I used antipyrin I when the temperature rises very high. In erysipelas did not observe any favorable effect; it lessened the he has always found that antipyrin will reduce the

DR. C. W. LEIGH said: I have seen antipyrin Dr. H. Graphe said: Although my line of practused in a limited number of cases, three or four, of

Dr. J. A. Robison said that he had not pretended vulsions. I have never heard of any drug that will tions of a large number of physicians who had used reduce the fever under these circumstances as prompt-this drug and recorded their experiences. Also the ly and with as little disturbance as antipyrin. With results of quite a number of experiments of theraa temperature of 103° a child can be rendered quiet peutists, as for instance Umbach's experiments in rein the course of an hour by one dose of four grains, gard to the decrease of tissue waste. I did not try and perhaps a second dose of two grains, and be to detail all these different experiments, but attemptpacified for the entire night. I wish to ask the author, ed to epitomize the well known actions that have if he has had any experience in the continued use been observed of the drugs. Two of these actions, of thallin in typhoid fever, with the effect of aborting the increase of heat radiation by the dilatation of the disease? According to some rather startling small blood vessels, and the decrease of oxidation, statements made several months ago by Ehrlich, it are the main factors in producing the fall of temperwas claimed that it reduced the fever permanently in ature. Dr. Angear says if we can arrive at some conclusion in regard to the manner in which the drug DR. G. W. Webster favored the use of antipyrin, acts, we can use it. I think we have arrived at a teen and another one fourteen. The temperature Dr. H. T. Patrick said: I am quite partial to was about 103°. I gave large doses and in three antipyrin and have used it in a number of cases. It days all signs of fever had disappeared. A few days will often effectually reduce the temperature when afterwards another member of the same family was baths and sponging will not. In a case of pneumo-taken sick, and the antipyrin was used as before, but nia in a child of eight years I gave antipyrin from that patient went through all the stages of typhoid the beginning to the end, with good results, except fever. In another family there were five cases of for one day when I tried sponging instead. The typhoid fever. Two of the family had had the fever,

> Dr. Henry Gradle read a paper entitled DISEASES OF THE VAULT OF THE PHARYNX. He emphasized the fact that this region is too

the importance and curability of some of the dis mirror, but now a 2 per cent solution of cocaine eases occurring there. According to his experience sprayed around the pharynx will so reduce the sensithe best examination can be made by means of a bility that the introduction of the rhinoscopic mirror large mirror and a palate hook, and this is facilitated is comparatively easy. I was somewhat surprised at by using cocaine when necessary. He gave the the size of the mirror recommended; usually a small history and symptoms of enlargement of the pharyn- one about one half inch in diameter is used. This, geal tonsil, which trouble is often called adenoid of course, will not show the entire nasal-pharynx at vegetations, but as usually seem in this country there one time, but it can be easily rotated from side to are no coxcomb-shaped vegetations, it amounts side. With a large mirror a hook is always necessary, rather to a uniform enlargement of the tonsil at the which usually complicates the case and is more apt roof of the pharyax. The condition is of especial to gag the patient than the use of a small mirror importance on account of the liability of ear disease without the hook. I am accustomed, in considering to which it gives rise. Often reflex symptoms are the diseases of the nasal pharynx, to divide the inobserved like asthma, cough, bronchitis and head-flammatory affections into three classes. First, the ache. The tonsil should in every case be removed simple chronic naso-pharyngitis; second, the hyperwhen enlarged. This can be done by means of the trophic naso-pharyngitis, and third, the atrophic galvano cautery, but it generally requires many sitnaso-pharyngitis. In the first there is a simple intings and the process is tedious. The quickest way flammation of the mucous membrane and of the is by means of scoops or sharp curettes according to connective tissue beneath the membrane, the conthe plan of Trautman. The hæmorrhage is never nective tissue being sometimes involved to such an alarming and the pain not very great. The result of extent as to form, here and there, thickened areas of the operation is always very gratifying to the patient. infiltration. I think that many of the cases in which -The pharyngeal tonsil may require treatment even the author sees no perceptible lesion in the nasowhen there is not much enlargement. Sometimes pharynx can be graded in this class. The hyperirritation is produced by the presence of white plugs trophic form of disease may be sub divided into two consisting of bacterial masses in the crypts of this classes, one in which the follicular structures are gland, which condition can be removed by the galvano uniformly hypertrophied, the group of follicles concautery. In other instances the glandular tissue forms stituting the tonsil of Luschka being enlarged and reddened, tender spots at the junction of the lateral appearing in the rhinoscopic mirror of about the size walls and the roof of the pharynx above the Eu- and configuration of an ordinary tonsil of the throat. stachian orifices. This condition may keep up in- And the other sub-class in which the enlargements flammatory car trouble until removed by the galvano are pendant, pear-shaped bodies resembling stalaccautery. The speaker further contrasted the relative tites and hence called the stalactitic form. This is curability of hypertrophic chronic catarrh of the the form which was originally described under the nasal pharynx with the almost hopeless condition of name of adenoid vegetations, and the one which is that form of catarrh, in which no lesions are found met with most commonly in Germany, whilst the union careful inspection. In the hypertrophic form of form enlargement is more common in this country. disease he has found nitrate of silver most service. The atrophic naso-pharyngitis, as is the case in the believing that there is any catarrh limited to this rethe alleged bursa pharyngea.

author on the importance of the pathological states. The pain now is not as great as before the introducwhich occur in the naso-pharynx, and I would particularly emphasize the importance of the subject in

much neglected by general practitioners in spite of was necessary in order to acquire the use of the able. The form of catarrh in which no lesions of pharynx itself, may be regarded as a later stage of the any account are found, has been attributed by Torn-hypertrophic naso-pharyngitis, although in rare inwaldt to catarrh localized in a small recess of the stances it may commence in the atrophic form. Durmucous membrane in, or just back of the pharyngeal ing the hypertrophic stage the proliferated connective tonsil, known as the bursa pharyngea. The speaker tissue cells gradually encroach upon the glandular has not been able to verify the existence of this structures, and, so to speak, squeeze them to death, bursa, and considers the pit which is sometimes seen whilst the connective tissue cells themselves, as in with the rhinoscopic mirror in this region, as a part cirrhosis of other organs, of the liver, for instance, of the pharyngeal tonsil. He has followed Torn later contract and atrophy. The mucous membrane waldt's directions to cauterize this spot in obstinate is now pallid and thin, and is encrusted over with a cases of catarrh with some little success, but without dry secretion. This is the form of disease which so often gives rise to fetor of the breath, especially when cess. He has seen a few cysts in this locality, but it involves the naso-pharynx, although the disease is considers them as being formed in the substance of not restricted to that locality. In reference to the the pharyngeal tonsil and not due to the closure of treatment there is little to add to what has already been said. I have not employed the curette much DR. W. E. CASSELBERRY said: I agree with the as my patients will not tolerate the blood and pain. tion of cocaine, but the blood horrifies the younger patients, and the parents. I have found an equally connection with ear diseases. It is usually neglected efficient, although a more lengthy treatment, in the because the practitioner does not use the rhinoscope. galvano cautery. It is bloodless and painless. In This can readily be used since the introduction of cases of stalactitic growths the best method is the cocaine; formerly, the pharynx being so irritable, it galvano cautery snare. For the uniformly enlarged was a different matter, and considerable practice variety I employ a Hemming naso-pharyngeal electrode. Nitrate of silver as a means in the treatment have devised a punch forceps, the use of which is of catarrhal conditions, although it has been greatly attended with less pain than, and is as satisfactory as abused, is unquestionably effective if properly used. the gouge. In cases of simple chronic inflammation of the days and finally twice weekly, will lead to the ab- from a male who was over 50 pears old. sorption of the infiltrated material. Strong solutions disease. For the same reason a week solution will abundance." benefit the atrophic form. In reference to the pharyngeal bursa, I am of the opinion that too great ror, of course where the patient will not permit you importance has been ascribed to it.

the treatment of chronic nasal pharyngitis by the advantage in gaining a full view of everything. In use of nitrate of silver has been anything but speaking of being able to examine three out of four pleasing, and I have never seen a beneficial re- I referred to patients as they come. As a rule, I do sult from it. It is recommended by many in the not use cocaine in the first examination, because it form of powder, 1 grain of nitrate of silver powdered is so disagreeable. I do not use the hook where the with some drug and distributed over the membrane, distance between the posterior wall and the pharynx but my experience has been negative. Solutions I is considerable. As regards nitrate of silver, there have found to be of no benefit whatever. It discol- are many conditions in which it is entirely useless, ors everything, is a dirty, useless drug, and greatly One is the practice of cauterization with the solid overestimated. The use of the curette in removing stick. I have never done this. But there are ceradenoid vegetations is quite a recent thing. The tain conditions where nitrate of silver is useful and method that the author speaks of I have not tried to acts promptly, viz.: chronic hypertrophic catarrh. any great extent, and I prefer the gouge forceps; I And it is sure to give relief in the more acute forms generally use the galvano cautery, as it is now possi-1 of catarrh where the pharyngeal tonsil is not enlarged ble to use it without difficulty with the aid of cocaine, enough to cause damage, but swells from temporary and there being no blood lost is a very important congestion. The patient can use a preparation of 4 consideration in the treatment of young subjects, per cent. and apply it himself with a brush, but it is because, even if they have no pain, if they see a drop preferable to have the physician use it. The spray, of blood they think they are being killed and begin according to my experience, is more effective and to scream.

the size recommended by the author I think rather avoid staining the clothing. large, and apt to produce gagging by coming in contact with the pharyngeal walls, but if cocaine is used this may be avoided, and should a mirror about half the diameter of the one shown be employed in posterior rhinoscopy, nine out of ten instead of three out of four cases can be examined at the first visit.

laryngitis, which will give rise to cough; and the case membrane outside of the body. of bronchitis mentioned by Dr. Gradle was evidently sults; but, owing to the pain it causes the patient, we get no evidence of this action. I should be in

Of the hypertrophied tonsil receding between the mucous membrane, where there is thickening of the ages of 25 and 30 years, I have seen a number of subcutaneous tissue, a strong solution applied by cases in which the patients with this growth were means of the cotton swab, 40 grains to the ounce, beyond this age; to-day examined a man 35 years of used by the physician every day, then every two age, and a short time since removed a similar growth

Speaking of the microscopic appearance of the of nitrate of silver (40 gr. to 3i) cause absorption of naso-pharyngeal growths, Mackenzie says that in infiltration whilst weak solutions (10 gr. to 3i) stimu- adenoid vegetations "the glandular element is, as a late the further production of infiltrated material and rule, more marked in growths taken from the vault the activity of the glands. Consequently weak so- of the pharynx, whilst in vegetations taken from the lutions will only aggravate the hypertrophic form of lateral walls the stroma of Kis is found in greater

Dr. H. Gradle said: As to the size of the mirto use a large one you will have to use a small one, Dr. F. O. STOCKTON said: My experience in but where you can use the large mirror, there is an not so disagreeable as a dry powder, but it requires Dr. M. R. Brown said: In regard to the mirror, considerable care on the part of the physician to

Dr. F. E. Waxham reported a case of

PSEUDO-MEMBRANOUS LARYNGITIS, TREATED BY ELECTROLYSIS.

(See page 9.)

DR. W. E. CASSELBERRY said: The report is an Referring to the pharyngeal tonsil producing bron-extremely interesting one, and I suggest that the exchitis and cough, the irritating mucus finding its way periments be carried further, to ascertain if the galinto the larynx has a great deal to do with producing vanic current has any effect in softening the false

Dr. Franklin H. Martin said: I have used elecof a reflex nature. After having treated the pharynx trolysis for about three years in the treatment of with nitrate of silver for any length of time there results a thickening of its mucous membrane; there is chronic inflammatory exudations surrounding the absolutely nothing to be gained from the use of this uterus, and in fibroid tumors. In listening to this remedy in the conditions mentioned; at least, such interesting report the question occurred to me has been my experience after having employed it in whether the effect of loosening the croupous memvarious strength solutions in the different diseases of brane could be attributed to the electrolytic effect of the pharynx. I occasionally make use of the cold the current of electricity, or merely to the mechaniwire snare, but prefer the galvano-cautery. The cal effect of the electrode. Electrolysis describes gouge or curette I also employ with satisfactory re- the terms upon which it acts; in the case reported similar troubles to the one under consideration?

ter result. In stricture of the urethra five cells of a large sponge. the McIntosh battery, with the fluid reduced one half borne on the skin. It would dissolve the membrane and produce inflammation.

· CHICAGO GYNÆCOLOGICAL SOCIETY.

Regular Meeting, Friday, November 19, 1886. THE PRESIDENT, CHARLES WARRINGTON EARLE, M.D., IN THE CHAIR.

Dr. W. W. JAGGARD read a paper entitled A CASE OF CHRONIC INVERSION OF THE UTERUS, OF IWENTY-ONE MONTHS' STANDING, REDUCED BY COLPEURYSIS.

History.—E. S., 36 years old, German; married at the age of 22 years; seven children, no miscarriages. Her first six confinements were normal. She was in the habit, common among German peasant women, between the pedicle of the tumor and the walls of of rising upon the third day and making up her own bed. In each of her labors she was attended by a circumference of the canal, could be felt by the finmidwife. Her seventh confinement occurred in October, 1884. According to the statement of the pa- no sulcus could be detected, and the membrane covtient and the attendant midwife, the delivery of the ering the tumor was reflected directly upon the exchild was normal. The placenta was removed, as in ternal os. The long axis of the tumor was deflected the six former labors, by traction on the cord. Dur- to the left of the median line. The corpus uteri was ing the labor and the puerper num, no unusual loss of absent from the normal position. The tumor, insenblood was observed, and the patient does not remem-sitive to pressure, was covered by a soft, villous ber any extraordinary sensations of pain or faintness. membrane, and possessed the consistence of an The midwife consulted a physician on the second day redematous myoma. The enveloping membrane was of the lying-in period, with reference to the sudden of a bluish red color, presenting some spots of superdevelopment of high bodily temperature. On the ficial ulceration, and bled upon the slightest touch. same day, a well known obstetrician saw the case. Tubal ostia were nowhere visible. Traction of the He made the diagnosis of purperal fever, instituted tumor downwards caused the sulcus on the left side the usual plan of treatment, but declined further con- to disappear entirely. An important diagnostic sign nection with the case, as he feared the infection of of inversion of the uterus, to which Carl Braun, Robhis regular puerperal patients, of whom he had a large ert Barnes and Schroeder in particular have called number. No examination of the uterus, either by attention. Reamy, of Cincinnati, has recently deabdominal palpation or vaginal exploration, was made. scribed a sign which might have furnished corrobora-On the third day an equally competent practitioner tive evidence at this stage of the diagnosis in the inspected the patient, confirmed the diagnosis of case under consideration. Reamy says that when puerperal tever, and gave directions with reference to the tumor, grasped by the fingers within the vagina, treatment. The contour of the uterus was not in can be easily rotated on its vertical axis, it is probvestigated either through the abdominal parietes or ally a polyp, since such rotation could not occur to by the vagina. He continued to visit the patient for any marked extent in an inverted uterus, stiffened as eight days, when he pronounced her convalescent, it is by its muscular walls and the thick, strong, fib-At the expiration of three weeks the woman rose rous guy ropes furnished by the broad ligaments.

clined to attribute any beneficial effect that might from her bed for the first time, when she observed a have occurred to a counter-irritant effect of the posi- fleshy tumor protruding from the vulva. Seven weeks tive sponge electrode that was situated externally, after delivery she resumed her work as a washer-In regard to the power of electricity to dissolve woman. She suckled her child fourteen months. substances similar to the exudate found here, I should. During this period, painful coitus and the sensation judge from my experience that it possesses that of the presence of a foreign body within the vagina power. I have been told that a current of electricity were the only symptoms which attracted her attenpassed through a culture of bacteria had the effect tion to her condition. She noticed no fluor, no hæmof destroying the life of the germ. May this not ex- orrhage, and felt no pain except during coitus. The plain an action that might be worth considering in sexual act was not attended by any perceptible loss of blood. On account of the two symptoms men-DR. J. FRANK suggested that that if the author tioned she sought medical advice. The fleshy mass, had used a weaker current he would have had a bet-situated entirely within the vagina, was supported by

The child was weaned in December, 1885. About with water, are used. Twelve cells could hardly be March 17, 1886, she experienced severe metrostaxis, entirely without pain, and lasting six days. She supposed menstruation had been reëstablished and gave the subject no further thought. About April 15 another severe hæmorrhage occurred, painless and lasting one week. On May 28 she came under the writer's observation, and was admitted into the wards of Mercy Hospital. She sought relief, as she very distinctly expressed it, on account of painful coitus, the sensation of the presence of a foreign body within the vagina, and the excessive loss of blood during her last two menstrual periods. The woman was of medium size and height, with well developed muscles and clavicles like a man's. She presented evidence of marked anæmia.

Diagnosis.—Bimanual palpation revealed a pyriform tumor, the size of a hen's egg, protruding through the os uteri. The base of the tumor rested upon the pelvic floor, and upon coughing or straining appeared at the genital fissure. A shallow sulcus the cervical canal, extending around the left semiger and traced with the sound. On the right side, abdomen in bimanual palpation.

abdomen in the attempt to roll out the parts forming ter was accordingly withdrawn. the ring, by sliding the abdominal parietes over its with no more favorable result.

Emmet's method was then abandoned for the fol-plete and as irreducible as the day on which the of prolonged anæsthesia.

Compression of the body of the uterus opposite part to anamia -- she was not permitted to leave her to each tubal ostium, between the thumb and fore- bed until July 18. finger, so as to produce indentation of one side or equally ineffectual.

began an attempt to effect reinversion by colpeury-presence of the colpeurynter in the vagina did not sis. After the evacuation of the contents of the interfere at all with the functions of urination and bladder and rectum, and disinfection of the genital defectaion. The writer desired to express in words so that it lay on the posterior wall of the vagina, and the somewhat tedious plan of treatment, by Dr. Louis the fundus uteri was adjusted so that the long axis E. Lawson, late Resident Physician, Mercy Hospital.

To make the differential diagnosis between inver- of the uterus and the axis of the pelvic inlet were sion of the uterus and a pedunculated fibroid, posi- coincident. The bag was then injected with water tive, the patient was etherized. A sound in the until it was fully distended. The patient was placed bladder and a finger in the rectum were easily ap- in bed in the dorsal decubitus. The instrument was proximated above the tumor. The funnel-shaped removed at the expiration of twenty-four hours, and cavity at the seat of inversion was easily recognized the genital canal disinfected. A bacillus containing by the finger in the rectum, and by the hand on the 30 grains of iodoform was placed in the vaginal culde-sac, and the colpeurynter, after being cleansed, No appearances were present that would indicate was reintroduced. Colpeurysis was continued in the the invasion of the uterine walls by any new formation. manner indicated without interruption until June 9. Treatment.—The patient was etherized, the con- Very gradually the sulcus between the pedicle of the tents of the rectum and bladder were evacuated, and tumor and the neck of the uterus deepened, until on the genitalia disinfected. The right hand was passed the eleventh day the organ was so far reinverted that into the vagina, "and with the fingers and thumb the fundus was on the same plane with the os exterencircling the portion of the body close to the seat num. During this period gentle efforts at taxis were of the inversion, the fundus was allowed to rest in made daily, but without any apparent effect. No the palm of the hand. This portion of the body was perceptible progress was made during the succeeding firmly grasped and pushed upward, and the fingers eight days. June 17, a serous fluid tinged with blood were then immediately separated to their utmost; at began to escape from the vagina, and it was thought the same time the other hand was employed over the the patient was about to menstruate. The colpeuryn-

During the nights of June 18 and 21 the patient edge." At the expiration of forty-five minutes, the suffered severe uterine hemorrhages which threatened writer's hand was almost powerless, and Dr. E. C. to prove immediately fatal. Hot vinegar was used as Dudley kindly relieved him. Dr. Dudley gave up a vaginal douche, but did not prove so efficient a the attempt at reduction after thirty minutes' trial, styptic as a hot saturated solution of alum. Menfearing perforation of the fundus. Apparently not struction ceased on June 23. On account of the the slightest progress in the inversion of the organ harmorrhages, it was deemed inexpedient to expose had been made. Some hæmorrhage occurred as the the patient to the fatigue consequent upon any atresult of manipulation, although the fundus had been tempt to observe the mucosa during menstruation. enveloped with absorbent cotton and gauze. The During the subsequent nine days the writer was inmanceuvre was repeated on the following day, under disposed, so that the treatment by colpeurysis was the same conditions, through the same period of time, resumed on July 2. On examination, before replacing the bag, the inversion was found to be as com-

lowing reasons: The separation of the fingers to treatment began. The uterus was gradually inverted, their utmost had no effect whatever in the dilatation as before, until on July 8 the fundus was on the same of the os externum. As pointed out by Fenger, and plane with the os externum. From the 8th until the as brief reflection will convince the most casual ob- 10th of July no apparent progress was made in reserver, mere extension of the fingers can have but duction. On the evening of July 16 the writer was little effect in the dilatation of the cervix, owing to very much pleased to find the interus completely rethe relatively feeble character of the extensor mus-inverted, and the vaginal portion of the cervix occucles of the forearm. The necessary manipulation of pying its normal position. The sound passed into the congested mucosa, even when protected by cot- the uterus to the extent of 312 inches. The corpus ton or gauze, caused a loss of blood of moment in uteri was felt on bimanual palpation, in a position of an already anæmic woman. The uterine muscula- slight retroversion, below the promontory of the sature had evidently undergone fatty degeneration, and crum. The patient was not aware of any change in there was serious danger of perforation. Finally, her condition. She said, however, that she had felt there was reason to entertain fear as to the patient's a sudden, sharp pain in the hypogastric region some power to endure the shock from taxis, and the effect four hours previous to the examination. Owing to the patient's enfeebled condition—due in the main

The colpeurynter was in the vagina altogether the other—the Kiwisch-Noeggerath method—was thirty three days. On three occasions during this period the bodily temperature rose to 102° F., but On Sunday, May 30, at the suggestion of Dr. W. invariably fell to the normal after irrigation of the H. Byford and Dr. Christian Fenger, the writer vagina and disinfection of the rubber bag. The canal, the colpeurynter was introduced while empty, his appreciation of the constant attention devoted to

reference to 1, anatomy; 2, symptoms, and 3, treat- Uterus." ment.

In the second degree of inversion—the incomplete inversion of Puzos, Levret, Leroux, Donnce, the third degree, or perversion of Crosse—the anatomical limit of inversion has been indicated by Baudelocque as the vaginal insertion around the cervix uteri. Under these conditions, according to Veit and Freund, the cervical canal is intact, the uterus is only inverted as far as the internal os, and the uterine globe remains within the vagina. In the third degree, the complete inversion of Puzos, Levret, Leroux, the utero vaginal inversion of Donnce, the corpus uteri and cervix uteri are completely inverted, and the anatomical limit as indicated by Levret, is the conditions, the inverted uterus is also prolapsed and protrudes beyond the place of the genital fissure.

In the case under consideration, the cervical the case. canal was completely inverted on the right side, the

with any degree or certainty. assumption. The inversion must have occurred besithe colpeurynter unaided by taxis. fore the third week following labor, because at that

Dr. Alex. J. Stone, of St. Paul, kindly repaired the tion. On the other hand, during or at the complebilateral laceration of the cervix, on July 20. The tion of the third stage of labor, all the causes and operation was unusually difficult on account of the conditions known to be necessary to the production extent of the tear, and the shortness of the vaginal of inversion were present, i. e., the enlarged and reportion. Dr. Stone's method of operative procedure laxed corpus, dilated cervix, traction on the cord, differs materially from Emmet's, but its description is possibly, also fundal insertion of the placenta (Henobviously out of place in the present report. The nig), and paralysis of the placental site (Rokitansky). sutures were removed on August 4, perfect union If this assumption be granted, the case demon-having been secured.

If this assumption be granted, the case demon-strates that inversion of the uterus may "take place The patient, after leaving the hospital, gained rap- without sufficient symptoms to attract attention or to idly in strength. Menstruation occurred September indicate that anything has gone wrong." Dr. J. C. 26; the process was painless, lasted four days, and Reeve has already called attention to this subject, the quantity of blood lost was normal. At the time and has sustained the proposition just quoted, by the of writing she had resumed her former occupation, citation of well anthenticated cases, in his classical Remarks.--The case is of particular interest with essay, "Moot points in Regard to Inversion of the

The patient, a woman of at least average intelli-1. Anatomy.—The uterus was in a state intermedi- gence, and the midwife, a "qualified" practitioner, ate between the second and third degree of inversion. i. e., examined and registered by the State Board of Health of Illinois, observed no symptoms sufficient to attract attention or to indicate that anything unusual had happened at the time of delivery. A wellknown and skilful obstetrician saw the case fortyeight hours after the probable time of the occurrence of the accident, and the absence of symptoms was so marked that the condition escaped his critical observation. Seventy-two hours after the probable time of occurrence of the accident the patient was seen by another thoroughly competent medical man, who also failed to recognize the complication upon his first, or upon any subsequent visit.

Dr. Reeve's proposition has an important bearing vaginal insertion at the vulvar orifice. Under these upon the differential diagnosis between inversion of the uterus and sessile polypus, and indicate that no reliable evidence can be obtained from the history of

3. Treatment.—Carl Braun, in 1851, introduced a cervico-uterine sulcus (Donnee) had disappeared, the simple, convenient and safe method of the vaginal cervico-vaginal sulcus was shallow. On the left side, tamponade (colpeurysis) by means of a caoutchouc the cervico uterine and cervico vaginal sulci were bag (colpeurynter). The reduction of chronic inperfectly distinct. In consequence of the complete version of the uterus by colpeurysis was inaugurated inversion of the right half of the cervix, the long by a communication from Tyler Smith to the Royal axis of the uterine globe was sensibly deflected to Medical and Surgical Society of London, April 13, the left of the median line. The vaginal portion of 1858. In this communication Tyler Smith reports the cervix was short, and lacerated on either side to the reduction of a chronic inverted uterus by taxis the vaginal junction. The inverted interus was per in connection with continuous elastic pressure by feetly mobile, and no trace of inflammatory infiltra- means of Gariel's air pessary. Barrior, of Lyons, in could be detected about the pelvic peritoneum or in 1852 employed an air-pessary to retain the uterus in the connective tissue. The position of the ovaries, position, but with no avowed intention of using contubes and round ligaments could not be mapped out tinuous elastic pressure to effect reduction, as intimated by Donnee. M. P. Teale, Jr., of Leeds, and 2. Symptoms.—The writer thought it was fair to West effected reductions of the inverted uterus in assume that the inversion of the uterus, in the case 1859 by Tyler Smith's method. It was reserved for under discussion, occurred at the time of delivery. Sockenthal, as remarked by Thomas, to demonstrate The weight of probable evidence is in favor of this in the same year that reduction could be effected by

As a matter of practical import, the colpeurynter time the presence of an intra-vaginal tumor was discussed in the case described was a quadrilateral, covered by the patient. This interval of three weeks caoutchour bag, 10 cm, long, 3 cm, wide when colwas spent quietly in bed in the dorsal decubitus, lapsed, and possessing a maximum circumference of The condition for inversion would be at no time dure 21 cm, when distended. It is known in the shops as ing this period so favorable as during or at the com- "No. 5 pear-shaped watery-pessary." The selection pletion of the third stage of labor. During this of a properly shaped and properly sized instrument period no cause adequate to the result was in opera-demands some care. Dr. Byford's treatise is the only

American textbook on gynaecology which gives an in certain cases, is the extreme reserve with which adequate exposition of colpeurysis as one of the they are too frequently administered; they then do methods of reduction of chronic inversion of the more harm than good. The author concedes to Prouterus. This fact may be interpreted as indicating fessor Germain See the credit of having been the first the method is not extensively practiced in the United to employ the salicylate of soda against gout, and States, and a survey of American medical literature had brought out the advantages of this substance in upon this subject will serve to confirm such an the multiple indications of this affection, in which it opinion. In the very large majority of cases more is utilized for the analgetic power of the medicine, heroic measures have been adopted. On the other its decongestive or resolving property, and for its hand, colpeurysis has largely replaced all other modes power of eliminating lithic acid in certain cases. In of treatment in Germany. Fritsch says, "Gradually fine, the faculty of using, in part, the glycocol, which almost all gynacologists have gone over to Braun's constitutes one of the most important albuminoid colpeurynter." "The treatment with the colpeurynter substances. The conclusion of Dr. Lecorché is that is the sovereign method of treatment in cases of in-the physician should intervene in all cases of gout: version of the uterus. Inversions yield to it which 1. By the aid of diet to prevent the gouty diathesis. have resisted all other methods. The resistance 2. By the aid of diet and of alkalies to combat the which the cervix opposes may be so great that diathesis and to prevent the attack of gout. 3. By Muzcaux (four) forceps inserted into the portico the aid of specifics, colchicum and the salicylate of tear out, and still the uterus remains unmoved. If soda, in the generality of cases, to combat the attack colpeurysis is now resorted to, earlier or later a sue- of articular or visceral gout. cessful result is bound to follow without danger. It is therefore urgently advised to give up every attempt be interesting to learn what Professor Jaccoud says at forcible reposition of the uterus." He adds the on the subject. He, too, lays great stress on treatsignificant sentence, "Colpeurysis cannot be held ment in the intervals between attacks, or, if individas without effect, even if the end is not immediately uals of a gouty diathesis, temperance in all things, attained, it may be continued with interruptions and regularity in the hours of repasts and those defourteen days, yes, even three weeks." The best voted to sleep being his fundamental precepts. The method of treatment of chronic inversions," says diet should be mixed, but more vegetable than ani-Rheinstaedtor, "is the introduction of a colpeur- mal. Highly nitrogenous substances, such as games ynter, which is gradually distended with water." crustacæ and sea-fish, should be avoided. Pure wa-Schroeder has repeatedly effected the reduction of ter should be the general drink, or if this be not well the chronic inverted uterus after the failure of all tolerated, a little white or red wine may be added efforts at manual reposition.

(To be concluded.)

FOREIGN CORRESPONDENCE

LETTER FROM PARIS.

(FROM OUR OWN CORRESPONDENT,)

Treatment of Gout—Renal Lithiasis—Pathogeny of Renal Congestion—Bright's Disease without (Edema and Albuminuria.

the Treatment of Gout, the author divides the thera- the best for the purpose being Carlsbad salts, which peutics of this affection into two distinct parts: 1. has the advantage over the other purgatives of hav-The treatment of the gouty subject in the intervals ing the faculty of increasing the urinary secretion, of the attacks, which he considers the only important whereas with most others it becomes scanty and and truly fruitful part of the treatment. 2. The loaded with sediment A season or two at some of treatment of the attack. After having thoroughly the following watering places would act as powerful studied the subject, both theoretically and clinically, adjuvants to the routine treatment: Ems. Royat, and after having carefully studied the influence of the Kissengen, Homburg, will be found best suited for so-called anti-gouty substances commonly in use, the articular disorders which remain after gouty atfrom the various mineral waters to the preparations tacks. of colchicum and of the salts of lithia, Dr. Lecorché formulates his conclusions as follows: If there be should be sent to Coutrexéville, Evian, Martigny any specific in medicine, colchicum and the salicylate (Vosges), and Vittel. Finally, the waters of Ragatz of soda may be considered such for gout and its man- are best adapted for gouty patients in whom the malifestations; the former reduces the proportion of ady has been of long standing, and who are weak lithic acid in the blood, while the latter favors its and in a cachectic condition. The treatment durelimination.

In connection with the treatment of gout, it may thereto, or a little weak beer may be allowed. The gouty subject should go to bed early and rise early, and take daily moderate exercise. This treatment should be followed during the whole life, and as a complement to the above, Dr. Jaccoud prescribes that in spring and autumn a course of butter-milk should be gone through. Should these hygienic measures not be sufficient to modify the economy and to rid the patient of the divers gouty manifestations, therapeutic agents must be resorted to. These consist of the daily use of alkaline waters, the benzoate of lithia, in doses of from (o centigrammes to r gramme per day. The bowels should be kept In a very interesting paper by Dr. Lecorché, on freely moved by small doses of some saline aperient,

For manifestations of renal lithiasis the patient ing the attack consists in enveloping the joints with One of the causes of the non-success of these drugs cotton wool, narcotic liniments, low diet, or rather

one which must be modified according as the patient is febrile or apyretic. The best article of diet at such time would be milk. The bowels must be kept free, not, however, by strong purgatives. Thus it may be seen that Professor Jaccoud is in favor of the "expectant" mode of treatment during an attack of To the Editor of The Journal: gout, and it is only when the pains are exceptionally severe, or when the fit is of abnormal duration, that he could prescribe the salicylate of soda (3 grammes

functions of the kidneys.

the diagnosis that was made during life.

In one case, that of a man 63 years of age, and other." who had not been alcoholic or syphilitic, the autopsy even in the absence of albumirania, establish the diagrosis of nephreis. In the cases which came under Dr. Dibulaiov's notice the different varieties of albumen were very carefully sought for, even those which are not revealed by the ordinary tests. A. B.

DOMESTIC CORRESPONDENCE

THE MEDICAL SERVICE OF THE U.S. PENSION BUREAU.

Dear Sir:-I have been much interested in a communication which appeared in The Journal for November 20, entitled "The Medical Service of the per day), or the wine of colchicum in doses of from U.S. Pension Bureau," and written by Dr. P. S. 5 to 6 grammes in the twenty-four hours.

Conner, of Cincinnati. Briefly stated, the article At a recent meeting of the Medical Society of referred to is simply an arraignment of the Pension Hospitals, Dr. Albert Robin read a paper on the Examining Boards, as at present constituted, virtu-Pathezeny of Congestion of the Kidney. From two ally charging the members thereof with professional cases which came under his own observation, he was incompetency, and proposing as a specific for the induced to conclude that cold excites the reflex ac- evils complained of, that the entire business of the tion of these organs, which then refuse to let pass the examining of pensioners, and applicants for pensions, waste tissues of the organism. These, not being be transferred to the Medical Corps of the Army. eliminated, poison the patient in different degrees. After detailing at length the duties of the examiners, according to the duration of the suppression of the Dr. Conner says: "Even the most hurried glance at what is required of an examining surgeon, will suf-At the same meeting Dr. Dieulafoy made some fice to show that he ought to be well educated, expeobservations on cases that came under his notice, rienced in the detection of pathological conditions, exhibiting all the symptoms of Bright's disease minus of good judgment, honest, and independent, having cedema and albuminuria. The autopsy confirmed regard solely to what is right and just to the applicant on the one hand, and the Government on the

Thus, basing his plea for the charge above referred showed a typical form of arterio-sclerotic nephritis. to, upon the assumed fact that the Boards, as at pres-The heart was small and sclerotic, with notable atro-'ent constituted, are destitute of the qualifications pay of the muscular tissue. With reference to these which he mentions—in other words, that they are cases Dr Dieulafoy dwelt on the fact that there is composed of physicians who are not well educated, no strict correlation between albuminuria and Bright's not experienced in the detection of pathological condisease. There are some symptoms, however, which ditions, not of good judgment, honest, and independwill enable us to recognize the renal lesion. These ent, etc. Now, upon all these points, I take direct consist chiefly in the troubles of the urinary secre- issue with Dr. Conner, and express the belief that tion, and above all pollakiuria, or necessity of fre- he cannot make good any of the propositions which quent micturition during the night, cephalalgia, op he advances. From a personal knowledge of the pression, occular disturbances, auditory troubles make-up of several Boards of Pension Examiners, (deafness, rumbling), the sensation of "doight morts," the writer believes that they are composed of a class or numbness in the fingers, which latter the author of physicians who, as a rule, will not in the least sufconsiders pathognomonic. He referred also to Pro- fer by comparison with a like number of the medical fessor Bouchard's test, according to which, the selfofficers of the Army, in all that relates to education, cretion of urine being a process of deputation, it may experience, and in the possession of the various qualbe conceived that if the kidneys work badly, the ifications necessary for thorough and impartial examurine which they excrete, not containing all the or- inations. The Pension Examining Boards are, in the dinary products of elimination, will be less poisonous main, composed of the best medical talent in the than normal urine, which fact has been verified by various cities and towns wherein the Boards are loexperiments on animals. For instance, while in the cated. A very considerable number of their memnormal state, 15 to 20 grammes of urine suffice to bers are men who have had a large experience as kill a rabbit, it would take 250 to 300 grammes of Army surgeons during the late war, and who have Brightic urine to produce the same effect. It is pre- made high reputations in long and successful profescisely this last circumstance which is found in Bright's sional careers. The Boards, as a rule, are thoroughly disease, and which, in certain exceptional cases can, equipped with all the various aids to diagnosis which the inventive genius of the profession is continually giving to the world.

The competitive examination, which Dr. Conner states is a requisite to membership in the Medical Corps of the Army, has by no means succeeded in placing that Corps upon so high a plane as our author would have us believe, for it is a well known fact that these examinations are not, never have been, and in the nature of things never can be, wholly freed from personal and political influences. It is body is doubtless composed, in the main, of men of cling expenses, the present cost to the Government not warranted by facts. It is, however, true, that truly, just as the "West Pointer" was, during the late war, disposed to arrogate unto himself all military knowledge, so was the regular army surgeon disposed to put on airs over the volunteer surgeon; but that this assumed superiority was groundless, the writer, as well as many others, had ample opportunity for observing. In field, or in post hospital, no better work was done than by the volunteer surgeon.

But I have not yet mentioned all the beneficent results which Dr. Conner is confident would ensue, both to the Government and to the pensioner, should his plan be adopted. He says that, as a result of the adoption of his scheme, "deserving applicants would get what they deserve, and the ratings would be far more uniform than at present." To this I reply, that deserving applicants, as a rule, now get what they deserve, and in regard to the uniformity of ratings, what reason have we to doubt that as great a diversity of opinion would exist among the Army surgeons as now exists. Dr. Conner says further: "There would be no more complaints or charges that pensions were recommended or advised against because of the applicant's connection with this or that political party." To this we reply, that not many complaints of this nature have been made, and these, no doubt, for the most part groundless. Yet surely, the surgeons of the Army are members of some political party, and there is no earthly reason why they would not be just as susceptible to political influences as are the present examiners.

Dr. Conner also informs us that, under his plan, "the end results of excisions and of amputations might be determined, as they now cannot be." The italics, and exclamation point, are mine. Also, he says further: "The Government would be benefited, meritorious soldiers and sailors in some degree rewarded for privations, sickness, wounds," etc., but this is enough. He also states, and truly, that the establishment of such a board as he advocates was, at one time, strongly advocated by the authorities of discussion, the present system of pension examinaefficiency, by leading members of both houses of Congress, and of both political parties.

The plan proposed by Dr. Conner would give us one pension examiner where there are now about thirty, an average of about one Board to a State. Under this management, it is hardly necessary to

not the purpose of the writer to or little or to mis- Board of Examiners; while should the Government, represent the Memear corps of the Army. That as Dr. Conner suggests, undertake to pay their trava good degree of professional ability; men compe- would be greatly increased, while there is not the tent to discharge, intelligently and well, the duties remotest ground for believing that any compensating devolving upon them; but I desire simply to show good could result, in the way of increased thoroughthat the comparison which Dr. Conner institutes is ness or efficiency of the examinations. I am, very L. Brown, M.D.

Postville, Iowa, Dec. 1, 1886.

BOOK REVIEWS.

The Physician's Visiting List (Lindsay and Blakiston's) for 1887. Philadelphia: P. Blakiston, Son & Co. Chicago: W. T. Keener.

This "Visiting List" is now in its thirty-sixth year of publication, and is so well known to the profession that but little need be said of it. It is published in several sizes, for 25, 50, 75 and 100 patients weekly, at prices ranging from \$1.00 to \$3.00, the latter price being for large lists in two volumes (January to June, and July to December). A perpetual edition is also published, and an interleaved edition at a moderately increased price. It contains calendars for 1887 and 1888, Marshall Hall's "ready method in asphyxia," a table of poisons and antidotes, tables of the metric system, a dose table rewritten to accord with the sixth revision of the U.S. Pharmacopæia, a table of disinfectants, directions for the examination of urine, a table of standard reference books, table of incompatibles, a new table for computing the period of utero gestation, a list of new remedies for 1886-7, Sylvester's method for artificial respiration, and a diagram of the chest, besides the blank leaves for visiting list, monthly memoranda, addresses of patients, nurses and others, of accounts rendered, memoranda of wants, obstetric and vaccination engagements, record of births and deaths, and cash account.

MISCELLANEOUS.

Prof. Kolomnin's Scicide After a Faim Opthe Pension Bureau. He might have stated further, ERATION.—Professor Kolomnin, of St. Petersburg, that the measure failed, because the debate thereon recently committed suicide after the death of a pain Congress completely demonstrated the utter im-tient from cocaine. The patient, says the British practicability of the measure, and also during that Medical Journal, who was operated on was a young woman who had been sent from the medical out-pations was warmly endorsed for its thoroughness and tient department into the surgical wards. Professor Kolomnin found a large ulcer of the rectum, which he believed to be of a tuberculous nature; he decided to scrape and cauterize it. Proposing to employ cocaine as an anæsthetic, he made a number of inquiries as to the maximum dose, and looked up the literature of the subject, which comprised about thirty state that thousands of pensioners could not afford cases, in which from 6 to 90 grains (the Russian the time and money necessary to reach the Board, grain = 1.0417 grain English), had been employed. while under the present arrangement, few need to be Most of these cases were operations for crushing absent from home over night in order to reach some urinary calculi, and though the bladder, if healthy, is

Agair, Professor Dieulafoy had employed 48 grains 11, 1886. of cocaine in a rectal operation with success. Having regard to all these reported facts, Professor Kolomnin thought himself justified in disregarding the op nion of his colleague, the Professor of Pharmacology, who said he considered two grains a maximum dose. He, however, decided to give rather less than half the quantity used by the French professor, and to administer it in four rectal injections. After the third of these, it was found that anæsthesia had not been produced, so Professor Kolomnin inroduced a speculum, touched the surface of the ulcer with a dry sponge, and gave another injection, which produced an esthesia, though not of a very complete character. The ulcer was scraped, and an oiled plug left in contact with it. The pulse was then somewhat rapid. Forty-five minutes afterwards the pulse became greatly enfeebled, and the respiration labored, the face and hands assuming a livid appearance. Everything was tried without availfaradization, artificial respiration, subcutaneous ether injections, ammonia, stimulating and nutrient enemata, and even tracheotomy, with inhalation of oxygen death being evidently due to the toxic action of cocline. In some quarters Professor Kolomnin was much censured, but he himself considered that, with all the authority of numerous reported cases, he was not to blame for using the quantity of cocaine that he did. He, however, fancied that he had made an error in diagnosing he ulcer as of a tuberculous nature, and worried himself about having undertaken the operation. As to his own personal condition, he had lived for some years a most secluded life, devothad lived for some years a most secluded life, devoting himself entirely to his scientific wark, and making no intimate friends. He had latterly complained of palpitation and sleeplessness, and had become very irritable and, in some instances, forgetful, so that there is no doubt in his eminent colleague's mind that when he committed suicide he was not really aware of the gravity of what he was doing. The day before he had gone to Professor Botkin to ask him to give an address at a medical society for him, as he felt too unhinged to do it. This request was complied with, his own death serving, alas! as the subject.

Accordingent During Hypnotic Seefp. -In the Wiener Med. Wochenschrift a case is mentioned of a woman whom Dr. C. Brann succeeded in rendering unconscious during labor by throwing her into a condition of hypnotic sleep; the uterine contractions were particularly painful. They were equally violent during the period of unconsciousness, but the intervals were somewhat longer; dilatation of the pass-ages took place in the most satisfactory manner, and delivery was speculty accomplished. The observadelivery was speedly accomplished. The placentawas expelled into the vagina, and was easily withdrawn with the hand. On awakening, the patient did not complain of pain, and afterwards slept naturally for several hours. One of the most inter- Williams, L. L., Asst. Surgeon, upon expiration of leave, to esting features of the case was that the uterine con-

known to be quite unable to absorb such a quantity tractions induced contraction of the abdominal musof the drug, in some cases vesical disease was pres- cles without awakening the patient. Hæmorrhage ent, and in these absorption must have occurred, was very slight.—British Medical Journal, Dec.

> THE PASTEUR INSTITUTE.—M. Pasteur states that the amount subscribed to the proposed Institute now amounts to almost 1,800,000 francs, and that contributions still continue to come in. English brewers, who have been shown that they are indebted to Pasteur for his experiments on ferments, have contributed largely.

> EULYLYPTOL is the name given by Dr. Schmeltz to a mixture containing six parts of salicylic acid to one part of carbolic acid and eucalyptol, and which he considers a better antiseptic than iodoform, corrosive sublimate or carbolic acid. A small quantity added to urine will preserve it for months.

> CHOLERA IN EUROPE.—Several deaths from cholera have recently occurred in Bulgaria. The disease originated, it is said, with a Hungarian peasant bringing clothes with him of a man who had died of cholera. Cholera has reappeared at Gorizia.

> A HEALTH EXHIBITION IN WARSAW will be held in May and June, 1887. The exhibits will be chiefly Polish, but foreign goods will not be excluded.

> THE U. S. LIFE-SAVING Service has saved, from its establishment in 1881 to July 1, 1886, 28,317

Major W. 11. Forwood, Surgeon, granted leave of absence for one month. S. O. 129, Dept. Dak., Dec. 16, 1886.

Capt J. V. Lauderdale, Asst. Surgeon, ordered from Ft. Concho to Ft. Clark, Texas. S. O. 174, Dept. Texas, Dec. 16,

First Lieut, Edward Everts, Asst. Surgeon, ordered from Ft. Grant to Ft. Apache.

First Lieut, Chas. F. Mason, Asst. Surgeon, ordered from Ft. Huachuca to Ft. McDowell.

First Lieut, W. B. Banister, Asst. Surgeon, ordered from Ft. Wingate to Ft. Lowell.

First Figure W. D. Dietz, Asst. Surgeon, ordered from Ft. Stanton to Ft. Bayard. S. O. 136, Dept. Ariz., Dec. 16,

First Lieut, A. S. Polhemus, Asst. Surgeon, ordered for duty as Post Surgeon at Ft. Gaston, Cal., relieving First Lieut. H. I. Kaymond, Asst. Surgeon, ordered for duty at Angel Island, Cal. S. O. 123, Dept. Cal., Dec. 13, 1886.

First Lieut, C. L. G. Anderson, Asst. Surgeon, temporarily to duty at Whipple Bks., Arizona. S. O. 132, Dept. Ariz., Dec. 7, 1886.

Banks, C. E., P. A. Surgeon, granted leave of absence for twelve days. Dec. 16, 1886.

Carrington, P. M., Asst. Surgeon, granted leave of absence for fifteen days. Dec. 6, 1886.

proceed to Boston, Mass., for duty. Dec. 17, 1886.

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ORIGINAL ARTICLES.

THE PROBLEM OF THE INEBRIATE. BY W. W. GODDING, M.D.,

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say that there is no harder conundrum proposed to him, and, looking only on that magnificent physique modern civilization than this same inebriate. Utterly with which Nature had endowed him, he would pass useless to himself, he becomes a nuisance to every- for a young man. Scrutinizing more closely you body else. This difficulty meets us at the outset of saw that the arcus senilis had come, the vital enerthe discussion, what is meant by the inebriate? We gies burned down, the wit was at its dregs, and in are accustomed to consider drunkenness and incbri- every sense was it true that the virtue had gone out ety as synonomous terms, and yet not every man of him. There was left only an insane thirst for who gets drunk is what we call an inebriate. The whiskey, and, what his uncle in a conversation with best man in the world, at least in his age-it is true me once styled "his fatal facility in writing." The that age was sunk rather low-was Noah, and he was latter, although deteriorated with all the rest, still barely out of the ark when he got drunk; yet, in afforded him, as a newspaper hack writer, a precaview of his previous as well as subsequent history, rious income from his articles. These were society we should hesitate to call him an inebriate.

briate, I present to you in this paper the brief memoir in a roar." All else was gone; property, if he ever of a typical inebriate, no fancy sketch, but one of had it, positions of trust which he had held and lost real flesh and blood. For obvious reasons I with by his vices, and "troops of friends" that he had hold his name, but for convenience of designation alienated; for this Bohemian prince of dead-beats will call him "the Col."—a common title about was as supremely selfish a man as I have ever known. Washington—which will answer our purpose as well as any. This is not a temperance lecture in disguise, the devotion of the last, which was something inexintroducing the Col. as an object-lesson, after the plicable, availed no more to turn him to virtuous manner of the Athenian teacher who exhibited a courses than signing the temperance pledge did to drunken man to his pupils. He is presented simply wean him from his cups; and the influence of both as a pathological specimen, and I do this with no had less restraining power over him than the lightest feeling that in doing so any confidence is violated whiff from his cigar. As the typical reformed ineor that I am exposing anything which the Col. would briate he was the making and the undoing of I know have preferred should be kept covered now that he not how many temperance organizations. Of the is gone, for this man, while hving, had no affectation various antidotes for drink he was the universal solof virtue; delicacy of feeling was a weakness of which vent; the thirst within him was his one strong point, he was never suspected; public opinion he despised; the only thing that waxed not old. the wages of sin were satisfactory to him so only he had the sin; he was content to pose as an "awful insanity, you did not find it; yet there were observed example;" and I think he would have consented phenomena psychic in character worthy of note. that his viscera should be photographed to illustrate When first received, and so long as the alcohol was Sewall's lectures on the coats of the stomach, merely circulating in his tissues, there was more or less instipulating that their membranes should be occasion-coherence and confusion of ideas, but apparently no ally moistened with whiskey. What study the anat- more than would follow a debauch in any one. Then omist might make of his bones when he had done came a period of rest, when everything was first with them, what lesson the moralist would draw class and he apparently at peace with all the world;

difference to him, as I do not think he expected to pass this way again.

My first acquaintance with the Col. was in May, 1878, when he was brought to St. Elizabeth on the certificate of two physicians to his insanity. In May, 1886, almost exactly eight years later, I parted with him for the last time, to hear within three weeks of Speaking after the manner of the street, we may his death. Just turned of forty when I first knew articles of the lightest sort, but with now and then a To better illustrate the meaning of the term ine-scintillation of the old wit which still "set the tables

What was the disease? Looking for intellectual from his finished life, were matters of profound in- was even tolerant of the vagaries of the insane pa-Read before the Medical Society of the District of Columbia, De-tients about him; life was a pleasant jest, and his comfortable shelter in an insane hospital the greatest

cemb r 11, 1886.

joke of all. Then came a time when life was real him to enter, unless, as he feared, he should be found and of a very lutter earnest. Sore headed was no physically disqualified for the situation." name for it; he found fault with everything; complained of his food; abused his wife; maligned his was passed in institutions of one kind and another, nurses; made even the unfortunate insane who came one wonders when he was sober, just as his frequent within his reach, miserable by one diabolical device or another; then claimed that his own life was being made wretched by being immured with grinning, idiotic lunatics, and attendants of a still lower order of "Does your Honor take me for a millionaire?" intelligence. Still held in durance, he would, after months of enforced abstinence, his periodic cravings infirmity. Remaining at the hospital, as a general for rum remaining unsatisfied, become moody, dull, rule, only so long as he could be induced to remain almost imbecile, as if a kind of mental dry-rot had voluntarily, it is instructive in our pathological study come over him. Now let the opportunity be given of the case to note how frequently, after a residence him to rouse his brain and liver by a fortnight's de- and abstinence of but little more than a month, bauch and its accompanying abstinence from food; "important husiness" made it imperatively necessary the old life would come back; the wit sparkled again, that he should return to the city and "his wallowing and, with Bulwer's Margrave, he felt the elixir ting- in the mire." Of his eleven recorded sojourns with ling in his veins, for

"Like to the Pontic monarch of old days, He fed on poisons, and they had no power, But were a kind of nutriment."

to say aberration, was simply appalling. This was note to all these cases of inebriety, but I take him as the illustration, and remarking the keenness of his wit and the correctness of his observation, associated as it was with the most utter disregard of his own best interests, and his complete helplessness in the presence of stimulants, I wondered how long, even with the support of the certificate of insanity from two eminent physicians, I could hold him against a writ of habeas corpus, brought before the tribunal which, in the Guiteau case, had pronounced a knowledge of right and wrong to be the true criterion of respon-

him go.

medical men, to say what ailed him, let me rapidly eating as it is), you need have no fear," etc. (After outline his eight years' record at St. Elizabeth, premising that this was only about one third of a career, as I do, and if he hadn't 'fallen by the wayside' we the ancients was by the ocean. In that period of he got time to exhibit his sobriety he got drunk," insane; the insanity was certified to by two physical this note, left Providence Hospital on last Saturday cians; and once he remained for a considerable time time "sobering up" in one of the city hospitals, the bed; and has been three times arrested. work-house, the alms-house, or the sheltering arms of some other electrosynary institution. It was during a stay in one of these havens of rest, already becoming restless for a drink, that he writes he had "now run the gauntlet of all the institutions (naming them) except a lying in establishment, of which he note books, but with my limited time a single epi-

Seeing how large a portion of these eight years appearance at the bar of the police court led Judge Snell to exclaim, "Col., are you always drunk?" To which, with the gravity of a pundit, the Col. replied,

There was a noticeable periodicity about the Col.'s us I find six of duration as follows: two of one month and seven days each; one of one month eight days; one of one month twelve days; one of one month eleven days; and one of one month four days. The two longest detentions, seven months and twelve From a moral standpoint the mental obliquity, not days, and four months and five days, respectively, were both after strenuous voluntary efforts for his by no means exceptional in the Col.; it is the key- own commitment, and were associated with a long preliminary training in police court and work-house. There were times when he was anxious to get into the hospital—and accomplished it against decided opposition—as at others he was as anxious to get ont. He always went forth confident in his strength; he came back like the prodigal in his weakness, but with this difference, that the hospital authorities soon got over ordering veal on his arrival.

Running over my letters and memoranda of that period, I find "the old, old story," with endless repetitions, from which I make a few extracts as samsibility, and that regarded moral insanity as only a ples: (Before going out.) "My affairs have got to synonym for depravity. So, doubtingly, I often let a point now where I must lay hold of them and straighten them out. . . As far as whiskey is "Not as other men are,"—but leaving to you, as concerned (I find I must refer to the subject, nausgoing out.) "He appreciated your kindness as much as completely bounded by whiskey as the world of would have come over to pay you a visit; but before eight years the books of the hospital show that he (Some time later.) "Dear Doctor: The poor soul was sent to the institution no less than ten times as 1-1 think I may reasonably say—which accompanies week and took his old room, donned his new fortyon a voluntary commitment. The time thus passed five dollar suit, and got drunk. At two o'clock they with ns amounted to two years and four months, or had to send for the police. He broke the front door, something less than one-third of the whole period, assaulted the cook and the chamber-maid, and pro-There were also voluntary visits, of short duration, duced general hilarity. He has been thoroughly where no record was kept. It is safe to say that dead drunk ever since (not eating anything as far as during the eight years he was for an equal length of 1 can learn); sleeping up an alley in preference to a will see his condition. He has been in the station for thirty hours, and is rational. For the Lord's sake keep him over there for the rest of his life."

So I might go on for an hour illustrating the varying phases of his infirmity from correspondence and yet hoped to find one sufficiently respectable for sode—that of the Montana trip—must suffice:

Twain watching the Arab on his foot race up and we parted, he going on his own wild way to the end. down the pyramids, I said now he will slip, now he He was born with godlike faculties, but he drank must break his neck, certainly in that all day ride in of the cup of Circe till it transformed him to a beast. him be subjected to a severe course of discipline; not think of him as lying cold o' nights. send him to jail; put a ball and chain on him; shoot him if necessary, but don't discharge him." Nevertheless, he was discharged, and like Mark Twain's within the experience of every one of my audience. roads lead to Rome, doctor."

missioners admitting him to the hospital. He came, not profune here; wives with a devotion which tells

In January, 1883, an army officer, moved by I to use his own expression, "to have us grow a moral know not what good impulse, secured a fairly remu-nature in him as a man would grow a moustache." nerative position for the Col. in the Quartermaster's. There was sore need of it, for "the keepers of the Department of the U.S. Army, station to be in Mon-house" had begun "to tremble, and the strong man tana. It is needless to say that our hero was over- to bow himself." So he rested for the winter. I joyed. Thenceforward there were to be no more committed the entire management of his case to my spicy letters from "our occasional correspondent," able assistant, Dr. Stack, promising that he should dating nominally from Saratoga, from Newport, or have all the credit if he cured him. I gave him carte from the Thousand Isles, but really written within blanche—he might put the batteries on him; soak his the purlicus of a lunatic hospital. And there were brain in hellebore; purge him with hyssop; cleanse "to be no more cakes and ale." Here was an op, his heart—do anything and everything, so only he portunity to redeem himself or perish in the attempt, resuscitated his moral nature. It is needless to say I thought it would be the latter, for in the dead of that the doctor did his level best, and in the spring winter and the destination Montana, 1 felt morally told me he thought the time had come to test the certain that he would freeze to death on the road. Col.'s strength by sending him to town unattended. He left the hospital on Thursday to make the neces. He went, and came back sober. A second trip, and sary preliminary arrangements to start on Saturday wonderful to relate, he returned as perpendicular as night for his destination. I need hardly say that one be went. I said to myself, Has the growth indeed of these preliminaries was to get so drunk on Friday taken place? Is it possible that there was any moral that he was brought to the station house in the even- nature left to grow? And has the change really ing perfectly unconscious. He got out later, was come that I did not look for before the resurrection? found asleep on the floor of the telegraph office, and And even then, while I wondered, there came into again gathered in. A devoted friend writes: "He his brain a scheme for getting aid from his uncle and hurried off on Saturday night but illy equipped for going on a ranch in the far West to commence life his five days' journey, promising to write from Chi- anew, and he began to talk of removing to the city cago. I haven't heard a word, and I believe he is to make his arrangements. Then I knew what was drunk, or dead, or both," and adds, "I never expect coming. I urged him to remain where he was and to see him again, but if I do you will." We felt that leave to others to make his arrangements. But he at least St. Elizabeth was done with him. Like Mark had reached the time when he wanted no advice; so

a coach in Montana, with a temperature of 46° be- I know not what vice of organization, what inherited low zero, he can't fail to freeze to death. But he taint or what sinful indulgence first wrought this woe, didn't; other passengers were lifted out stiff and Whatever it was, he was so hopelessly enmeshed in frosted, but alcohol will not congeal. In a letter its folds that from the first time that I saw him his from a hospital of the Sisters in Montana he says of moral responsibility was, to say the least, an open his journey: "At Deer Lodge I strengthened the question. It it was sin, has he not suffered for it? garrison with a quart bottle in my overcoat pocket. If it was disease, shall not the sufferer rest? I like The result was I arrived at Helena dead broke down to think of him at his best in a life that had but little from fatigue, cold, want of food and sleep, and the best to recommend it. He was better than he awful and to me hitherto unknown poisons in Rocky wished to seem. I have seen him take slyly from Mountain whiskey." But though he did not freeze, his pocket and give to the dog who accompanied he was at once in hot water with the military author- him on his morning walk portions saved from his own ities. It was on Gen. Terry's request to be relieved breakfast, and then apologize tor what might seem a of the Col.'s presence in his department that Gen. human weakness. Let us, in our human weakness, Sherman wrote this famous endorsement, which ap- each cast a shard above him for sweet charity. Taken peared in the daily press at that time: "This man from out the freezing alleys and gutters where he had was appointed for the purpose of developing the so often lain in this world, I hope that burning thirst latent good which is supposed to be in him. Let has not followed him whither he has gone, and I can-

Arab, he brought up at the starting point. As the Treating it only as a pathological specimen in this officer helped him out of the ambulance at the por-necessarily fragmentary and hurried sketch, I have tals of St. Elizabeth, I said: "Well, Col., I didn't left unrevealed the tragedy in the home, but it is expect to see you here again." Pretty drunk, but there none the less. And that is the most moving, with all the old time assurance, he replied: "All realistic side of all these cases. Every month—nay, almost every week, they come to me to know what His last residence at St. Elizabeth was one of they shall do that their friends may be saved? Alas! his longest. After much buffeting he had procured that I have no answer I can give. Mothers bring to for himself the necessary order of the District Com me their breaking hearts in confidence that I shall

me the age of martyrdom has not passed; sisters with streaming eyes implore me to save their brother -my brother and your brother too. It is time that as medical men we had some answer to make to this question, What shall be done with them? As scientists curious of the bacillus we forget the worm of the still. As savants we show a pardonable enthusiasm over the shards of a jug on which we may with laborious pains decipher the symbol of Annubis or Osiris, but manifest an inexcusable indifference to that human "treasure" which we have in these frailer than "earthen yessels" on whose shattered fragmen's we might still trace the lines of the image once stamped there. It is time that the scientist and the scholar spoke; that he turned from the contemplation of cliff dwellings and bone caves, and drew out from dens of infamy and caverns of despair where he has been hiding this troglodyte of our time. When the medical men of the community move in earnest in this, we shall have public sentiment, and out of that sentiment will come law, and an answer to the prayer, "Lord, that I might be healed."

NOTE. Let me venture a word in a foot note touching the solution of this problem, lest 1 be accused of leaving my moral lesson without a moral.

The inebriate can be controlled legally in one way or another; there is no doubt about this. For a person who cannot take care of himself the law provides a guardian; or when a man from any cause so far loses self control as to become dangerous to others, society has the right to restrain him. Such dangerous person, either in person in exec, is the inebriate; and at all times he is unable to take care of himself.

Having shut him up, the next thing is to keep him. Hitherto the detention has been too short to afford a chance for reformation. Sentences for thirty days rather aggravate the craving for drink. For any lasting benefit a year's confinement is necessary with some, a lifetime with others. The commitment in confirmed cases should be for a term of years, with a power lodged in the court committing, and perhaps also in the board of managers of the reformatory, to grant furlough or ticket-of-leave, its continuance to depend on good behavior.

Such house of detention should be self-supporting or as nearly so as is possible to make it with a system of compulsory labor. Since idleness is a great incentive to drink, all able bodied inmates should be set to work at some productive industry. Whatever the institution falls short each year of being self sustaining should be made up from the District treasury out of funds received from licenses for the sale of intoxicating drinks.

The entire management of the establishment should be under the immediate control of an executive officer who should be a medical man skilled in his profession, with qualities of heart and brain fitted to his work, and an autocrat in his position. He will need the wisdom of Solomon, the patience of Job, in abiding hope and a double portion of that "charity which never faileth." Anything short of this will land him within five years in a binatic asylim, and his institution in the slough where some so-called inclinate homes are already stranded.

In a majority of these cases a cure is hardly to be expected, for the malady is of many years', often of some generations', standing. But will it be a fight matter to have made these inebrates decent, orderly, and self-supporting in industrial schools while they live, and to have taken their children out of the blight and shadow of a drunkard's home, and given them back their birthright? And for that "saving remainder," fallen but not lost, going forth restored, whose fives from ruined prospects and dead hopes shall rise again— with what line will you measure, in what balances weigh the value of such refuge to them?

CANNED FOODS AS A CAUSE OF ACUTE POISONING.

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When we take into consideration the enormous amount of canned foods put up and consumed each year, and the comparatively few cases of poisoning, both real and imaginary, that have been attributed to the use of canned foods, we ask the question, Is the use of canned foods injurious? 500,000,000 cans of food are annually consumed as follows:

Οf	salmon	an	average	per	annum	of	50,000,000	cans
"	tomatoes		"	4.6	66	"	52,000,000	44
6 4	corn	4.4	4.6		4.4	"	30,000,000	"
66.	peaches	4.4	4.6	4 6			15,000,000	
6 6	meats, oy	ste	rs, fruits,	veg			253,000,000	

In vegetables alone there are about 400 farms that have small canning factories, putting up the products of the adjoining land fresh from the fields. Adding these to the number of regular canning factories, we have about 800 in all. These figures do not include the canning of fruits, vegetables, etc., by families for their own consumption, which would increase the amount to a considerable extent.

Before coming to any conclusions regarding the injurious effects of canned foods, it will be necessary to consider the various materials out of which the cans are constructed as well as the composition of the contents of the cans. We will not consider the foods canned in glass, but will devote our attention to the foods put up in tin cans. Tin-plate is the form in which tin is used in canning food. It consists of thin sheets of iron covered with tin. There are several methods by which tin-plate is made, the usual one being about as follows: The very best refined sheet iron is first cleared of all oxide by immersing in dilute sulphuric acid, then rubbed dry with sand to remove all traces of the acid. It is then plunged successively into a bath of melted tallow and a bath of tin covered with tallow. On contact with the iron the tin forms a true alloy, which is covered with pure tin. The cheaper grades of tinplate are dipped once or twice, while the best goods are dipped three times. One pound of tin will make twenty eight plates of tin-plate 14 × 22 inches, and of the best grade. Commercial block tin, such as is used in the manufacture of tin plate, usually contains various other metals, but in such small quantities that, with the exception of lead, they are never found in the contents of the cap, so we will not consider them.

A large quantity of tin-plate is made from an alloy of tin and lead, the proportion of lead varying from 1 to 50 per cent. or more. A grade containing about 10 per cent. of lead is as poor as is generally used in making cans. The greater the proportion of lead, the cheaper the tin plate. This alloy of lead and tin is more easily acted upon by the vegetable and fatty acids than pure tin. The principal examiner of chemicals in the U. S. Patent Office says that all commercial tin is alloyed with lead. Chemists who have examined cans for alloy of lead and tin find lead in almost every case. Dr. Onderdunk finds only two samples free from lead in a great number examined.

Dr. Darsh reports that out of a large number of cans vegetable and fatty acids as acidulous or negative tested, he found lead alloyed with tin in almost every radicals. From these we can have tin chloride or case. Dr. Dagget has examined twenty cases of dif-tin salts of the organic acids, lead chloride, or lead ferent brands and found lead alloy in every can. I salts of the organic acids, or we may have zinc chlohave examined a great many different brands of ride or zinc salts formed by the union of zinc with canned foods, also the very best brands of charcoal the organic acids. Rosin used as flux does not comtin used by our tinners, and found lead alloyed with bine with any of the metals; it is only when a liquid the tin in every case; not one was free from lead. flux containing chlorine or a chloride is used, that The most convenient test for lead alloy is to place a we may have all of the above combinations. If few drops of a weak solution of nitric acid (1 to 10) chlorine or a chloride is used as a flux which of the on the tin plate and allow it to remain a few minutes metals, tin, lead or zinc, will it combine with? There to react on the metal. If lead be present the nitrate is a law of chemical affinity known as "Bartholet's of lead will be formed, and by placing a small crystal Law," as follows: "Whenever, on mixing two subof potassium iodide in the centre of the acid, the stances in solution, a compound can be formed by a characteristic yellow iodide of lead will appear. The rearrangment of their atoms, which is insoluble in chemical changes may be expressed by the following the menstruum employed, such a compound will be equations:

(a) $Pb + 2HNO_3 = Pb(NO_3)_2 + H_2$ (b) $Pb(NO_3)_2 + 2Kl = Pbl_2 + 2KNO_3$.

the addition of potassium iodide.

tin cans is an alloy of tin and lead. Three grades insoluble in water and acidulated water. According of solder are in use: common solder, consisting of to the law of Bartholet, the chlorine would enter into equal parts of tin and lead, fine solder, composed of combination with the lead, and if in considerable hand made can was soldered from the outside, and The chlorides, oxides, hydrates and organic salts of rosin used as a flux. It was soon found that the work in, lead and zinc have never been found in sufficient could be done faster by soldering on the bottom and quantities to give rise to the symptoms sometimes top from the inside, still using common solder and produced by eating canned foods. They have never rosin. Still later it was discovered that the same work been found in as large quantities as some of our textcould be done faster and cheaper by using a liquid books give as the medicinal doses of these same salts. caps are usually soldered on by means of the chloride of zinc flux. Some of this frequently finds its way the metallic salts. under the cap and into the contents of the can. The Legislature of Maryland has passed a law prohibiting occurring in acute poisoning from canned foods: the use of this flux in canning foods. There has been a great deal of groundless prejudice against the delirium, stupor, coma. use of machine-made cans. An attempt has even been made to boycott all cans made by machinery. I have tested samples of the tin plate, solder and flux used by one of the largest manufacturers of machine-made cans, and find the materials to be practically unobjectionable.

It would be impossible to give the analysis and composition of all the foods preserved by the canning process. Most, if not all of them, contain organic acids of either the vegetable or fatty acid series. The acids found are either natural in the fruits, vegetables or meats, or are the result of chemical change. In replying to the question, "Is the use of canned of lungs. foods injurious?" we must take into consideration not only the thi-plate, solder, and flux used, but also the nature and composition of the food in its natural condition, and after partial decomposition has taken place. When we take elementary substances alone we find them harmless, as a rule. It is when new combinations take place, or old compounds are decomposed and poisonous ones are formed as the result | sugar nor albumen. of recomposition, that we look for harm. In the present as baselous or positive radicals, and chlorine, sions, partial paralysis of extremities.

formed and will appear as a precipitate." The liquid or juice in canned foods consists of water and in most cases of an acid. Chloride of zinc is soluble If the tin is pure there will be no change of color on in water and acidulated water. Stannic chloride is soluble in water and acidulated water, stannous chlo-The ordinary solder used in the manufacture of ride in acidulated water. Lead chloride is almost two parts of tin to one of lead, and "coarse" solder, quantity would be precipitated. Our works on toxicontaining one part tin and two of lead. The old cology do not mention lead chloride as a poison. flux, consisting of chloride of zinc and water. The And again, we find that the symptoms of canned food poisoning differ materially from the toxic effects of

The following symptoms have been recorded as

Brain—Headache, throbbing of temples, vertigo,

Face—Livid.

Eves—Red, suffused, lids swollen, pupils dilated. Tongue—Fiery red, heavily coated.

Threat—Dry, burning sensation, extreme thirst.

Stemach—Want of appetite, repeated eructations, nausea, retching, violent vomiting, both bilious and alimentary.

Bowels—Tender, painful, griping, diarrhœa, violent colic, gastro-enteritis, very offensive stools, bloody stools, dark tawny liquid from bowels, stricture of rectum and colon, tenesmus, prolapse of rectum.

Respiration—Alternate strangulation and paralysis

Temperature—Normal, 101° to 105° F.

Tulse-Weak and slow, thin, thready, 100 to 150. Integument—No heat of skin, skin hot and dry, profuse sweating, fiery red cruption all over body, intolerable itching, rough skin, greenish or yellowish patches.

Kidneys - Urine scanty, loaded with urates, no

Muscles—Convulsive tremors, all movements painsubstances mentioned we have tin, lead and zinc ful, cramps of thighs and legs, epileptiform convul-

General Symptoms—Cross, irritable, great languor, extreme weakness, typhoid condition, cold extremities, etc.

We find most of these symptoms in cases of poisoning by the narcotic alkaloids of hyoscyamus, conium, stramomum, etc. The symptoms of acute poisoning by canned foods are not such as we find in corrosive metallic poisoning, but are such as would arise from the action of some substance having especial effect on the nervous system.

If poisoning does occur from eating canned foods, and does not arise from the tin-plate, solder, fluxes, or organic acids or their combinations, where does the poison come from, and what is its nature?

Putrefaction is the spontaneous (so-called) decomposition taking place in nitrogenous substances. As the result of this process we have artificial alkaloids, and extractive matter formed. Alkaloids are alkaline established.) or basic substances found in organic matter. The natural alkaloids already exist in organic substances; generally that of decomposition. alkaloids are formed by the putrefaction of dead anof life force, they are called "leucomaines," or "ani- it is usually attributed to metallic poisoning. mal alkaloids." There has also been discovered in the contents to the atmosphere.

results of his investigations:

18t. The ptomaines of gastric fibrin.

malian flesh.

4th. The ptomaines from the putrefaction of fish.

atine.

7th. The ptomaines from the putrefaction of yeast. results and physiological experiments. The follow- analyzed for the purpose of ascertaining what poison ing are the names and chemical composition of the has been introduced into the food by some malicious ptomaines examined by him:

A. Peptonized Fibrin.—A toxic substance was obformula was not discovered.

B. Albumoids,—The same substance was discov- parties from eating ice cream, made in old freezers ered during the putrefaction of albumonids.

C. Putrid Mammalian Flesh gave two ptomaines. Neuridine (C, H, O,), and neurine (C, H, NO), both of which are crystallizable and form salts.

D. Putrid Fish, from which five ptomaines were obtained:

1. Neuridine.

2. Ethylene diamine. C,H,(NH,),H,O

3. Muscarine. C, H, NO,

4. Gadinine. C, H, NO Triethy-amine. N(CH_s)_s

E. Putrid Cheese.—This yields the following bases:

Neuridine.

Trimethylamine.

F. Putrid Gelatine gives three ptomaines:

Neuridine.

2. Dimethylamine. (CH.), HN.

3. Isophenylethylamine. C₈H_nN (but not well

G. Putrid Yeast yielded dimethylamine.

But few of the alkaloids and extractive matters the artificial alkaloids do not pre-exist in organic formed by the decomposition of vegetable matter substances, but are the results of chemical changes, have been examined, but they are known to exist When artificial and to be very poisonous.

The symptoms of poisoning arising from eating imal matter they are called 'ptomaines," or "ca-| canned foods are identical with those produced by daveric" alkaloids. When they are formed by the putrefactive alkaloids and extractive matters. When decomposition of animal matter under the influence sudden illness takes place after eating canned food

In a paper read before the Medico-Legal Society both living and dead animal matter non-crystallizable of New York, April 9, 1884, and published in the nitrogenous matter, called extractive matter. All of Medico-Legal Journal of June, 1884, Dr. J. G. Johnthese three classes of animal nitrogenous substances, son reports six cases of poisoning from eating canned are highly poisonous even in very small quantities, tomatoes. He attempts to prove that in these and The extractive matters possess great toxic properties, all other cases of poisoning from canned goods, the The leucomaines are not found in canned foods, poisoning comes from the metals, losing sight alto-There is little doubt that the artificial alkaloids are gether of the possibility of poisoning by putrefactive the cause of poisoning in canned foods. The pto-alkaloids or extractive matter. He says: "Even maines have been found in canned meats. They if the tomatoes had begun to spoil she (the houseare produced by putrefactive changes that take place wife) had cooked them, and cooking would have in the meat before being canned, or may be devel-cured them. Putrefaction and decay, instead of beoped in the can if it be imperfectly canned; or they ing death, is really giving birth to myriads of little may be formed after opening the can and exposing living plants. Now heat kills all of these ferments, and if the food had commenced to decay heating Lengthened putrefaction destroys the ptomaines, would have removed that danger." He does not Brieger, in his great work on "Ptomaines," gives the even mention the possibility of artificial alkaloids or extractive matter. With many others, he seems to be under the impression that the toxic symptoms must 2d. The ptomaines from the putrefaction of albu- necessarily be caused by a metal or a microbe. Now, heating to the boiling point, 212 F., will destroy all 3d. The ptomaines from the putrefaction of mam- organic germs, but not all the alkaloids. It is no wonder that Dr. Stevenson, of London, in speaking of Dr. Johnson's paper, says: "Dr. Johnson ar-5th. The ptomaines from the putrefaction of cheese, rives at very positive conclusions on altogether in-6th. The ptomaines from the putrefaction of gel- sufficient data, and he has failed to grasp the chemistry of the subject on which he writes."

When a number of persons are taken sick after He also gives a full description of his chemical eating foods that have not been canned, the food is person. Failing to find metals or natural alkaloids, the case is reported as one of mysterious poisoning tained from this called *perfetoxine*. Its chemical Cases of this class are reported nearly every day by the public press. Poisoning of wedding and other with portions of putrid milk adhering to the creases has no history of vicarious menstruation; she has had

On May 5, 1884, Professor Attfield, of England, has never had nose bleed. read a paper before the Pharmaceutical Society, deother metal in canned goods."

Analyst, London, in an article on "Poisoning by Canned Foods," read before the Medico Legal So ciety of New York, on November 19, 1884, says: ventilated of the Government buildings writing let-"Acute metallic poisoning by canned provisions is ters. In the half hour allowed her at noon she would not known to have certainly occurred in this coun-hurry home, eat a very small luncheon, and frequently try. I have been Government Toxicological Analyst, run back to her desk. She would dine at 6 P.M., for thirteen years, and have never met with acute when she usually ate a hearty but not an excessive metallic poisoning by canned foods."

they are not allowed to decompose before or after

HÆMATEMESIS.1

BY SAMUEL S. ADAMS, M.D.,

OF WASHINGTON, D. C.

In offering for your consideration a case of hæmatemesis, I have nothing unique to present, nor is there anything new in its pathology or morbid anatomy. The interest in the case is mostly centred in the rapidity with which the bleeding stopped after the her faint, and was very sleepy most of the time—all administration of the hæmostatic, and the speedy reaction from impending collapse.

medical advice until I was summoned to see her just to her room, but did not retire till after midnight. after a profuse bloody vomit on the evening of Noyellow fever.

From her infancy she had always been considered delicate, but cannot recall any sickness until 1881, when she was taken ill just as in the present attack. She had apparently been well and was engaged in she vomited blood a second time that day. During this illness she was confined to her bed for one week, enjoyed excellent health, with occasional slight at-

and corners of said freezers, are known to all of us. teeth extracted without excessive bleeding, and she

Only words of commendation can be spoken of tailing a large number of analyses of sixteen varieties her ambition and industry, which have led her into of foods, in which he arrives at the following concluirregular habits of living and to an almost absolute sions: "The public has not the very faintest cause disregard of the rules for the preservation of health. for alarm respecting the occurrence of tin, lead, or It has been her custom to sit up until 1 or 2 o'clock at night engaged either in reading or fancy work. Dr. Thos. Stevenson, Government Toxicological She would go to her office after taking a cup of coffee, and never more than one biscuit. She has been compelled to sit all day on the ground floor of the worst meal. Her bright color, powers of endurance, cheer-In conclusion, if care is used in canning foods, and ful disposition and apparent good health have excited the admiration and envy of her female friends. canning, they will not give rise to acute poisoning. Whenever they would admonish her for disregarding the hygiene of life, she would reply that she was always well. On one occasion when she was boasting of her good health in spite of her irregular mode of living, the writer warned her that nature would not always be so obedient to her wishes, but would ere long assert her rights. Little did he think then that the prediction would be fulfilled so soon.

For a few days she had had "sour stomach," belching, suffocative feelings, pain in the back of the head and in the cardiac region which almost made of which she attributed to "dyspepsia and biliousness." On October 30, after taking her usual break-Miss O'K., aged about 26, a brunette, of Irish fast, she went to a studio where she painted for seven parentage, with an excellent physique and high color, hours. She returned late in the afternoon feeling was taken ill October 31, 1886, but did not have any very tired, but ate a good dinner and then repaired

October 31. She did not get up until 10 A.M., vember 1. Her family history does not point directly when she felt very uncomfortable from a feeling of to a hæmorrhagic diathesis, although some years ago, oppression in the epigastrium which she thought was in the case of a sister, I had great difficulty in con-indigestion. At breakfast she only drank a cup of trolling a profuse and alarming hemorrhage from the coffee. She remained in the parlor till 1 P.M.; then gums, following the extraction of a tooth, which had went upstairs and took a warm bath and dressed for continued forty-eight hours. Her mother died of dinner. She now felt very weak, but thought it was consumption; her father is said to have died of from hunger, as she had not had a bit of solid food Bright's disease; and a brother of apoplexy following for twenty two hours. While seated at the dinner table waiting for her soup, she was seized with a feeling of suffocation, nausea and dizziness. She left the room and went into the parlor to her sisters. They, supposing that she was about to faint, procured some hot water, which she drank. In about ten minutes household duties when she was suddenly nauseated, she became very much nauseated. She went up to and soon after vomited a large quantity of blood; the third story of the house, where she vomited seemingly a pint of blood. This frightened her, but she was quieted by her sisters, who expressed the but did not regain her strength and vigor for several opinion that the blood was from the nose, as it came months. From her recovery to the present she had from that passage as well as from the mouth in the effort of vomiting. She then went to her room and tacks of indigestion. She began to menstruate quite rested till 6 o'clock, when she felt somewhat better; early; the periods and flows have always been nor-she would have kept to her bed but for the solicitamal, and she has never had any uterine disease. She tions of one of her sisters, who was anxious to see her in a new dress; so she put it on and went to tea, but could not eat. She remained in the parlor until

¹ Read before the Medical Society of the District of Columbia, No-

8, when she went to the fourth floor; soon after she

bed, and slept well all night.

water, which operated very freely about 5 o'clock. Just after the stool, while combing her hair, she again into bed again.

I found the patient ashy pale and sweating pro- dence of hæmorrhage. fusely; her voice was scarcely audible; her pulse was called to a dull, gnawing pain just under the enof the stomach to treat.

were not indicated. I ordered a mixture containing four hours preceding the first vomiting. gallic acid, fld. ext. ergot, aromat, sulphur acid, syrup quantities, frequently repeated, were ordered.

9 г.м. I found the patient recovering from an attack of hematemesis. scribed to me by her attendants about as I have temesis, without the use of stimulants or external detailed above. She had vomited more than a half heat. If, however, the prognosis had been based on pint of blood, which was less disorganized than that the loss of blood instead of on her powers of recuppreviously seen. This attack was induced by getting eration, it would have been very unfavorable. Still up to stool. This evacuation also looked as if it another element in the favorable prognosis was the

contained blood.

November 2, 3 A.M. I was called to see her betime I reached the house the syncope had passed | away.

Early the previous night, when speaking to Dr. was taken sick again with oppression, nausea, and Busey about the case, he had advised the administracold clammy sweats, but did not vomit. She then tion of the tinct, ferri chloridi if the medicine she went up another fight of stairs to her room, went to was then taking did not control the hæmorrhage. In recommending this drug he remarked: "If it is November 1. She tried to get up at 10, and again given immediately after the vomiting 1 have never at 12 o'clock, but could not dress on account of an seen the hæmorrhage recur." In accordance with indescribable feeling of weakness and faintness, his suggestion the drug was procured in about an Later in the day she tried to dress several times, but hour after the vomiting, and a half teaspoonful, in failed. At noon she was served with toast and tea, water, was then administered. She was instructed to but partook sparingly of them. The nausea having remain in bed in the recumbent posture and, if necesreturned every time she raised her head from the sary, to use the bed-pan. The cracked ice was conpillow, she was convinced by her sisters that she was tinued; 20 drops of the iron to be given every two "bilious," so she took a wineglassful of Hunjadi hours, and in case the hæmatemesis recurred, a half teaspoonful immediately thereafter.

8 A.M. The patient slept quietly until 6 o'clock, vomited blood. She then walked down a flight of when she again vomited about a pint and a half of stairs to send a message to me, and back again. partly coagulated blood. Just as soon as the nausea She "thought she would die" before she could get had passed away a half drachm of the iron was administered. From that time there has been no evi-

10 A.M. Dr. Busey saw the patient with me, and about 140, small and compressible; respirations sigh emphasized the importance of absolute rest and quiet, ing, and she complained of a suffocated feeling. In recumbency, milk and lime-water, cracked ice and the "slop jar" I found at least a pint of dark blood small doses of iron, or in ease of hæmatemesis the which had not coagulated. She said that from the larger dose—the directions that had already been appearance of the stool it also contained blood, given. The iron was continued for several days in There was no acute pain, but she felt exhausted. 20-drop doses every three or four hours, and then She had no cough, and insisted that the blood was stopped. The patient gained strength and color very vomited. I auscultated the chest thoroughly, but quickly; was permitted to sit up on the 8th, and was found the normal vesicular murmir. My attention given soft bread and the juice of tender broiled steak.

The etiological factors in this case correspond with siform cartilage which was not increased by pressure. those laid down by Dr. W. H. Welch.¹ The irregu-I was now satisfied that the blood came from the lar mode of living; the insufficiency of food; the exstomach, but the nature of the lesion was in doubt. posure to bad hygienic surroundings; and the over-There seemed to be no hæmorrhage from any other taxing both of body and mind, undoubtedly favored viscus, and as the intervals between the vomitings the ulcerative process. The present attack of hæmwere so long, I felt certain that I had a simple ulcer atemesis, it seems reasonable to suppose, had its exciting cause in the great mental and physical strain The patient reacted so promptly that stimulants to which she had been subjected during the twenty-

From the previous history; the chronic dyspepsia; and aqua to be taken every two hours. Rest in the the localized pain after eating; the age and sex; the recumbent posture was strictly enjoined; cracked ice bloody stools; the oppression and nausea; and finad libitum allowed, and milk and lime water in small ally the vomiting of blood-which recurred at varying intervals—surely make the diagnosis simple.

The prognosis was favorable during the illness be-Her condition was de- cause the patient rallied so quickly after each hæmaprompt action of the iron in checking the hæmorrhage.

In the treatment of the ease there is much to be cause she had vomited blood again. She had slept gained. The mixture that was given at first apparvery quietly since about 10 o'clock, but by getting ently had no effect in controlling the hæmorrhage, up to use the commode she had brought on another but its failure may have been due to the patient attack. The quantity this time was fully a pint; the getting out of bed to use the commode. When the blood was more disorganized than the preceding, but from was begun early in the morning an hour had did not coagulate. Her general condition was about passed since the patient vomited, and undoubtedly as that described in the previous attacks. By the some blood had effused into the stomach, thus pre-

¹ System of Medicine, Pepper, vol. ii, p. 480.

venting its speedy action. After she had vomited the last time, at 6 A.M. November 2, Dr. Busey's cleansed with soap and water and turpentine. advice "to give the iron immediately after the vomiting" was carried out, and his prediction that the hot water. hæmorrhage would be arrested was fulfilled. This method of treatment seems to have originated with Dr. Busey, as the books I have examined make no ing the peritoneum secure every bleeding vessel. reference to it.

It is important to state that, although the patient took about a quart of milk daily, her bowels were not Enemata of warm water were given for several days, fæcal matter or else absorbed by the intestinal mucous membrane. The iron is very apt to form scyb-So long as the tongue is clean and the patient is not cut than is necessary, and make a clean cut. inconvenienced by the constipation it is better not to force an action for several days. When the nethoroughly, but be gentle in your use of the sponges; cessity of opening the bowels becomes imperative, if you deem it necessary, pour in a pitcher of clean great care should be taken to avoid nauseating and warm water and wash the cavity out. Gently sponge drastic catharties, in order to prevent violent peri- it dry. In closing the wound, pass the sutures over staltic action of the alimentary tract. Saline cathar- a flat sponge laid beneath the wound. ties are the indicated agents in such cases. This patient took on the 7th magnesium sulphate dissolved, mercury in your operations; they are useless and a had the effect of clearing the tract by three profuse, your hands prior to operating, but they are to be kept watery stools, without exhausting or injuring her.

In conclusion, it is but just to say that the success of the treatment was materially aided by the obedience of the patient and the good judgment and ex-, from experience that they are right. cellent care of her lady friends, who were untiring in their attentions.2

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EXPLORATORY INCISION AS A DERNIER RESSORT FOR DIAGNOSTIC PURPOSES.

BY R. STANSBURY SUTTON, M.D.,

OF PITTSBURGH, FA.

Many cases will present themselves in which a diagnosis is not possible. It will not be possible to determine anything beyond a certainty that the disease is within the abdominal or pelvic cavity. A tunior may be present; no certainty of its relations may be ascertainable through the closed abdominal wall. What is to be done? Will we satisfy our consciences that our duty is done and turn away, or temporize with drugs? It is to be hoped not. In every man or woman dying or in danger of dying from an obscure A BULLET AND FRAGMENTS OF A KNIFE IMBEDDED intra abdominal trouble an exploratory incision should be made and the diagnosis should, if possible, through it, by touch, or touch and vision, be perfected. Is such a procedure to be lightly undertaken? By no means. But with the following precautions it is safe:

1. Have the patient clean from head to foot, and the surface of the abdomen especially clean, made, so by soap and water and a brush. Surround the parts with clean towels fresh from the hot iron.

- 2. Have your hands and forearms scrupulously
- 3. Have your instruments clean and immersed in
 - 4. Thoroughly etherize your patient.
- 5. Make an incision two inches long; before open-Pass in two fingers and make search.
- 6. If you have failed to gain the desired information, withdraw your fingers, pass in a sponge, locate moved from the night of the 1st until that of the 7th, it directly under, below and above the wound, and enlarge the latter with a clean cut over the sponge, but they were either voided immediately without to a length sufficient to let in your hand. Secure all bleeding vessels, withdraw the sponge, and pass in the hand and complete the search. Through such a ala and thereby prove a troublesome complication, wound much may also be seen. Never make a longer
 - 7. Before closing the abdomen cleanse the cavity
- 8. Reject the use of carbolic acid or bichloride of in aromatic sulphuric acid, syrup and water, which source of danger. They may be useful in cleansing out of the peritoneal sac. Keith, Tait, Bantock, and others abroad have proved the worthlessness of carbolic acid, and I have for some time been satisfied
 - 9. Never permit any one but the operator to pass a hand into the cavity, unless his hand has been prepared by a careful cleansing with soap and water and brush, and with turpentine or a 1.200 solution of bichloride of mercury. Even a 1 in 20 per cent. solution of carbolic acid is not reliable for this purpose.

10. In tying the sutures, dry the lips of the wound as you go along with a bit of iodoform gauze.

With the above precautions I have opened the abdomen many times, and I have yet to see a single wound so treated fail to unite by first intention.

HOSPITAL REPORTS.

MERCY HOSPITAL CLINIC.

Service of Drs. Edmund Andrews and E. Wyllys

TWENTY-TWO YEARS IN THE PERINEUM.

Case 12,710 Andrews' Surgical Record.—This parient was a pontonier under Gen. Sherman in the Atlanta campaign in the spring of 1864. At the battle of Resaca he was on duty as steersman to one of the pontoons used in ferrying troops across a river. A shot from the enemy's side struck him in the right groin, passing through the pocket of his pantaloons, shattering a bone-handle pocket knife, and entering the body about where the femoral vein emerges from beneath Poupart's ligament. Thence it traversed inward, backward, and slightly down-

² November 24. The patient is steadily improving, and has resumed

her official duties.

1 Remarks made before the Pitisburgh Gynecological Society, December 2, 1886.

ward, crossing the perineum, cutting the urethra be- and those of reduction, which fact is explained by hind the scrotum, and lodging alongside the tuber- decomposition of water (H,O) into an'oxydizing hyosity of the ischium. The man being plucky, con-droxyl (HO) and a reducing hydrogen (H). tinued for a time to steer his pontoon, but the blood He was also wounded in the forearm.

er the bullet, owing to its peculiar location, and per cent. of red blood salt (ferric potassium cyanate). dressed the wound as usual. Urinary infiltration Micro organisms endowed with a reducing power and abscess of the perineum followed, which grad- give rise to a blue coloration of the jelly (in conseually healed, as also did the original wounds in the quence of formation of Berlin blue), which comgroin and arm. From that time on there was a con-mences in the lowest part of the track left by an stant flow of pus with the urine. Eight years later inoculating needle, but subsequently spreads around he passed from the urethra some pieces of the bone in the jelly (since ptomaines, on their being absorbed handle of his pocket knife, without any material by the jelly, also deoxydize the latter). benefit.

appeared at the clinic, much weakened and exhaust- typhoid-bacilli, Finkler's and Prior's bacilli, certain ran into a cavity alongside the ischium, where a Neva water, and from "Bienstock's Bacterium," and a tenderness to the touch in the same region,

the patient is rapidly returning to full health.

MEDICAL PROGRESS.

Biologo Chemical Properties of Microres. At a recent meeting of the Russian Chemical Soci ety in St. Petersburg, Professor A. V. Poemi (Tratch, No. 8, 1886, p. 157) made a very interest ing communication on his experimental study of the Dec. 15, 1886. vital process of various microbes.—The formation of ptomaines in nature, he says, is mostly caused by the microbes of human faces, the author found that kinds of microbes, possessing the property of decomposing proteid bodies. To use Hoppe Seyler's words,

Ptomaines belong to the products of disoxydation. flowed so freely that he became faint, and was put Dr. Poehl succeeded in demonstrating the reducing ashore, where he lay behind a stump until a hill in action of certain micro-organisms on the surrounding the firing permitted his removal to the field depot, nutritive medium during their growth. He recommends taking a neutral nutritive jelly, to which is The surgeon in charge of his case failed to discove added 0.05 per cent. of perchloride of iron and 0.05

Dr. Poehl examined in that way cholera bacilli Twenty-two and a half years after the battle he brought by Professor Raptchevsky from Spain, ed, still discharging pus freely from the urethra, and microbes of pus and faces, as well as microbes of suffering from a stricture of the wounded urinary water from the Neva. A quite distinct reduction passage. Examination with sounds showed that in- was obtained from the cholera bacillus, typhoid bastruments turned off from the urethra to the left and cillus, some of the microbes of pus, faces, and the gritty sensation was felt. There was also a hardness. No. 4. But Finkler's and Prior's microbe of cholera nostras gave no reduction, since it does not produce On making an external perineal section behind ptomaines (though it freely peptonizes syntonine). the scrotum four pieces of the bone handle of his Hence the author proposes to use that biologopocket knife were found, partly covered with a strong chemical behavior as a means of distinguishing crust deposited from the urine. A small orifice ran between Koch's microbe of Asiatic cholera and downward from the main abscess cavity to a pocket Finkler Prior's bacillus of European. As a rule, nearer the surface, where a hard object could be felt. micro organisms liquefying (under ordinary condi-A separate incision opened this pocket and disclosed tions) nutritive jelly do not possess either a reducing the bullet. On extraction, it was found to be an old power or a power of forming any ptomaines. When fashioned spherical bullet, somewhat battered by its present in the intestines, the cholera-bacillus also tussle with the pocket knife, and crusted in spots produces a reducing action on the surrounding with urinary calculus. The abscess was disinfected medium and leads to the formation of ptomaines and tubed, and the stricture of the urethra opened (the presence of which in cholera cases has been out to full size. The wounds are now healed and actually proved by Klebs, Pouchet, Nicati and Rietsch, etc.). The author feels sure that cholera could be usefully treated by the administration of oxydizing remedies, such as chlorinated water, peroxide of hydrogen, salts of permanganic acid, etc.; they are indicated the more strongly, since most of ptomaines are destroyed by the action of oxydizing agents. [Referring to the therapeutic dictum of Professor Poehl, Professor Manassem expresses his doubt that chlorinated water and peroxide of hydrogen, taken internally, could reach the intestines undecomposed.—Rep.]—London Medical Record,

GENKIN ON THE USE OF HYPNOTICS.—DR. M. S. the vital action of micro organisms. While studying GENKIN, of Kaluga, lays down (Proceedings of the Kaluga Medical Society, Nov. 30, 1885, p. 42) the in morbid cases there appear in the intestines several following rules for the use of various hypnotics in treatment of sleeplessness:

1. Sleeplessness from physical excitement of the the decomposing action of bacteria on proteids te-brain, or so called "physical hyperasthesia from sembles that of caustic alkalies (while ferments act moral causes."-As a rule, the removal of causal on proteids like weak acids). Under the splitting influences and the administration of bromide of poaction both of bacteria and caustle alkalies, there tassium prove successful. When the bromide remains simultaneously appear the products of oxydation inactive, morphine must be given to an anemic

nerves.—Remove the cause; when the latter is un. of morphia.

used.

4. Sleeplessness from cerebral congestion, depending the end of May bony union was again complete. upon an irregular cardiac action in cases of fatty place.

here entirely inactive.

arterio-sclerosis, etc., the best remedy is chloral, fever.—Progres Medical, Nov. 13, 1886. Otherwise paraldehyde should be administered. Dr. Genkin emphatically advises the utmost caution and used drug of the kind may produce disastrous effects. ical Museum, Washington, D. C., says: For the sake of illustration, he adduces two instances

Callus from Erysipelas.—Dr. Ferret reports 30° or 40° C, for one or two days. the case of a youth, aged 17 years, of good constituthe thigh at its middle. It was treated by continuous indefinitely. extension, and recovery ensued without shortening. After having made the sections, which must still

patient, and ether, chloral, or paraldehyde to a In April, after consolidation was complete, the pastrong one. In the latter, morphia is contra indi-tient contracted crysipelas on a portion of the leg cated, since it would only increase upsychical hyper—where the skin was abraded by the diachylon used. æsthesia" in him, and may even give rise to acute. It rapidly invaded the whole limb, and was very severe. On the sixth day after the outbreak of the 2. Sleeplessness from pain sensations in peripheral erysipelas it was noticed that the limb was bent almost at a right angle at the seat of the old fracture, removable, the best means is a hypodermic injection—but there was no pain.—The limb was placed in good position, and extension again applied. Within ten 3. Sleeplessness from the rise of temperature and days the crysipelas had disappeared; but the patient cerebral hyperamia in februle cases.—The best treat-suffered deep pain at the site of the fracture. Four ment consists in giving paraldehyde, in the dose of days after this the region was inflamed, swollen and from 20 to 40 grains. The latter quantity of the fluctuating, and a considerable amount of pus was drug induces quiet sleep of from four to six hours' removed by aspiration. Pus reappeared, and four duration. Dr. Genkin, generally, thinks highly of days after the aspiration the abscess was laid open. paraldehyde, which, according to his extensive trial, It was found that the extremity of the lower fragment is as effective as chloral, and does not produce any was adherent to the internal face of the upper fragunfavorable influence on the heart. In the first ment. It was replaced, after about 4 cm. of bone period of febrile ∂iseases—that is, before high tem- , were removed, and the suppurating cavity was then perature has produced fatty degeneration of the car-'packed with iodoform gauzes. The extension apdiac muscle and blood vessels, chloral also may be paratus was kept on, the iodoform gauze renewed every three or four days as long as necessary, and by

Cases of this kind are very rare, and may be classidegeneration, or organic defects of the heart, arterio-fied as those in which the callus is only softened, and sclerosis, etc.—Paraldehyde should be given. Chloral those in which it is completely absorbed. Of the is strongly contra-indicated even in small doses, first class Clarke reported a case in the Medical Preparations of opium and morphine are also out of Times and Gazette, in 1867, and Poinsot reported a case to the Société de Chirnrgie in 1878. Of the 5. Sleeplessness from intense anomia of the brain, second class Norris ("Contributions to Practical —Subcutaneous injection of morphine, or aqueous Surgery") says that he has seen rapid absorption of extract of opium, a glassful of wine or beer or aqua- a large callus under the influence of ervsipelas. vitæ (vodka) internally, and warm applications to Schilling (Med. Zeitung, Sep., 1840) reports a case of the head, are the best means in the form of insom- absorption of callus during typhoid fever. Mantell nia in question. Chloral and paraldehyde remain reports in the Lancet, Oct. 9, 1841) a case in which a callus was absorbed at least three months after 5. Sleeplessness from alcoholism.—In absence of bonyunion from the patient contracting an epidemic

A Modification of Weigert's Method of discretion in the administration of hypnotics, since Staining Tissues of the Central Nervous Syssometimes even relatively small doses of an unduly TEM.—DR. W. M. GRAY, Microscopist, Army Med-

The specimens, hardened in Muller's or Erlicki's of the use of chloral in patients with arterio-sclerosis. fluid, are transferred directly (without coming in con-In one of them, two 15-grain doses were given, one fact with water) to alcohol 70 per cent. The pieces at bed-time, another at noon on the next day. In to be embedded are now gradually dehydrated, adthe evening, after the second dose, the patient sud-vancing from 70 per cent. to 95 per cent. alcohol, dealy died from paralysis of the heart. Another and finally to absolute. After soaking in absolute patient self-administered three 10-grain doses of the alcohol for several days, they are transferred to a drug, at three hours' intervals, and made only a par-mixture of equal parts of ether and absolute alcohol, row escape. According to the author, chloral and allowed to soak for one or two days; they are bromide of potassium are used in Russia in truly then transferred to a solution of celloidin, and are enormous quantities. Indeed, "bromide of potas- embedded in celloidin on cork. The pieces, fastensium has become almost a food-article in every Rus- ed to a cork with celloidin, are immersed in a solusian home."—London Medical Record, Dec. 15, 1886. tion of neutral acetate of copper (a saturated filtered solution of this salt, diluted with an equal volume of FRACTURE OF THE THIGH-ABSORPTION OF THE water), and allowed to remain in an incubator at

The specimens become pea green after the copper tion, and without taint of disease, who came under treatment, the celloidin mantle more of a blue green; observation in February, 1884, for simple fracture of they may now be preserved in 80 per cent, alcohol-

urated solution of lithium carbonate.

The time required for staining varies with different specimens; in general, the rule prevails that the longer one colors, the surer the result; for cord sections, two or three hours are usually sufficient; in brain sections, twenty four hours are required in order to color the very fine fibres of the cortex.

After staining, the sections, now black in color, are differentiated by immersion in the following solution: borax, two parts; ferricyanide of potassium (red prissiate), two and one-half parts; water, one hundred parts. It will be found that the time required for perfect differentiation varies in different specimens; in cord sections, it usually takes onehalf hour to several hours before the desired contrast between white and gray matter is obtained, and in brain sections it is longer. No fear of spoiling the sections need be felt. I have frequently allowed sections to remain in this solution for twelve hours without ill result.

From this solution the sections are transferred to water and well washed; then to 80 per cent. or 90 per cent, alcohol; they are then spread on slides and dehydrated thoroughly with absolute alcohol, and then clarified. I prefer xylol or creasote for clarifying, and xylol or benzole balsam for mounting.

If the steps in this method are carefully followed, success is certain; and it is without exception the method for tracing nerve fibres or demonstrating nerve lesions.—Medical News, Nov. 6, 1886.

LYCOPUS VIRGINICUS IN THE TREATMENT OF VENomous Bites and Stings — Dr. J. R. Briggs, of Ft. Worth, Texas (Trans. of the Texas State Med. Assoc., 1886), calls attention to the efficiency of Lycopusvirginicus, commonly called bugle-weed (the charmweed of the Indians), in the treatment of the effects of the bites and stings of venomous reptiles and insects. "Any one," he says, "who has attended the fairs and other gatherings held throughout Georgia, Tennessee, and Kentucky during the egress of the Indians from that country doubtless remembers that on such occasions there were many Indians who would, with impunity, allow the poisonous rattlesnake to bite them. It was observed that, in order to counteract the effects of this poisonous reptile, they masticated large quantities of the bugle-weed and Jour., Oct. 30, 1886. swallowed the juice. That the bugle-weed was the identical weed used at the time, I have absolute proof." He then gives a brief account of the case of a man who was suffering severely from the effects. of the sting of a large centipede. Ordinary stimu lants, such as whisky and ammonia, having produced no perceptible results, Dr. Briggs gave a decoction hour, and applied it on linen cloths to the trail of the redness. - Revue des Sc. Médicales, T. 38, No. 1.

be kept clear of water, they are immersed in the insect on the patient's abdomen, extending from the h.ematoxylin solution, the formula for which is as crest of the ilium to the umbilicus, an inch wide, of follows: humatoxylon (Merck's, in crystals), one an erysipelatous redness at first, afterward black, part; absolute alcohol, ten parts; water, ninety roughened, and elevated. The man became comparts; boil twenty minutes, cool and filter, and to fortable in four hours, and was able to attend to his each one hundred parts add one part of a cold sat- business at the end of three days.—N. Y. Medical Journal, Dec. 4, 1886.

> Eggs in the Dietary in Bright's Disease.—In order to solve the problem of alimentation in the subjects of Bright's disease, Löwenmeyer placed a number of patients upon a regimen which was as regular as possible, and added to the diet-list from six to nine eggs a day. In four of the patients, of whom three suffered from anryloid kidney and one from nephritis consecutive to cardiac disease, the addition of eggs to the dietary was followed by no increase in the excretion of albumen in the urine. In three others there was a notable increase; but the experimenter excluded two of them, one because the patient was not carefully watched, and the other because menstruction occurred just after the beginning of the ex-In the third case, one of interstitial periment. nephritis, the author remarks that the increase in albumen might be accounted for by the fact that the patient took the eggs raw, while the others ate them cooked. He concludes, as a result of these experiments, that an alimentation even very rich in albumenoid matters causes no increase in the amount of albumen in the urine.—Lyon Medical, No. 36, 1886.—Medical Record, Dec. 11, 1886.

> RHUBARB IN THE TREATMENT OF THREAD-WORMS. Dr. Sidney Martin, (Practitioner, October, 1886), thinks that in many cases, although the irritation about the anus may have been relieved by injections, the persistent irregularity of the bowels and disturbance of sleep are owing to the fact that worms still remain in a higher part of the intestine. In such cases he has found that small doses of thubarb are efficient in bringing the worms away and in regulating the bowels, so that in most instances injections may be dispensed with. He has found the following formula most useful, varied slightly according to the age of the child:

Tineture of rhubarb...... 3 minims; Magnesium carbonate...... 3 grains; Tincture of gmger..... I minim;

This amount is to be taken two or three times a day, according to the effect on the bowels. Whether the rhubarb acts as a vermicide or simply by "moving the worms on," he is unable to say.—N. Y. Med.

Cocaine in Mercurial Stomatitis.—Bockhart has found that painting the gums with a 5 to 10 per cent, solution of cocaine a few minutes before eating will enable the patient to eat without trouble or pain. Revue des Sciences Med., July, 1886.

CHRYSAROBIN IN INFANTILE ECZEMA.—STAQUART of bugle-weed (made with an ounce of the plant to reports that in doses of 5 millig, to 2 centig, in young a pint of water, a small quantity of alcohol being children, and 4 centig in children 7 years old, chrysadded to preserve it) in tablespoonful doses every arobin causes rapid dessication of the inflammatory THE

PUBLISHED WEEKLY.

THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters, that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor

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CHICAGO, ILLINOIS.

SATURDAY, JANUARY 8, 1887.

THE SURGERY OF THE PANCREAS.

The most important surgical paper of last year, in this country at least, was read by Dr. Nicholas Senn, of Milwaukee, before the American Surgical Association at its last annual meeting, and has now been issued as a reprint from the Transactions of the As-Those who are familiar with former papers of Dr. Senn, with the records of his careful experiments, and with his lucid style, need not be told more as to the importance of the paper. But whether our readers be or be not familiar with his writings, they will at once recognize that a carefully written paper of 129 octavo pages on the surgery of serious than complete removal, though physiologically the pancreas must contain much valuable material, the consequences may be the same if the portion reand positive additions to our knowledge of this very moved embrace the common duct or the two princiobscure subject. The surgery of the panereas has pal duets from the two portions of the gland. In all no history except as to the treatment of a few cases of Dr. Senn's experiments the common duct was reof cysts of the gland, but the results in these cases moved with the excised portion, and thus left the have been so encouraging that there is much hope animal, physiologically, without a pancreas. In two for the future of the surgery of the organ.

tion of the pancreas tend to show that this lesion, assimilation. In each of these animals "the general unless complicated by other and more serious lesions, health and nutrition remained unimpaired for four is not dangerous to life if the chief source of danger, weeks, when emaciation, with fatty stools, followed, hæmorrhage, be properly treated. "The coaptation which resulted in death from marasmus in, after of the divided ends would be desirable, but is not es-, seventy days, and reduced the second to a skeleton sential, as the continuity of the duct is not restored in 126 days." As from the beginning no pancreatic after this injury." No disturbance of digestion was juice passed into the intestine it is difficult to account noted in either of the two experimental cases, since for the good condition of the animals for the first a sufficient amount of pancreatic juice was secreted four weeks. Had the marasmus been due to the refrom that portion of the organ in communication with 'section of the mesentery of the duodenum, by diminuthe intestine. In case of this injury the most im-tion of intestinal absorption, it should have begun portant indication is to arrest bleeding, and to suture earlier. We may assume that the pancreatic tissue the two cut ends of organ so as to keep them in left continued to secrete until it was incapacitated by

place, and thus maintain normal blood supply. In Journal of the American Medical Association, an experiment with regard to the effect of laceration of the pancreas death resulted from the accidental re-opening of the abdominal wound. "Hæmorrhage was arrested spontaneously, and the process of repair, so far as the wound in the pancreas was concerned, appeared to be satisfactory. The divided ends were displaced considerably immediately after the laceration, but were subsequently brought into close contact by the cicatricial contraction." Believing that putrefaction cannot occur without specific germs, Dr. Senn crushed the pancreas of a eat to the extent of two inches in order to test the matter. The animal lived until it was killed, on the eightysixth day. It was found that the crushed portion was removed by absorption, which seems to be very rapid in this locality, and which may be explained by assuming that the peritoneum takes an active part in the process. No infection took place, nor could any evidence of putrefaction be found. "Subsequent degeneration, atrophy and sclerosis, take place in that portion of the gland which is no longer connected with the intestine by a permeable duct."

It was found that complete extirpation of the pancreas is invariably fatal, though Schiff has asserted the contrary; and it is important to know that in the two specimens from experiments which showed evidence of gangrene, this was seen on the convex surface of the bowel, but did not in either case involve the entire diameter of the intestine. Surgically speaking, partial extirpation of the pancreas is less eases the animals lived long enough to show the in-The experiments of Dr. Senn as to complete sec- fluence of the pancreatic juice upon digestion and

degenerative changes; and with this assumption we author's view that physiological detachment of any must believe that the pancreas could absorb its se-portion of the pancreas is invariably followed by decretion, and that this, entering the circulation, must generation and complete atrophy, consequently also have had some influence upon digestion. It is also by complete cessation of functional activity. Eleven important to know that in one case almost the whole experiments were made for the purpose of deterduodenum was suddenly deprived of its blood supply, mining the action of the pancreatic juice on the and yet gangrene did not occur, as collateral circu- peritoneum. In only two of the cases was death lation was set up by the development of two vessels caused by purulent peritonitis, and the results in a band of cicatricial tissue along the concave justify the conclusion that normal pancreatic juice surface of the bowel.

feasibility of ligation of either portion of the pancreas that such juice is absorbed. The duodenum in near the common duct as a surgical measure, and these cases was denuded of its mesentery, and thus the regularity with which the pancreatic tissue is re- of its vascular supply, for from one to three inches, moved by degeneration and absorption of the de- but no gangrene occurred. One experiment showed tached portion of the gland. The ligatures used that even if no pancreatic juice be produced, digeswere of rubber. In every case in which complete tion may remain good; and the ligation experiments physiological detachment was produced by the liga- show that the introduction of normal pancreatic tures, resection, crushing, or any other means, juice into the circulation is not harmful, and may be atrophy followed. In no case was anything like a tolerated for two or three weeks without bad consecyst produced. The facts of this atrophy and the quences. non-formation of cysts shows that "in operations upon the pancreas it is not essential or necessary tion of the pancreas are not of themselves necessato remove peripheral portions of the gland, for fear rily fatal; and if, during an exploration for abdominal that if any of the parenchymatous structure should injuries, this organ be found extensively crushed, "it remain a retention cyst would follow. In partial re- would be good surgery to remove the crushed portion section for injury or disease it would be advisable to after preliminary ligation of the organ on each side ligate the peripheral portion, and permit it to remain, of the comminuted portion. Ligation of the panas it would lessen the danger by the infliction of less creas can be safely none with a single catgut or silk traumatism, and we can confidently expect that it ligature, as the friable texture of the organ will perwill be removed in a short time by absorption." So mit of burying the ligature deeply." Crushed panalso the important pathological question of retention creatic tissue and pancreatic juice must be removed cysts is settled by the experiments, such cysts can- to prevent traumatic infection. In a case of pronot be due to obstruction of the duct. Again, we lapse of the pancreas, if the prolapse be recent and are taught the importance of removing those por- there are no signs of inflammatory or other changes, tions of the organ which are not supplied with blood- it should be thoroughly disinfected and replaced with vessels rather than to trust to absorption, as dead great gentleness; and if reduction be difficult the pancreatic tissue is very putrescible.

ing detached portions of the pancreas, and the meth-should be thoroughly disinfected and the organ pulled od of operating in these cases is worthy of the at- further into the wound until healthy tissue is reached, tention of physiologists, though it need not be when a ligature is applied and the diseased portion ly that when a portion of the pancreas is separated disinfection the stimp is dropped into the abdominal secretion continues until complete degeneration and cavity and the external wound closed. Thorough absorption have caused the disappearance of the primary removal of infected tissue is the only safety parenchyma. "That the atrophy in the part of the against subsequent extension of the infection to the organ which has been detached from its connections peritoneal cavity, and the only guarantee for primary with the intestine is not due to a traumatic intersti- union of the abdominal wound." Gangrene, one of tial pancreatitis is proved by the normal appearance the terminations of acute inflammation of the panand structure of the remaining portion of the gland creas, may also be included among the diseases of which has retained its anatomical and physiological the pancreas which may be treated by surgical measrelations to the intestine;" which again supports the ures; inasmuch as spontaneous recovery has followed

does not cause peritonitis when brought into contact Seventeen experiments were made to prove the with the peritoneum; and the further conclusion

It has already been seen that crushing and lacerawound should be enlarged. Should the organ be in Experiments were made for the purpose of study- an inflammatory or gangrenous condition "the parts detailed here. The experiments showed conclusive- removed with the knife or scissors. After thorough a unlikely that timely removal of the necrosed pan- personally invited the Queen of England to be prescreas would add to the chances of recovery. It ent." Credulity and self-complacency are often coshould not be forgotten that the pancreas may be a incident traits of the same mind. part of the intussusception in a case of invagination, and in abdominal section for the relief of this condition the pancreas should not be overlooked. searching for the cause of this condition, or that of peritonitis, when it is found that the primary disease is located in or around the pancreas radical measures should be adopted when practicable. "Whenever the sac can be stitched to the external incision this should be done, and the sac opened, disinfected, and drained. Search should be made for the necrosed pancreas, and when found detached it should be removed. As in most of these cases the retroperitoneal tissue is extensively infiltrated, a counter-opening should be made in the lumbar region above the kidney, and thorough drainage established. If an ante rior abdominal fistula cannot be established, the course to be pursued should be the same as in treating a pancreatic abscess under similar conditions."

In a subsequent issue we will notice that portion of this valuable paper which deals with other pathological conditions of the pancreas.

SOUR GRAPES.

The editor of the Boston Medical and Surgical Journal, in the number for December 30, 1886, devotes six pages to an enumeration of the more important events of a medical character during the year, in which is included one rather facetious paragraph concerning the International Medical Congress to be held in 1887. With characteristic unfairness he says: "For this reason, as well as in accordance with the territorial policy of the management, the cities of the Atlantic coast will have but a small representation in the honors of the Congress." Had our learned confrère taken the trouble to examine the list of general and executive American officers of the Congress, including the Vice-Presidents, and also the Presidents of the Sections, he would have found them to num ber thirty-three, twenty-one of whom are residents gone forth from more than one State, that the genof the Atlantic States, and seventeen of the twentyone are residents of the five Atlantic cities, Boston, New York, Philadelphia, Baltimore, and Washington; while only twelve of the thirty-three chief Amer-It is certainly amusing to see with what emy of Medicine, January 19, 1887. peats the statement, originating with some mischiev- members.

the elimination of the necrosed organ, it seems not ous wag, "that Dr. Pancoast, of Philadelphia, had

INTERNATIONAL MEDICAL CONGRESS-VACANCIES FILLED.—J. J. CHISOLM, M.D., of Baltimore, Md., has been appointed President of the Section of Ophthalmology of the Ninth International Medical Congress, in the place of Dr. E. Williams, who was compelled to resign on account of ill health. JUDSON B. Andrews, M.D., Superintendent of the Hospital for the Insane, Buffalo, N. Y., has been appointed to the office of President of the Section of Psychological Medicine and Nervous Diseases, made vacant by the recent death of Dr. John P. Gray. These are excellent appointments, both parties being widely known and eminently well qualified for the respective positions assigned to them. No vacancies now remain in the list of chief officers of the Preliminary Organization of the Congress or of its Sections; and our information from all departments is of the most encouraging character.

Professor J. S. Jewell. Editor of the Neuro-LOGICAL REVIEW.—We much regret to learn that this eminent and most indefatigable worker continues to suffer so much from ill health, that he is constrained to give notice of an indefinite suspension of the publication of the Review. With a mental activity and erudition seldom equaled, he is compelled to yield to physical infirmities that would have long since overwhelmed any man of less tireless energy and steadfastness of purpose. We hope more rest, and perhaps a milder climate, may yet restore his physical health and endurance.

As OTHERS SEE Us. -- What is wanted in America, says the Lancet, is the establishment of some general principles of action rather than the intermittent and varying action of a number of separate States; and we entirely sympathize with the request which has eral health defences of the country should be subject to some central organization.

Alumni Association of the Woman's Hospital ican officers are distributed to the great cities and IN THE STATE OF NEW YORK .-- The third meeting of universities of the vast country west of the Atlantic this Association will be held at the New York Acadgravity our Boston annotator of medical events re- communications are announced from six or eight

SOCIETY PROCEEDINGS.

CHICAGO GYNÆCOLOGICAL SOCIETY.

Regular Meeting, Friday, November 19, 1886. M.D., IN THE CHAIR.

(Concluded from page 25.)

Dr. W. W. Jaggaro read a paper entitled

TWENTY-ONE MONTHS' STANDING, REDUCED BY COLPEURYSIS.

inversions, success has followed all methods of represent. An inflammation of the serous tissue in ment in the future. some portion of the pelvis may, however, be present interesting portion of this subject to me is that of portion of the work? diagnosis, in all tumors lying in the vagina, which

A correct diagnosis in inversion of the uterus is tion of decomposing secretions. uterus of some standing is scarcely larger, and is diagnose a case of inversion, as suggested by Dr.

often smaller than in the natural state. It is desirable to look on the ease under examination as one of inversion as long as any doubt exists. The bowelsand the bladder should be emptied and the patient examined under ether. It is certainly not a case of inversion, when by bimanual palpation, with fingers in vagina, fingers or hand into the rectum, or sound in the THE PRESIDENT, CHARLES WARRINGTON EARLE, the bladder, the unimpaired roundness of the uterus presents itself for palpation, either in the normal or retroverted position. In the just mentioned condition, if the sound enters the uterus two and one-half inches or more, the uterus merely contains a fibroid A CASE OF CHRONIC INVERSION OF THE UTERUS, OF or polypus which emerges from the cervix. The diagnosis may be rendered more difficult if no opening in the cervix uteri can be found, the cavity having Dr. Philip Adolphus: The author of this ex-been agglutinated by previous inflammation, to the cellent paper has adopted in the reposition of the polypus. Here downward traction of the vaginal uterus of his patient, as efficient a mode of procedure tumor to the vulva, by a vulsellum as recommended as any hitherto in use. It is also the safest mode of by Susdorff, and I copy his words, will at once conreplacing the organ. In the treatment of chronic firm the presence of a polypus. "For the relations of the parts to each other as they existed in the vagina. placement, whether effected gradually or rapidly, will be greatly changed when exposed to view. The But forcible taxis ought to be the last resource, when lips of the cervix which surrounded the pedicle will gentler and as sufficient means are exhausted. It have disappeared, having also become inverted, and may lead to laceration of the vagina, peritonitis and along with it, probably, the vagina at its junction death. Gradual pressure, sustained or interrupted, with the neck." The insinuation of the sound into solid or elastic, to which taxis has been added, has the uterus will at once confirm the information probeen equally successful, and has been practiced since cured by bimanual palpation. If the same manner 1858. It is absolutely safe. In some cases air of examination disclose the body of the uterus inpessaries or other elastic contrivances have been left dented or cupped, we have a partial inversion, either in the vagina constantly, or have been replaced at with or without a fibroid, a condition which is not as intervals, for a period of three to eighteen days, and unfrequent as is generally supposed. The presence uteri have been returned by this method, which were of a tumor in the vagina, the absence of the fundus inverted from one to fifteen years. The essential to uteri in the abdomen, and the presence in its place success in the return of an inverted nterus is patient, of a well defined ring or cup-shaped cavity, unmisgently continued manipulation of some portion of the takingly announces an inversion of the uterus; tracuterus, by the fingers in the vagina with the application confirms the diagnosis. An incision, not a tion of the other hand externally to overcome the puncture, along the sides of the tumor, after the paconstriction of the cervix, and to prevent the forci-tient emerges from the ether, will at once show ble clongation of the vagina. A small hand, which whether we have to deal with the fundus of the organ observes the course of the pelvic axis, and avoids or a polypus. In the one case it will induce pain, the promontory of the sacrum, and goes on one side in the other it will prove painless. In the former it of it, is also an element of success. Old adhesions will relieve the congestion and possibly lead at once opposing reduction of the inverted uterus are rarely to its reposition, or prepare for its successful replace-

DR. H. P. MERRIMAN: I would like to ask whether, as a complication, for this is an extremely common after the uterus had been partially restored so that affection in all kinds of pelvic disease. Doubtless, the fundus was on a level with the lips, and the in cases in which peritonitis followed manipulations, colpeurynter seemed to do no good for eight days a chronic or subacute inflammation of the serous tis-following, taxis would not probably have promptly, sues was the predisposing cause. However, the most almost immediately, accomplished the remaining

Dr. H. T. Byford: Every method has danger, do not pathologically implicate that organ and the and there is one danger in this method which should be mentioned; that is the danger of sepsis or resorp-That there was absolutely essential to treatment, and the safety of danger even in this admirably managed case was the patient. The question of differential diagnosis evidenced by the rise in temperature, followed by the between inversion of the uterns, and polypi and disappearance or decline in temperature on cleansing fibroids, is almost daily presented to the gyn.ecologist the bag and vagina. I have seen the immediate defor solution. Not much reliance can be placed on cline of fever by washing out the uterus when enthe history in chronic inversion, for the diseases larged and filled with decomposing matter. I object present similar symptoms. The size of an inverted to the introduction of the hand into the rectum to

cause it does a violence to the part which sometimes described by Dr. Jaggard, and applied the force.

ject of inversion and more particularly the diagnosis, the use of it, taking it out every day and replacing there are two points which I think are very import- it in this manner, until in seven and a half days the ant in addition to those mentioned by Dr. Jaggard, inversion was reduced. The patient was a poor In cases of polypus attached to the neck of the woman and it was necessary for her to take care of uterus and filling up a good part of the vagina, the her child. She did so, attended to it in every way uterus is always enlarged and may be palpated above, and also cooked three meals, a day for her husband. the pubes. Another point in the diagnosis is the She was on her feet nearly the whole day time, and difference in the sensation imparted to the examining yet the instrument acted as well as if she had been finger. A polypus feels as if covered by a shining lying in bed. smooth membrane, unless it is decomposed, while the tion and as being usually present.

Adolphus. I consider it a dangerous practice be- and then introduced the colpeurynter as has been has done an irreparable injury, and is unnecessary. The next day when 1 came back 1 found there had Dr. W. H. Byford: With reference to the sub-been some impression produced, and I went on with

Three out of the five cases I have operated on surface of the aterus gives the sensation of pushing have been as painless as this. I should judge that a the finger into plush or velvet. I give these two young primipara would probably suffer more from the points of diagnosis as the results of my own observa- use of the colpeurynter than one who had had children. I have now reduced five cases of inversion With reference to the mode of reducing inversion, by the colpeurynter and have not failed in any case I will give some of my own experiences during the since I commenced using the instrument. The first last thirty years. In the year of 1859-60, I had a case of inversion I had, I amputated the uterus. patient sent to me from Lafayette, Ind., with a Inconsidering the matter since, I doubt if any other chronic inversion of the uterus, which I attempted to treatment could have been adopted which would have reduce. I had just read a long treatise on the sub-been effectual. The uterus and vagina were inverted, ject by Dr. White, of Buffalo, and Drs. Thomas and the vaginal canal was entirely outside of the body and Emmet were then beginning to talk and write about the uterus hung down from it, both making a tumor these things, and I went at it with considerable en- nine inches long. The uterus was very much enthusiasm. I got up the cup that Dr. Jaggard men-larged in consequence of its being dependent for so tioned, and I also got a large rectal bougie, an in-long a time. I was in consultation with two German strument which Dr. White had praised very highly in physicians of this city, and they suggested as the pahis first operations, and I made the first attempt last-tient was living a miserable life and would die before ing about an hour an three quarters, and when I got long, we should cut it off. After half an hour's use through I was worse off than the patient, although of the écraseur, it was removed. We amputated she was pretty badly used up. I waited two or three a little below the centre of the cervix. There was weeks and made another attempt, but after a pro- no bleeding, nothing to give rise to uneasiness. We tracted effort I found my finger passing through the pushed the vagina back again, put the parts in place fundus uteri. I had been as cautious about the force and the patient recovered in the course of a month. as I could be, making the effort as gradually as possi- Having spoken of one spontaneous cure, I will tell ble but I perforated the fundus. I fully expected you of a patient that I attended in Mercy Hospital that the damage done would be fatal to the patient, in 1864-5, whose uterus was much in the same way but it did not produce any bad effects whatever and as the one that I first operated on, coming out enshe entirely recovered in two weeks and went home, tirely beyond the vulva and dragging down the Two years later she came to see me again, but did vagina very low, so that there was simply a circular not wish to have another effort made to have the sulcus between the labia and the vaginal wall. I uterus reduced. Two years later the uterus was tried to restore it by manipulation and failed; I profound in its normal position. I saw the patient and posed to amputate it but the patient would not conher physician, and I am certain that nothing had sent. Meantime one of the internes had fallen in been done to reduce it. I tried two other cases, and love with her and they went off to Missouri and got made the same efforts but without success. I then married. About six years afterwards, the doctor concluded that it was hardly worth while to make came back and told me that he had a son and his trials of that nature again, and in the next case I name was Byford. Upon inquiry I found that the tried the colpeurysis treatment. For some days I child had been borne by this woman. One case of was nonplussed, from want of experience, as to the inversion occurred in my own practice. I attended mode of placing the instrument in the vagina. I the patient during confinement, and as far as I know used the quadrilateral colpeurynter, and after I placed she had no difficulties whatever for seven or eight it in the vagina, I found the next day that I had got days. By that time I was on my road to California, ten it under the uterus lengthwise, that the fundus and I think Dr. Roler looked after her for some little was directed toward the vulva, and the neck directly time after I was gone. In two months I returned backwards. I was merely compressing the body of home and was informed that she had inversion of the the uterus against the symphysis pubis. I reflected uterus, which I did not believe. I went to see her considerably before I could get the right idea as to and found that she was suffering from complete inthe manner of placing the instrument in the vagina, version. That was one of the cases I cured by Finally I pushed back the fundus until the axis of the colpeurysis. When the inversion occurred I do not uterus corresponded to the axis of the superior strait, 'not know. I am certain that I made two or three

examinations as I always did at that time, always the hand into the rectum. I am not alluding to one the second day after confinement. I did not Simon's method, putting the hand in as far as the notice anything of the kind, and yet it might have elbow, but I am talking of the hand. And when the been commenced and finished afterwards. I saw a patient is under ether, it can be done easily. It decase with Dr. Henry Byford, which had been attended pends upon the size of the hand, perhaps, but with a by a midwife, in which the inversion occurred so that hand well greased and introduced slowly it does a the fundus could be touched through the mouth of great deal of good, and gives an immense deal of inthe uterus, and it remained in that way two or three formation which we cannot get in any other way. I weeks. The patient was bleeding, but I believed examine every case, without conception, per rectum, the contraction of the mouth of the uterus was suffici- with the finger. ent to prevent it coming through, I advised ergot, position.

DR EDWARD WARREN SAWYER: One point is amputate? the persistence that one can observe in applying the also shows the possibility of the obstetrician, seeing recorded in which the inversion has taken place without the obstetrician knowing it. In the fatal case profound that it was impossible to overlook it, and I think the diagnosis of recent puerperal inversion of

In the case which occurred in my practice, the rim of the crater marking the upper border of the uterus, which I palpated through the abdomen, was fully as large as a common bowl, and its edges were very sharply defined. In addition to that the fundus could be distinctly felt through the os uteri. One feature of the paper, which is by no means the least to be commended, is the very admirable and graphic way in which the case was presented.

DR. H. P. NEWMAN: My experience has been limited, but I remember a single case, in which I assisted a surgeon of this city in attempting the reduction of a chronic inversion of the uterus. It was in and specimens of a hospital, where they had every facility for the operation and it could be proceeded with leisurely. Some two hours were taken up with the various deor the uterus amputated.

used to disinfect the colpenrynter.

or pelvis I would not do without the introduction of weight, 120 ozs.; left lobe disproportionately en-

THE PRESIDENT asked Dr. W. H. Byford if he reand in a few days the uterus was in its proper garded it good practice after all ordinary means had been exhausted and the aterus was still inverted, to

Dr. W. H. Byford: When all other measures colpeurysis, without a fatal result following. The in- have failed to effect the object and the patient is teresting case that Dr. Byford has spoken of last, suffering so much as to make relief imperative, yes.

THE PRESIDENT: I saw Prof. Chiara, in Florence, nothing in the first few days of the puerperal state to operate upon a case of that sort. He placed a silver suggest that anything has gone wrong. Cases are wire around the uterus and left it in position and the parts gradually sloughed away.

Dr. W. H. Byrord thought that mode of operating that occurred in my practice, the symptoms were so upon the uterus bad, that it would have been better to have used the wire ecraseur to stop circulation, and cut it off. But a sloughing mass in contact with the uterus is much easier than of chronic inversion, the parts would be likely to produce pyamia.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Stated Meeting, November 10, 1886.

THE PRESIDENT, C. H. A. KLEINSCHMIDT, M.D., IN THE CHAIR.

11. M. Cutts, M.D., Secretary.

Dr. D. S. Lamb presented the history of a case

SYPHILITIC DISEASE OF BONE.

Annie W., age 41, mulatto, died August 25, 1882. vices for reducing the inverted fundus, all of which Necroscopy by Dr. D. S. Lamb. Body much emawere of no avail. There was a complete inversion ciated; thick scabs along tibial crests, one foot long of the uterus but not of the vagina, and I think previ and one or more inches wide; bed sore on each ous to the attempt at reduction a fibroid was re-trochanter major and on sacrum. Umbilicus dilated moved from the fundus of the uterus. No further into small pouch, containing an adherent portion of myomatous condition was discovered at the time, greater omentum. Heart normal, except some fatty but the difficulty was exceedingly great in this case degeneration of anterior segment of mitral valve. and nothing whatever was accomplished. I have no Small patch of fatty degeneration on ascending knowledge of the subsequent condition of the pa aorta. Old pleuritic adhesions at base of right lung tient, whether she suffered materially from this, or and between lobes; cedema and hypostasis of lower whether she was afterwards successfully operated on, lobe and some tubercles. Firm old adhesions of left lung and between lobes; lung anæmic contained The President asked Dr. Jaggard what means he tubercles; tubercular cavity and evidences of bronchitis in upper lobe. Bronchial glands pigmented. Dr. JAGGARD replied that he washed it thoroughly. Thin blood clot in lower part of œsophagus. Omenwith soap and warm water, afterwards disinfecting it turn adherent to left side of abdomen and to bottom with a 5 per cent, solution of carbolic acid. The of hernial sac. Stomach displaced downwards; convagina was nrigated with a 2 per cent, solution of tained large quantity of blood, clots, etc.; clotted carbolic acid, and a bacillus of iodoform introduced. blood in small and large intestines, which, with the Dr. Adolffits, in reply to Dr. Henry T. Byford stomach, were normal. Liver anæmic; firm adhesaid: In complicated cases of tumor in the abdomen sions to diaphragm and hepatic flexure of colon;

larged; edges rounded; iodine test showed amyloid — Dr. I. Bermann thought that gallic acid was a degeneration. Gall-bladder contained some green very valuable styptic when applied directly. He bile. Spleen 26.5 ozs., amyloid. Kidneys large; recollects a case of an old gentleman who had had left weighed 8 ozs., amyloid. Uterus showed twelve teeth drawn. Hemorrhage being persistent patches of inflammatory exudation on peritoneum, for six hours, a doctor was sent for and Monsel's sowhich were colloid masses size of small shot; left About 2 A.M. he was called in and succeeded in ovary enlarged, contained several cysts and colloid stopping hemorrhage with ice. He went home, but deposits. Bones as far as examined showed results was called again in a few hours. This time he took of inflammation, probably syphilitic. Sternum; sur- along with him a powder of two parts of tannic acid face irregular; depressions; periostosis and osteo to one part gallic acid, a mixture highly recomporosis. Costal cartilages porous. Clavicle much mended by Morrell McKenzie. The exhibition of atrophied throughout; surface irregular at sternal the powder stopped the hemorrhage and there was sions of cartilage and existence of the bones. Lower ents. ends of femora, partelle, tibie and fibule snowed pecially of tarsi, somewhat eroded; fine perioste- by Dr. Bermann were tannic acid. otic growths; some osteoporosis, especially of cal-

Microscopical examination by Dr. J. C. McDonnell showed that liver and spleen were amyloid; generation of ovary involved the stroma.

HETMATEMESIS.

(See page 35).

later.

styptic than tannic acid when applied directly.

Right ovary converted into cyst size of walnut in lution was applied on cotton, but without success. Knee joints contained fluid and showed ero no return. This was in favor of vegetable astring-

Dr. Magruder said that, nevertheless, tannic surfaces irregular, depressions marked; new growths acid precipitated albumin much more readily than of bone; general osteoporosis. Bones of feet, es-gallic acid. Besides, two parts of the powder used

Dr. S. C. Busev said that he did not claim the priority of the use of tinct, ferri chloride in hematemesis, but he had never seen it recommended in such large doses as he gives it. His first case was a kidney, amyloid and cirrhotic; and the colloid de- lady with cirrhotic liver. She had been having hemorrhages from the stomach and he had given her Dr. Samuel S. Adams read the history of a case all sorts of things. He arrived one day just as she went into collapse from a severe hemorrhage. He stepped to the mantel and poured out a teaspoonful of the tincture of the chloride of iron from a bottle-Dr. A. F. A. King said that Dr. Adams stated full which was there. The patient had just vomited. that he had to do with a simple gastric ulcer. This He gave the iron in a half glass of water and there might be doubted, as there were apparently no was no recurrence of the hemorrhage. About a symptoms of its presence now, and, further, some of year later he did the same thing with a like sucthe usual symptoms were absent before the hem- cess. His method of giving the iron was on an orrhage. There had been no pain after eating for empty stomach—i. c.. just after vomiting, and in one thing. He did not mean to dispute Dr. Busey's about one-half glass of water, in order that it may be claim to priority in the use of iron in hæmatemesis, well diffused over the stomach. Dose, one drachm. but several years ago he had reported a case of this. He has had several other cases with equally good affection in which everything had been used without results. The authorities do not approve of the use avail. Finally, twenty drops of the liquor ferri sub- of iron. In his cases he had obtained the best possulphatis in water were given. There was immedi- sible results and should continue to employ the ate vomiting of clotted blood, but no more hem agent. There is doubt in almost all cases as to orrhage. The hemorrhage in this case was from whether we are dealing with a gastric ulcer or not. alcoholic gastritis. There was good recovery, but There is no pathognomonic symptom of this affecthe patient died from the same cause some years tion. It is one of the most difficult of diseases to diagnosticate. That it frequently occurs without Dr. G. L. Magruder said that fifteen years ago being suspected is proved by the number of cicahe had a patient suffering from a violent malarial trices, less often ulvers, we find in the stomach at fever. One morning he began vomiting bile, and autopsies upon persons who present no history of about noon vomited a large quantity of blood. He ulcer. There may be for years only the symptoms had used a mixture of acetate of lead, acetic acid of ordinary gastritis, and until hemorrhage occurs and morphia and there had been no return of the ulcer may never have been thought of. Hemorrhage hemorrhage. The patient was much prostrated for was the most sure sign of the disease. The age and several days afterwards. Last winter he had had a sex were important factors in diagnosis also. It second case and the same remedy stopped the hem- occurs most frequently in the female between the orrhage in two days. The acetate of lead is a seda- ages of twenty and thirty. Males between thirty tive and a mineral astringent, which class he thinks and forty are most likely to have it in that sex. It better than the vegetable astringents. This was so is often associated with nervous disturbance and in Dr. Adams' case. Gallic acid and ergot, he may present the symptoms of gastralgia. He thought thought, were nauseating and hence not useful in Dr. Adams' case was one of gastric ulcer, as there the premises. Tannic acid would work better, where was no cirrhotic liver, obstruction to portal circuladrugs could be applied directly to bleeding vessels. tion, miliary aneurisms or traumatism to account for Gallic acid acts after absorption, but is less of a the hemorrhage. The patient, moreover, was of the the right age and sex, and had lived a life liable to

foration were the usual causes of death.

hemorrhages from the stomach, reported as enough and to suggest legislation to that end." to fill a good-sized basin. While he was present the patient vomited nearly a quart. He exhibited a his paper would draw out discussion on the question drachm of gallic acid in one dose and there was no of the propriety of sending inebriates to St. Elization which he supposed was due to the gallic acid.

treatment for it is large doses of strychnia.

thought, the greater frequency of gastric ulcer in towards the establishment of a special hospital for woman than in man might be accounted for by the the inebriate. supposition that corsets obstructed the portal circulation. He does not claim priority in the use of ports of such special institutions, and they showed iron for himself, for in the case he reported the drug failures. was suggested by Dr. J. T. Young, who was present.

were over-estimated. Perforation by ulcer was more in existence, and their necessity is fully appreciated. common in women than in men, as for some reason the ulcer is oftener situated on the anterior wall of tutions were undoubtedly due to the manner of comthe stomach.

did not absolutely prove its presence. He had seen | public are none the less responsible for patients' care. the patient frequently for the past two years and is symptoms he had drawn his conclusions. was no biliousness, and the attacks of indigestion might have been serious or of slight account. The harmostatics used were those recommended by Dr. tient was said to lace tightly, but for this he could not youch. The amount of blood vomited was as he himself saw it, and not as reported by her friends.

Meeting of December 1, 1886.

THE VICE-PESIDENT, J. B. HAMILTON, M.D., IN THE CHAIR.

Dr. W. W. Godding, Superintendent of the Government Hospital for the Insane, read a paper entitled

THE PROBLEM OF THE INEBRIATE.

(See page 29.)

produce ulcer. Pain after eating, he thought, was welcome the incorporation of an institution for the absent in a majority of cases. Hemorrhage or per- care of these persons. The question of the laws and regulations for its government, however, was one Dr. C. W. Franzoni said that three years ago he that could not be decided hastily. He moved "that was called to see a gentleman who had lived much a committee of three be appointed to consider the in tropical climates. He had been having copious question of the best management of the inebriate,

Dr. Godding remarked that he was in hopes that return of hemorrhage. The next day the patient's beth's. At the last session of Congress a bill had whole body was covered with an urticarious erup-passed the Senate which permitted the sending of inebriates to St. Elizabeth's. The bill had not yet Dr. Bermann remarked that he had seen some passed the House. He did not think that inebriates cases of atrophy of the optic nerve, an affection should be confined with the insane. They needed which frequently follows hiematemesis. The only special treatment for their disease, for in his opinion inebriety is a disease. Nor do the insane people Dr. King said he was not yet convinced that Dr. like the contact with the inebriate. He hoped that Adams' case was one of gastric ulcer. Possibly, he the Medical Society would take some steps looking

Dr. J. E. Morgan said that he had seen some re-

Dr. Godding said that the only State establish-Dr. Busey said that gastric ulcer occurs largely in ment that he knew of was at Binghampton, N. Y. women during their active menstrual life and the This had been a failure, partly through bad managehemorrhage is often called "menstrual hæmatem- ment. The Washingtonian Home in Boston had isis." It is common in neurotic and chlorotic wo-done good work, and there was also one in New York men, but whether as cause or effect he cannot say, city. The system had not yet been sufficiently tried. He thought that the neuroses as causative elements. In Canada and England such special hospitals are

DR. J. M. TONER said that failures of these instimitment and to the indefiniteness of the time for Dr. Adams said that though he himself was con-which the person is incarcerated. The craving for vinced that the hemorrhage was from an ulcer, it drink may never be cured, but, in his opinion, the

Dr. R. Reyburn said that in advocating an insticertain that if she had been sick during that time tution of this kind we should consider how far the she would have consulted him. There was no ma-community should be saddled with the care and exlaria, and ancurium was unthought of. The history pense of persons who are personally responsible for reported was just as he found it, and from these their deplorable condition. He did not believe that There reformation could be accomplished so well in a public asylum as by private communications, and he thought that every citizen was morally obliged to attempt the cure of an inebriate with whom he comes Welch in "Pepper's System of Medicine." The palin contact. Institutions for the purpose under discussion had nearly always proved a failure.

Dr. S. C. Busey said that Dr. Reyburn's arguments were equally effective against hospitals for the insane or any other special disease. If inebriety was a disease—which he himself was not quite prepared to believe—why not have a hospital especially for incbriates? The community could be taxed with equal justice for this as for any other hospital. fact the municipal authorities, who derive an immense income from the too frequent drinking places, should be compelled to help support the inebriates they produce. Moreover, well-to-do people do not go to free hospitals or asylums. They or their friends can usually pay for their keeping. Drunkenness is the cause of nine-tenths of the crime and poverty of the DR. TONER said that the medical profession would country. It fills our prisons, insane asylums and our general medical knowledge.

some years a law incorporating the Washington Inebriate Asylum. An appropriation had been several times asked for from Congress, and interested be made self-sustaining. gentlemen are still at work with this end in view. by Dr. Godding. In reply to Dr. Busey, he would state that there are already doctors who make this disease a special study, as for instance Dr. Croth ers, of Walnut Hill Lodge. He even publishes a

journal devoted to the subject.

favor of establishing an inebriate asylum, which he the inebriate, and to suggest legislation to that end. thought most important to the whole community. with, at least, one relative given to excess, and with resolution. whom it is utterly useless to reason. Such persons should be confined for a year, or a life-time, and the institution could be easily made self-sustaining. The patients should be compelled to work at their trade or profession, and should remain as long as they are suitable, for in these, as a rule, the patient is given report: a small amount of stimulant daily and he comes out

drunkards and then take care of them.

the Society some of the reasons why it was not ad- of the nineteenth century. visable to confine the inebriate and insane together. suitable place in this city to send a drunkard.

Dr. Godding replied that if the pending bill these requirements? passed Congress it would legalize the sending of the

poor-houses, and the community is directly respon- drunk to the insane asylum. In a week or so these sible for the care or cure of its victims. Because people would be same in the eyes of the court, and previous attempts have failed was no reason why we on obtaining a habeas corpus the patient could set should not try again. He fully agreed with Dr. God himself free. These persons were not commitding, that the inebriate and the insane should not be ted as insane, but as inebriates, and their association, confined together. He knew of no man to day who when sober, with the morally insane, was i of a good could be called an expert on inebriety, and it will thing for them. Most of them can never be permatake years of experience, and that not in private nently reformed, and certainly there is no chance of practice, to make one. A hospital for inebriates this in the thirty to ninety days for which they may would be the development of another specialty, be committed. If committed as an insane person, which, like all specialties, would add something to the question arises as to how far such an individual could be compelled to work. In his opinion, if in-Dr. J. T. Howard said that there had been for ebriates are to be benefited they should be made to work under the supervision of a medical officer.

He thought that an inebriate asylum could easily

Dr. J. T. Howard said that the rules of the Wash-They are waiting for the passage of the bill mentioned ington Incbriate Asylum contemplated main aining the inebriate one year and at work. He hoped that when a committee was appointed they would support this institution.

On motion of Dr. J. M. Toner, it was

Resolved, That a committee of three be appointed Dr. N. S. Lincoln said that he was heartily in to consider the question of the best management of

THE CHAIR appointed Drs. W. W. Godding, N. There is scarcely a family in town which is not cursed S. Lincoln and J. M. Toner a committee under the

Meeting of December 22.

REPORT OF COMMITTEE ON DR. GODDING'S PAPER.

The committee appointed to consider the question incapable of self-restraint. He fully agrees with Drs. of inebriates and what treatment and legislation can Godding and Busey, that an insane asylum is not the better their condition, have had the subject under place for drunkards. Nor are the general hospitals consideration and beg leave to make the following

It is clear that there should be some change in the no nearer cured than when he went in. He does present manner of dealing with persons afflicted with not believe liquor necessary in such cases, and he this infirmity, some treatment more radical and efficihas never known delirium tremens to follow com- ent than has been hitherto attempted here, and that plete and sudden stoppage of stimulant. He has to this end there should be legislation recognizing seen cases of relapse, after treatment, from all the their defective will power, and providing for their best institutions and hospitals, and he only knows of two cases where there had been a permanent cure.

Dr. Reyburn hoped that Dr. Lincoln would not drinks or even occasionally gets drunk, but we bemake the argument that relapses were so frequent lieve it is present, disturbing the emotions and judgand cures so few, before a Congressional committee, ment and dominating the will of the confirmed He thought such institutions an attempt to do at inebriate, and it is his case that we are here considpublic expense what should be done by individual ering. Of this victim of a confirmed appetite for He thought that Dr. Busey's argument that intoxicants we affirm that he is a non-producing, the municipal authorities, who get an income from wasteful, disturbing factor of the body politic, his indrinking places, should support the drunkard, was fluence is everyway bad, the life he leads worthless beginning at the wrong end. It seemed to him bet to himself and his conduct an open scandal to the ter to limit the evil of drinking, and not first make neighborhood. We therefore conclude respecting him, that he is a public nuisance to be abated, a sur-Dr. A. F. A. King requested Dr. Godding to give vival of the worst, an anachronism in the civilization

In regard to the disposition to be made of him He said that many people did not care to see their there are three questions to be considered: First, friends in an insane asylum. Certainly there was no What does society demand? Second, What does the inebriate need? Third What legislation will meet

What society demands in the first instance is pro-

children unto the third and fourth generation."

The social compact, with or without public office, is lasting benefit. in the nature of "a public trust" and you may not violate it, besotting your manhood and squandering finement is the provision for the house of detention your property to the beggary of your family and not and its management. This should be an Inebriate expect society to interfere. For those hapless Home for actual residents of the District of Columchildren of inebriate sires, weighted with a "heritage bia, and under the control of the district commistheir birthright—will not society see to it that they The site should be selected and the buildings conhave all the chance there is, nor permit a drunken structed with especial reference to custody and emfather to trample it out? Shall we not take heed ployment. It should be protected from intrusion that he "offend not one of these little ones?"

suffer and the hardest to restore.

the legal guardianship of the incbriate, with authority more violent and dangerous than the ordinary

tection; protection against violence at the hands of to commit to an institution for detention and treata maudlin frenzy whose records are in each morning's ment. The defect of the proposed law is that it fails paper, that day by day is writing tragedy all over the to make labor compulsory. We believe that the land; protection against that deterioration of moral power to compel the inebriate to work is essential to fibre, a deterioration born of the saloon and the the success of his treatment. The idleness of his brothel, which with its deadly dry-rot is sapping the dissolute life must be rooted out before better resoluold time virtues of the commonwealth; protection trons will grow there. The commitment should be against that race deterioration—those inherited by a judge of the supreme court of the D.C. after neuroses, chorea, epilepsy, idiocy and insanity-of due hearing, and should be for a term of years, or, off spring begotten in a debauch, where by a strange perhaps better for an indefinite period. The power nemesis the innocent are made to suffer for the guilty to discharge should be in the hands of any judge of under a visitation of the "sins of the fathers on the the court, and a power to furlough should reside with the board of managers of the institution; this a kind Society further asks, that those whom nature or of ticket of leave system, the continuance or extenaffection has allied to the incbriate shall be protected, sion of the furlough to depend upon the conduct of from the misery and wretchedness, the poverty and the individual. Voluntary commitments might be degradation which come to the drunkard's home, allowed, but with the time of detention to be stipu-To the old time question "shall I not do what I will lated as not less than one year. Any enforced with mine own?" society emphatically answers, "No." abstinence short of this will seldom prove of any

Associated with the necessary legislation for conof woe" in the only life that is theirs to live—and sioners. As already indicated, we think it should yet poor as it is, the right to live in the world is still have the character of a correctional reformatory. and so guarded as to prevent the escape of its in-Secondly. What the inebriate needs is correction mates. An island would be the best possible site and reformation. Correction first, because until the for such an institution, but since we have no suitable idle habits of his life are corrected there can be no island a large farm in the outskirts of the district reformation. With compulsory detention, and labor with ample grounds for out-door work should be also compulsory, he will then be favorably situated selected. The buildings themselves should be plainly for reformation to begin. If this is ever to take built—simple brick structures, with no ostentatious place in the victim of this morbid craving for intoxi- architecture to swell the cost and set the fashion for cants it will be through a period of enforced absti- lavish future expenditure, but carefully planned, nence, an abstinence which must be total and life long. conveniently arranged, with light, airy and pleasant So, too, if the reformation is to be lasting, out of the workshops suited to varied forms of industry. These compulsory labor of his sentence must spring habits buildings should be in groups to afford opportunity of industry that he will take back into the world and for classification of the inmates. Men of means and into his lite. Very important in the direction of talent, but victims of an unfortunate appetite, comreformation is hygienic treatment. With tonics, ing voluntarily to this city of refuge to be healed of heathful exercise and simple nutriment, the system is their infirmity would be neither pleased nor benefited to be gradually brought back to something like a by a daily contact with abandoned sots, who scoff at normal condition. To be permanently reformed he misfortune and have no wish to reform. Nor should must be built up from the bottom. The secretory the fallen statesman, even though without means, organs will require a long course of alterative treat be required to mess with drunken negroes from the ment—a very much altered man he must become fish landings. Yet the scope and the accommodabefore society will have any use for him, and he be tions of such an institution should be wide enough to of any use to society. Most especially does the in- gather in and care for all these victims of a common ebriate need moral hygienic treatment and the infirmity, and the physician in charge should be a strength to be gained from moral teaching. This is man broad enough and keen enough to recognize placed last in order, not because it is less important, and provide for these difficulties as they arise. To than the physical, but, as in the evolution of the race this institution should also come, perhaps, for a moral and religious sentiments are evolved latest, so limited restraint and special provision in a district in the deterioration of inebriety they are the first to infirmary department those unfortunate victims of a recurrent appetite, properly designated as dipsoman-Thirdly. Of the legislation needed to bring about lacs, who now and then, overtaken by the consuming these results. The bill introduced and passed in the thirst, breaking over all barriers of self-respect and Senate at the last Session of Congress provides for family ties in their periodic sprees are for a time

maniac; and yet when the storm has passed over, tion or inquiry as it may think proper to make ex casting down everything before it, they go back to farte to issue an order of notice to such person to their work and are again for a time useful, law-appear before said court, or in its discretion, to issue abiding citizens. A law that provides for inebriety a warrant to the marshal of the United States for the should not overlook them. We think that the sup- District of Columbia to arrest and bring the person erintendent should be a medical man, a physician so charged before such court; and it shall be the who has made inebriety and its treatment a special duty of the said marshal to obey such warrant; and study. More than this, he should be equal to his said court shall cause a jury of good and lawful men, great office, with the support of an ample and able to be summoned by the said marshal, to be impaneled staff; he should be an autocrat in his authority, forthwith, and shall charge said jury, under oath, to alive to his responsibilities, with the power which inquire, in the presence of such person, whether he goes with an active brain, an iron nerve, a cheek of or she is an habitual drunkard, incapable of taking brass, ribs of steel and a great heart beating beneath care of himself or herself; and the proceedings in them; never afraid to take the consequences; a man such case shall be like those now authorized by law fertile in resources, ready to attempt the impossible in cases of persons alleged to be lunatic or insane. of other men and to accomplish it, because he has When such petition is filed by any person other faith in himself and in his work. With such a man than a commissioner or justice of the peace, the at its head the District Inebriate Home would be a court shall cause notice of the filing thereof to be **success** from the start.

tributions from philanthropic individuals, by the pro- such hearing in the public interest; and the rules of ceeds of sales from the shops and gardens, by re- law and proceedings applicable to the property of ceipts from voluntary pay patients, and then whatever lunatics shall apply to cases of persons declared to it lacks of being self-supporting—and it will probably be habitual drunkards under the provisions of this always lack something, for the individuals who vol-section, except when herein otherwise directed; and untarily come to it for healing will, as a rule, he as all persons who may be alleged to be habitual drunkcompletely stripped of means as He was who went ards may dispense with the legal proceedings to esdown from Jerusalem to Jericho-should be made tablish the same, and may, with the approbation of up "by appropriations from the U. S. and District the court, when said petition may be filed, appoint treasuries in such proportions as Congress may de his or her own guardian, and may voluntarily enter termine." And while our present liquor licensing the Government Hospital for the Insane for a limited system remains, your committee would suggest that time; and the superintendent of the said hospital all liquor licenses be doubled, and that one half, or may retain such person the length of time he or she the whole if necessary, of the revenue derived from may have agreed therein to remain; and if the person this source be set apart for the support of the In- against whom the petition may be filed shall be found chriates' Home. So at last might their "sowing of by the jury to be an habitual drunkard, incapable of the wind" gather its own harvest, and the people taking care of himself or herself, it shall be the duty see a relation established between the cause and the of the court to appoint a guardian of such person; effect.

copy of the Inebriate bill now before the Indiciary Respectfully submitted,

> J. M. Toner, W. W. Godding, N. S. Lincoln.

A BILL

To Provide for the Confinement of Inebriates in the Government Hospital for the Insane.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress as sembled, That whenever by petition, under oath, of of maintaining such habitual drunkard in said hoseither parent, brother, sister, son, daughter, or guard- pital shall be governed by the same provisions now ian, or commissioner or justice of the peace of the in force in regard to the support and expenses of in-District of Columbia, any person actually resident in sane persons therein: Provided, That no person the District of Columbia shall be alleged to be an shall be admitted to said Hospital for the Insane habitual drunkard, incapable of taking care of him- under the operations of this act who shall appear to self or herself, or his or her property, the supreme the court on such hearing to have come or to have court of said District, in special term, shall have the been brought into the District for the purpose of power, in its discretion, on such preliminary examina- being admitted therein.

given to the attorney of the United States for the How should it be supported? By voluntary con- District of Columbia, whose duty it shall be to attend and such guardian shall, with the written assent and Your committee beg leave to present herewith a approbation of the court have the power of confining such person in the said asylum for such length of time committee of the House of Representatives and to as the court may in writing approve; but said guardsay that in their judgment the inebriate should not ian, with the written assent and approbation of the be confined with the insane as therein proposed, court, may at any time release from confinement such habitual drunkard; and the period of confinement of said habitual drunkard may, by the said guardian, with the written assent and approbation of the court, be from time to time extended for such periods as may be necessary for his or her complete reformation. Said court shall have power to discharge such guardian and appoint another in his or her place, and shall have power to discharge the guardianship altogether whenever the court shall, on due inquiry and hearing be of opinion that such guardianship is no longer necessary. The expenses

FOREIGN CORRESPONDENCE

LETTER FROM LONDON.

(FROM OUR OWN CORRESPONDENT.)

The Better Sanitation of Houses-A Chair from Hunter's Bedstead—Hospital Sunday Fund—The Conjoint Scheme.

Early in the next session of Parliament an intro-1, 1888, each sanitary authority shall cause the field's direction as in that of the architects. owner, lessee, sub-lessee or occupier of every build. An interesting relic of that great surgeon, John cense of the Board of Trade, medical officers of life. health and medical practitioners qualified in sanitary

local authorities, so far as their own districts are concerned, and, adds the act "such other persons as the Local Government Board may authorize." Here are clauses and persons enough and to spare. Are they all duly qualified?

At the late meetings of the Society of Medical Officers of Health, it was considered by certain speakers that among the persons named in the section of the act whose terms have just been quoted, there are included many men whose knowledge of duction of a new bill is promised, to be brought in sanitation, and of house sanitation particularly, must by Dr. Farquharson "for the Better Sanitation of be somewhat slight. It is not every architect who Dwelling-houses, Schools, Hotels, Hospitals and professes a knowledge of house sanitation, hence it other Buildings within the United Kingdom." In is easy to understand how the provisions of a wellscope and aim, it would, therefore, seem the bill is intentioned act may lead to more harm than good. of an exhaustive character, so much so, indeed, that Of what value would, for instance, be the certificate aspiring sanitarians will be well content if at first a of a local surveyor, who either wilfully or in gross modicum of the things sought for get parliamentary ignorance neglected to provide for trapping off the consent. In principle the bill is simple and far- house from the public sewer. Professor Corfield reaching. Its sub-title is given as the "Sanitary went so far as to advise his society to petition Registration of Buildings Act." It provides in the against the bill in its present form, and to insure first instance for the adoption of its provisions in the that it should be so remodelled as to ensure per-City of London and in the area under the jurisdic-sons entitled to certify the healthmess of premises, tion of the Metropolitan Board of Works. All should at least possess some definite qualification towns in England of 50,000 inhabitants and upwards or other in sanitary science. Dr. Corfield's objecare included in the localities in which it is to be ap-tion was expressed by saying that as it stood the plied, while "such other districts in the United King-new act was one for specialists, and for them alone, dom as may adopt the act" are to have the option the specialists being architects, civil engineers and ot adopting it should its provisions become law. The surveyors. As such, he held the measure should be local authorities charged with administering the rejected. Dr. Corfield would have medical officers Public Health Act would thus become the Sanitary of health alone entitled to grant certificates, but it Registration authorities for their respective areas, was considered by many present that this practice towns or districts. It is proposed that prior to June would simply make the bill as narrow in Dr. Cor-

ing, "occupied or intended to be occupied," to de- Hunter, has just been presented to the Royal Colposit with the said authority a certificate for each lege of Surgeons. It consists of a chair formed out building in accordance with the terms of the act. of the materials composing the bedstead on which This certificate, which is naturally the pivot on which John Hunter slept nightly for many years, and on this entire question of sanitation turns, forms the which his remains were laid previous to removal for subject of a special clause in the proposed measure. burial. The idea of converting the unwieldly frame Here difficulties begin, as is evident from the results of an old-fashioned four-poster into a remarkably of an adjourned discussion on the measure which handsome and imposing looking chair was due to took place a short time since at the Society of Medi the late Mr. Frank Buckland, to whom the bed had cal Officers of Health. If a certificate of the sani-been given as a birthday present by Professor Owentary safety of buildings is to be granted, and if on The chair, up to the present, has only once been the possession of this document people are asked to used in public, on October, 1879, when Dr. Wadfound an assurance that a building is sanitarily trust- ham presided at the annual dinner of St. George's worthy, it certainly behoves them to inquire some. Hospital. Another point of interest in connection what minutely into the status of the persons who are with the presentation lies in the fact that it was owby the act qualified to inspect and certify under its ing to Mr. Buckland's personal exertions that the reprovisions. The certificate may be granted as the mains of John Hunter were removed from the vaults bill now stands by members of the Royal Institute of of St. Martin's in the Fields and deposited in the British Architects and members of the Institution of more honored resting place in Westminster Abbey. Civil Engineers who are in practice as architects. Mr. Buckland spent days, amidst not very pleasant surveyors, or civil engineers. Furthermore, that surroundings, searching for the coffin containing architects or civil engineers who have been in pract John Hunter's remains. Mr. Buckland used to be tice five years at the passing of the act, and who fond of remarking that he felt prouder of being the register their names accordingly, may also grant cer- means of laying John Hunter's remains in Westtificates. Sanitary associations incorporated by li-minster Abbey than of anything he ever did in his

It is gratifying to find by the report presented by science are to be entitled to sign those documents. the managers of the Metropolitan Hospital Sunday Last on the list come surveyors and engineers of Fund that the receipts this year were larger than

preceding. The total expenses entailed in the col- opportunity was afforded for noticing these changes. lection and distribution of this sum amount to rather clerk's—be thereby saved.

qualification, or after a qualifying examination, but chymatous inflammation of the kidney. that some further proof that opportunities for ob-G. O. M. tion with this matter.

DOMESTIC CORRESPONDENCE

LETTER FROM NEW YORK.

(FROM OUR OWN CORRESPONDENT.)

Pathology of Scarlatinal Nephritis— Removal of the Vermiform Appendix.

At the last meeting of the New York County Medical Association Dr. Frank Grauer, of the Carnegie Laboratory, who during the past summer has been making special researches on the subject in Fried länder's laboratory in Berlin, presented a valuable **c**ontribution to our knowledge of the *Fathological* Anatomy of Scarlatinal Nephritis. He followed nephritis; or nephritis post-scarlatinosa.

amount of albumen, mucous and hyaline casts, and, kidney. more rarely, red and white blood corpuscles, renal line and granular casts were often found in the that the glomeruli were affected. He noticed, in

they have ever been before, amounting to £40,399 the interstitial tissue. It was only in those cases in 7s. 7d., as against £34,320 8s. 5d. last year, and an which children die trom the sequele or complications average of £,30,121 6s. 8d. in the thirteen years such as diphtheria and broncho pocumonia, that an

From the description given it might be supposed over £2,000. It is considered that the Saturday that the changes are those belonging to a parenchymand Sunday movements might well be combined, atous inflammation, but Friedlander has pointed and the expense of two offices—secretary's and out the following differences: Parenchymatous inflammation, according to Virchow, leads to fatty de-The Councils of the Royal College of Physicians generation of a cell, with disturbance of its function; and the Royal College of Surgeons are steadily and this process does not occur in the epithelial cells working to effect the scheme to grant a medical de- lining the uriniferous tubules in the form of nephritis gree to students who pass the examinations of the under consideration. Then, on the other hand, we conjoint board. The feeling prevails that students have a cellular proliferation in initial catarrhal neshould not receive an M.D. degree at the time of phritis; which, as a rule, does not occur in paren-

The second form of nephritis met with, that chartaining experience in the practical work of the pro- acterized by the large, flabby, harmorrhagic kidney, fession have been utilized should be required. The is not as common as either of the others; Friedranconjoint boards are shortly to meet again in connect der having found it present in only twelve out of 229 autopsies made by him in cases of scarlatinal nephri-It generally occurs from the first to the fourth week of the disease, and runs a rapid course; in some cases the urine remaining normal until within twenty-four or forty-eight hours of death. It is generally found in those cases accompanied by extensive angina and diphtheritic inflammation, and the postmortem appearances are as follows: The kidneys are enlarged, and the cortex is studded with ecchymoses and large hæmorrhagic infiltrations. The cortical substance is thickened and greyish red in color, there is complete loss of the strice, and the glomeruli are, as a rule, invisible.

Microscopically, Dr. Grauer said, the tubules were found to contain the various forms of casts, and blood corpuscles, degenerated and desquamated epithelium, and an increase in the connective tissue characterized by a round cell infiltration which was Friedländer's classification in general; dividing the situated mainly around the glomeruli and between varieties of the affection met with post-mortem into the convoluted tubules. In addition, small abscesses three types, viz.: initial catarrhal nephritis; large, were often found in the cortical substance, in which, flabby, hæmorrhagic kidney; and acute glomerulo- by means of one of the aniline dyes, micrococci could not infrequently be detected. Whether the The initial catarrhal nephritis is the form met with latter had any direct relation with the etiology of in the first week of scarlatina; generally accompany- scarlatina or diphtheria, or whether they were merely ing the rash, lasting for a few days to a week, and one of the forms of micrococci found in acute abthen gradually disappearing. It rarely tends to death, scesses, he was unable to state. This form of neand is liable to be entirely overlooked. It is only phritis is characteristic of scarlatina alone, as it has recognized by a chemical and microscopical exami- been found in cases of primary diphtheria, and Friednation of the urine, in which are to be found a slight länder regards it as a septic inflammation of the

The larger part of the paper was devoted to the epithelium, and granular casts. The kidneys in this third and most important form, acute glomerulovariety he described as slightly enlarged and hyperæ-nephritis, or nephritis post scarlatinosa. This is the mic. The capsule strips off very readily, and on a affection which generally occurs in the third or fourth cut surface there is some thickening of the cortical week of scarlet fever, when the patient is convalescsubstance, with more or less loss of strice. The ing. Having described its main features and the glomeruli appear as red clots. A microscopical ex- characteristics of the urine in light and in severe amination, he said, showed swelling and granular cases, he stated that Friedländer found this form of degeneration, with desquamation, of the epithelium, nephritis present in forty-two out of his 229 cases. especially that lining the convoluted tubules. Hya- To Klebs was due the honor of first pointing out straight tubes, and, when the process had been more making fresh sections of the kidney with a double severe, the beginning of a round cell infiltration in knife, that the glomeruli were antemic, and after washing them out with water, that they became dark he had made during the last few years, he had come and cloudy.

anatomy of the glomeruli, in regard to which there water is formed de novo in the system from a comstill exist some differences of opinion among histolo-bination of the elements composing it; so that under gists, and of the microscopical appearances noted these circumstances water itself was an excrementiby Klebs, Klein, Ribbert and Langham in glomerulo-tious product, and yet it was certainly not a toxic nephritis, Dr. Graner went on to give some account agent. As to the cause of death in these cases of of his own observations based upon nine cases of scarlatinal nephritis, which was commonly attributed the disease which he studied in Priedländer's labora- to urremic poisoning, he believed that the parenchymtory, and a report of which he embodied in the paper, atous changes which were noticed in the patient The results obtained by him are as follows:

Macroscopical Appearances.—The kidneys are en-pyrexia of the scarlatina.

and more or less enlarged.

a thickening of the endothelial layer, which becomes rived from the Malpighian tufts. more granular. In others the lumen of the vessel is filled with a rich nuclear protoplasm. Dr. Graner that in the cases studied by Dr. Graner death had thinks that these nuclei are the nuclei of the prolifer, occurred in from four to eight weeks, said he would ated endothelial cells, and not those of white blood like to inquire what the condition of the kidneys was corpuscles, as contended by Ribbert and other ob- in those cases which terminated fatally within thirtyservers. With reference to the glomerulo-epithelium six hours from the onset of the attack of scarlatina? he has noticed swelling and proliferation. It is still He related in this connection several cases which considered by some authorities that it is the prolifer- had occurred in his own experience. ation of the glomerulo-epithelium that produces a Graner, who exhibited under the microscope a num- of unpleasant sequelæ was greatly diminished. ber of specimens illustrating points brought out in

Flint, who in the course of his remarks said that one inquire, therefore, whether it was not rare for chronic of the questions of greatest interest suggested by it nephritis to result? was that relating to death from so called uraemic. The President, Dr. Leale, said that some fifteen poisoning. This was a live question, and personally years ago, when he was attending physician for dishe had very decided convictions in regard to it, which leases of children at one of the largest dispensaries were very considerably at variance with the views in the city, he was struck with the large number of which he had formerly held. From the investiga-leases of dropsy that presented themselves; and he tions concerning excrementitious substances which found that the great majority of them were in chil-

to entertain some doubt whether urea was a poison llaving given a description of the microscopical after all. His experiments had convinced him that after death were due very largely to the excessive The special direction larged and hypertenic. There is no loss of cortical which these parenchymatous degenerations took in strice, and in some cases the cortex may be some-different infectious fevers was governed, he thought, what thickened. The glomeruli are pale, prominent, by the special cause of the disease; each affection having its own peculiar contagium vivum, with its Microscopical Appearances. — The glomeruli are specific mode of action in the system. In scarlatina bloodless, but very rarely a red blood corpuscle may this showed a strong predisposition toward the kidbe seen in the lumen of a capillary. When examined neys, and in scarlatinal nephritis the urine was diwith a low power, the glomeruli are found larger than minished in quantity, of high specific gravity, and normal, and covered with a mass of nuclei. With contained a large amount of albumen, because these an immersion lens the following changes are noticed organs became choked with excrementitious matter, in the capillaries: In some the only change found is and could no longer be washed out by the water de-

Dr. Isaac E. Taylor, having referred to the fact

Dr. Daniel Brown thought that the virus of scarlacompression of the capillaries, and thereby obstructs tina found a soil peculiarly fitted to it in the skin, the the circulation. In all the specimens which he ex- intestines and the lining membrane of the glands, and amined, although proliferation of the glomerulo-epi- that by its effect upon these structures an irritation thelium was present, the loops, as a rule, were larger of the nervous system was set up that was sufficient than normal; showing that the pressure was from to account for the class of cases referred to by Dr. within, and not from without. Proliferation of the Taylor. It was very much, he said, as though the capsular epithelium, as described by Klebs, was not child died from shock. Scarlet fever had the effect observed in eighty-two sections examined by him; of arresting almost all the secretions of the body, and but he has observed it in other forms of scarlatinal in his treatment, therefore, he was in the habit of emnephritis. Hypertrophy of the left ventricle of the ploying such remedies as tend to stimulate the secreheart, as first pointed out by Friedlander, is always tions. By pursuing this course he had found that present in glomerulo nephritis. In concluding, Dr. the temperature was kept down, and that the danger

Dr. Gouley said that a number of years ago, durthe paper, expressed the opinion that the term glom ring several epidemics of scarlatina at the Nursery erulo nephritis ought to be restricted to those affec- and Child's Hospital, it had been somewhat surpristions in which there is obliteration of the loops of ing to him, as well as to the late Dr. George T. El. the capillaries, and not applied to those in which liott, who was one of the attending physicians, that there is only a proliferation and desquamation of the, so many of the children were affected with nephritis; glomerulo and capsular epithelium, as this change and the point that interested him most was, that of has been noticed in all forms of chronic nephritis. | the many who recovered, the larger number recov-The discussion on the paper was opened by Dr. ered promptly and completely. He should like to

dren who had passed through an attack of scarlet of the abdomen. No isolated point of special ten**fever** without any medical attendance. An interest- derness was discovered, and all pain was still referred. ing point which he had noticed in examining the to the epigastric region. The abdominal walls were urine from day to day in cases of scarlatina was, that too tense to render deep palpation of any service as although for a time there might be no sign of kidney a diagnostic measure, and digital rectal examination trouble, it was a fact that almost invariably albumen disclosed nothing abnormal. Temperature 102; pulse appeared in it on the twenty-first day; thus following 108. Respiration increased in frequency, but painupon the desquamation of the skin. When scarla- less. Bowels obstinately constipated, with an abtinal dropsy was moderate in amount, there was, he sence of all intestinal sounds and of appreciable thought, usually very little difficulty in promptly re- vermicular movements. The thighs were flexed. lieving the patient. Some of the microscopical points. Urine drawn off with a catheter. treated of in the paper also were discussed by Dr. L. J. MacNamara.

tis. In reply to Dr. Gouley's question he stated that sion of the abdomen was warranted. while, in the majority of cases, the children undoubtedly recovered promptly, in a certain proportion of operation was performed in as thoroughly antiseptic cases the kidney trouble became chronic. He had manner as the contingencies of the case would admit. had an attack of scarlet fever two years ago, and who amount of thin, non-offensive, reddish colored fluid terstitial nephritis, with bloody urine.

appendix which he said he had removed from a pa- to the right iliac process) presented similar appeartient last summer. The case occurred in a neigh-lances. In some situations evidences of recentlymph boring town, and was seen in consultation with Drs. were seen. No characteristic local indications of an Janeway and W. T. Bull. The cause of the illness, obstruction could be found anywhere. The inteswhich occurred in a gentleman 45 years of age, pre-tines at and about the right iliac fossa presented the viously in good health, was entirely unknown.

was suddenly attacked, without appreciable cause, ined. It, too, presented appearances similar to the with a moderately severe pain in the epigastric region. contiguous intestines. He attached but little importance to it, and, attributpain or tenderness in the right iliac region.

severe than at the outset; but was still located in the tween the intestinal folds, and was swollen and darkly epigastrium. The family physician was called, and he congested; presenting somewhat the outline of a prescribed another cathartic, followed by an anodyne. distended leech. At its base three perforations were The medicine did not move the bowels, and the pain found, two of which were each about the size of a increased; while the abdomen now became tympanitic, small pea, while the other was of somewhat smaller and nausea, with occasional vomiting, set in. The size. In one of the openings was a small mass of vomiting, however, was not characteristic of any spe-feecal matter. At and around the base of the appencial morbid process. Enemata were administered, but dix a considerable amount of the reddish, non-offenseemed to dislodge only a few small scybalous masses. sive fluid mentioned was found, and it was mixed The condition of the patient became gradually worse, with flakes of recent lymph. and Professor Janeway was called in consultation; arriving about forty-five hours from the first attack of of perforation, with a strong silk ligature, and repain. Five hours later he was seen by Drs. Bryant and moved with seissors. The abdominal toilet was pernot severe, nausea existed, with occasional vomiting. and dressed antiseptically. The patient rallied from The abdominal walls were extremely distended, with twelve hours afterwards from exhaustion. tympanitic resonance well marked in all situations. very general, but best marked at the lower portions connection with the case: 1, the preceding diarrhea;

As the result of this examination the consultants believed, 1, that a more or less general peritonitis In some concluding remarks, Dr. Grauer said that existed; 2, that it was secondary to either obstruction in the cases referred to by Dr. Taylor, in which death of the intestinal tract or perforation of it; 3, that occurred within twenty four or forty eight hours, there immediate measures of relief must be taken to insure was complete suppression of urme, and that the con- a chance for recovery; 4, that medicinal measures dition found after death was acute glomerulo nephri- afforded no such chance; 5, that an exploratory inci-

The patient willingly gave his consent, and the at present under observation a child 8 years old who. As soon as the peritoneum was incised a very small was now, as a result of it, suffering from chronic in-escaped. The small intestines were extremely distended, and their serous surfaces were deeply con-Professor Joseph D. Bryant presented a vermiform gested. The sigmoid flexure (which extended across evidences of a more profoundly inflamed condition, About fifty hours before Dr. Bryant saw him he and for this reason the caput coli was closely exam-

The vermiform appendix was then sought for and ing it to a slight diarrhea which he had had for some found, but with considerable difficulty. It arose from ten or twelve bours previously, took a mild cathartic, the inner and peritoneal surface of the cœcum, was which afforded him marked relief. He noticed no about 2½ inches in length, and covered entirely by peritoneum, and was unattached, except at its origin About fifteen hours afterward the pain became more from the coccum. It was standing nearly erect be-

The appendix was tied at its base, below the point Bull, and the following facts were noted: The patient's formed with antiseptic sponges and a warm solution perceptions were intact, although somewhat blunted of bichloride of mercury (1-10,000). A drainageby the previous use of opium. Persistent, though tube was introduced, and the abdominal wound closed The matter vomited had no distinctive characteristics. the immediate effects of the operation, but died

In concluding his narrative Dr. Bryant called at-Hepatic dulness normal. Tenderness on pressure tention to the following special points of interest in

2, the absence of distinctive pain at the sear of the lesion; 3, the location of this pain in the epigastric region; 4, the comparative quiet following the first attack; 5, the existence of normal hepatic dulness; 6, the extension of the sigmoid flexure to the right M.D., Mt. Vernon, O. iliac fossa; 7, the unusual arrangement of the vermiany restricting inflammatory process; 9, the uncertainty attending the diagnosis of the exciting cause of the patient's condition; 10, the unusual means U. Barnhill, B.S., M.D., Lecturer on Toxicology, adopted for the relief of the patient.

PAROTIDITIS AND PREGNANCY.

To the Editor of the Journal:

interest and rarity: Mrs. S., aged 29, three months pregnant, was taken with parotiditis. On the third day the swelling abandoned the parotid glands, and centreing in Columbus, and will be granted to all miscarriage followed. She has had four previous pregnancies, of which the first, third and fourth were normal. The second pregnancy miscarried, which was attributed to fright. Are there any instances in which metastasis from the parotid glands to the uterus has occurred with results like the above?— Very truly yours, J. Frank Page, M.D.

MISCELLANEOUS.

Ohio State Sanitary Association.—The fourth annual meeting of the Ohio State Sanitary Association will be held in the Board of Trade Room, City Hall, Columbus, Ohio, on Thursday and Friday, Feb. 10 and 11, 1887. Among others the following papers will be read:

"The cause of deafness and blindness with special reference to the eruptive fevers." S. L. McCurdy, M.D., Surgeon for the Penna Co., Dennison, Ohio.

"Cremation of the lower animals." E. S. Rickets, M.D., Portsmouth, O.

"Water Closets and Privy Vaults." John McCurdy, M.D., Youngstown, Ohio.

"Injurious Gases." David O'Brine, M.E., M.Sc., M.D., Assistant Professor of Chemistry, Ohio State University, Columbus, O.

"Our Fever Epidemic from Drinking Sewerage." C. E. Kurz, M.D., Bellaire, O.

"The Sanitary Condition of Sandusky before and after the Completion of Water Works and a Sewerage System." Elwood Stanley M.D., U. S. Marine Hospital Service, Ohio.

"Syphilis from a Sanitary Standpoint."

Beardsley, M.D., Ottawa, O.

"School Sanitation." Hon. LeRoy D. Brown, Ph.D., Ex State School Commissioner, Hamilton, O.

"Some of the Practical Results of our Criminal Laws from a Sanitary Standpoint." R. Harvey Reed, M.D., Mansfield, O.

"Diagnostic Responsibility." H. M. Lash, M.D., Athens, O.

"Examination of Air of Apartments." Curtis C. Howard, M.C., Professor of Chemistry, Starling Medical College, Columbus, O.

"Hygiene of the Sick-Room." F. C. Larimore,

"The Sanitary Condition of the City of Mexico, form appendix; 8, the absence of the evidence of from Personal Investigation." E. D. Shreve, C.E., Bucyrus, O.

"Ptomaines and Poisoning by Tainted Foods." J.

Columbus Medical College, Columbus, O.

"The Relation of Climatic Changes to Certain Diseases, with chart illustrations." E. M. Mark, Esq., Sec'y Ohio Meteorological Bureau, Columbus, Ohio.

"The Chronic Insane under County Care and in Dear Sir:—The following case is to me one of the Care of Families." F. H. Darby, M.D., Chair-

man of Sanitary Committee, Morrow, O.

Reduced rates have been secured on all lines persons desiring to attend the meeting, who, on application to the Secretary, at least one week prior to the time of the meeting, will be furnished with the proper certificates, which must be secured before leaving home.

REGISTRATION OF BIRTHS AND DEATHS IN ILLI-NOIS.—In the city of Chicago the death reports are as complete as they can be made, owing to the burial permit system, but there are about one-fourth of the returns of births lacking. This is mainly owing to neglect upon the part of the profession, as the midwives as a rule make these returns promptly. An effort will again be made at the coming session of the General Assembly to so amend the law as to relieve the certifying physician of unnecessary labor in connection with these returns, and the Illinois State Board of Health cordially invites the exercise of influence to this end. The returns last year indicate an increase of 25 per cent. over the previous year, in consequence of a circular letter sent to the delinquents in February and March. It is to be hoped that all returns will be made promptly.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT. U. S. ARMY, FROM DECEMBER 25, 1886, TO DECFMBER 31, 1886.

Major Egon A. Koerper, Surgeon, U. S. Army, granted leave of absence for two months, to take effect about January 1, 1887. S. O. 297, A. G. O., Dec. 27, 1886.

First Lieut. Jno. L. Phillips, Asst. Surgeon, granted one month's extension of his leave of absence. S. O. 297, A. G. O., Dec. 27, 1886.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY, DURING THE WEEK ENDING JANUARY 1, 1887.

Anderson, F., P. A. Surgeon, to U. S. S. "Thetis."

Auzal, E. W., Asst. Surgeon, detached from R. S. "Independence" and ordered to Coast Survey Str. "McArthur."

Green, E. It., P. A. Surgeon, detached from Naval Laboratory for temporary duty on R. S. "Independence."

Gatewood, J. D., P. A. Surgeon, to Naval Academy, Jan. 5,

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No. 3.

ADDRESSES.

STATE REGULATION OF MEDICAL PRACTICE.

The Retiring President's Address, delivered at the Tenth Annual Meeting of the Detroit Medical and Library Association, Oct. 4, 1886,

BY C. J. LUNDY, A.M., M.D.

Ladies and Gentlemen, Members of the Detroit Medical and Library Association:

We are assembled this evening to celebrate our society's tenth anniversary, and, I trust, the year about to close has been one of pleasure and profit to us all. When one year ago you conferred upon me the honor of the presidency of this society, I accepted the office with doubt and misgivings. The year preceding my installment in office had been one of unusual activity and prosperity. Such prosperity has seldom been enjoyed by a local society, especially outside the large cities of the East. Numerous valuable papers had been presented; interesting discussions, upon given topics, had been held, and a large amount of pathological material had been exhibited during the year. The membership of the society had greatly increased and the regular attend ance had been unusually large during the incumbency of my predecessor. No wonder, then, that I should have entertained fears lest the year during which I was to preside over your deliberations might witness a diminution in the interest and good work of the society. Still, I was m no small degree encouraged by the fact that we had an indefatigable secretary, to whom this society owes so much, and also by the fact that we have a large number of members interested in society work-members who had large resources from which to draw—and I think you will agree with me when I say they have drawn upon these resources most generously, and they have made this another prosperous year for this society. Such work as you have done during the past year could not fail to prove interesting, profitable and instructive, and it is somewhat surprising that so many busy time to society work.

chosen by the advisory council. More than seventy away feeling I had been instructed by the papers,

pathological specimens and microscopic mountings were presented. A large number of patients was exhibited, either to illustrate some interesting disease, or to show the results of some important surgical operation. Indeed, the number and character of the pathological specimens alone would have done credit to a pathological society. I doubt if any local society in the country has done more profitable, interesting and instructive work during the year than has the Detroit Medical and Library Association.

In addition to the many valuable papers presented by our resident members, we have had the pleasure of listening to able papers from several gentlemen residing outside the city. Among others were one by Dr. T. K. Holmes, President of the Canadian Medical Association; one by Prof. V. C. Vaughan, of the State University; one by Dr. Henry M. Hurd, Superintendent of the Eastern Michigan Asylum; one by Dr. George Tye, President of the Ontario Medical Society; and one by Dr. E. P. Christian, President of the State Medical Society. While the inviting of eminent men outside the city to read papers before us is not exactly a new departure, yet it has been done to a much greater extent this year than heretofore In my opinion it is a good course to pursue, and I am sure all will admit that we were both entertained and instructed by the able papers presented by the gentlemen named. We have also been delighted and encouraged by the frequent presence of gentlemen, prominent in the profession, who are not members of this society. Many of these are either officers of, or prominently connected with, sister societies, and their presence at our meetings has always been a source of great pleasure to me.

Our society has increased its membership by the election of thirty new members. Of these nineteen were elected as active members, ten as corresponding members, and one was elected as an honorary member. We have now a total membership of 136. It is possible that some may contend that a society with a large membership may prove unwieldy, but I certainly do not entertain such views. Instead of having a few members present, we have had an average attendance of thirty one. On several occasions practitioners have found it possible to devote so much the attendance has been between forty and fifty. When so many gentlemen interest themselves in so-According to the secretary's report, I find that ciety work, it may be relied upon that the meetings there were read during the year twenty-three papers will be of interest and profit to all concerned. I on numerous and interesting topics. There were have attended most of the meetings during the year, held five discussions upon various subjects, mostly and I have no hesitation in saying that I always went untlagging interest could have been kept up through- their lives and rob them of their money.'

out the year were our society a small one.

during the year, and while we have had interesting press quackery and to protect the people from the discussions, interesting reports of cases, interesting depredations to which Gov. Hamilton has so forcibly pathological specimens, and interesting and valuable referred, have been practically unavailing. We boast papers, yet I think our society might do other valu- of the intelligence of our people and of our educaable work, and might wield its influence to remedy tional facilities, and it would seem that there is some an evil which has grown to great proportions, and foundation upon which to base these claims. But if which has done great harm in our commonwealth, we are to judge of the intelligence of a people by the It is an unfortunate fact, but fact it is, nevertheless. laws which they enact for the protection of their that in Michigan the ratio of quack doctors to the rights, their property, their health, their morals and population is greater than in almost any other State, their happiness, we must admit that the people of It is a well known fact that in other States Michigan, this commonwealth lack the intelligence to grapple is regarded as the asylum of quacks. It is a well- with one of the most important questions of our time. known fact that when a law is about to be enacted. In every State there is a law against obtaining either against quackery in other States, the charlatans of goods or money by false representation. Indeed, those States turn their eyes towards. Michigan as a it was only a few days since that a culprit was brought land flowing with milk and honey—a land in which to justice in one of the towns of this State because they will find protection, and where they may pursue he represented the circulation of a small paper to be their nefarious business without let or hindrance. In much larger than it was in reality. However, a man our State any man, no matter how ignorant, no mat- may pretend he is a physician, and in this guise he ter how illiterate, no matter how unskillful he may be, may swindle and rob the people of this State with any man, I say, may undertake without let or hin-impunity, and there is no law to prevent him. If, as drance to cure all ills to which human flesh is heir; Gov. Hamilton has said, the people of Illinois found may undertake to treat any disease or to correct any it necessary to enact a law "to protect the lives, the deformity of the human form divine.

such a grand system of public instruction, such fine dlers and adventurers who, by all manner of false educational institutions, such fine facilities for ob-representations and deceptive promises, were taking taining an education, whether lay or professional, it advantage of the misfortunes of the people in sickis a disgrace to see men and women, without any ness and ailments of all kinds, to still further injure preparation, or training, or qualification whatever, their health, endanger their lives and rob them of setting themselves up as physicians, and through their money," why should not Michigan, with her false pretense swindling our citizens out of enormous boasted intelligence, be ready and willing to afford amounts of money. It is generally well known that her citizens similar protection and enact similar laws? the charlatans of this State rob and beguile the un- Laws to suppress quackery have been enacted in wary with a merciless hand, and that the amount of other States, and we see that the people of Iowa, of money which is annually filched from our people by Wisconsin, of California, of Mississippi, of Alabama, these swindlers is very large. But I am satisfied that of North Carolina, of Virginia, of New York, and few even of you, ladies and gentlemen, could form of other States, have cried out against quacks and an approximate estimate of the amount of money charlatans, and the law-makers of these States have which is taken yearly by the wily and unscrupplons; had the intelligence to give the citizens of their recharlatans of this State. In my presidential address, spective States that protection to which all civilized before the medical alumni of the State University communities are entitled. Can it be possible that our (extracts from which I have embodied in this paper) boasted intelligence is only a myth, and that after all I took occasion to refer to the "Medical Practice the citizens of Michigan are intellectually inferior to Act" of Illinois, and upon that subject I made the the people of other States? If it is the will of the following quotation from the writings of ex Governor people that we should, in the space of three years,

John M. Hamilton:

regulation. Incidentally it was educational. Pri- and school property in this great State of Michigan, maily the purpose of the law was to rid the State of then must we answer the question in the affirmative. incompetent, ignorant and dangerous mountebanks. But I, for one, do not believe it is the "people's and quacks, who were carrying on a fraudulent and will" that this condition of affairs should exist within nefarious business by all manner of deceit in a pre-the borders of our fair State. I believe the fault lies tended practice of medicine among the people. It elsewhere. I believe that if this monster were shown was to protect the lives, the health, the morals and to the people in a proper light they would rise up as the property of the people of the State from the shameless depredations of swindlers and adventurers who, by all manner of false representations and deceptive promises, were taking advantage of the mission on the people of the state from the one man and crush it. Can the fault be charged to our legislators? Can it be possible that the men who, by all manner of false representations and deceptive promises, were taking advantage of the mission of the people of the state from the one man and crush it. Can the fault be charged to our legislators? Can it be possible that the men who, by all manner of false representations and deceptive promises, were taking advantage of the mission of the people of the shameless depredations of swindlers and adventurers of the people of the shameless depredations of swindlers and adventurers of the people of the shameless depredations of swindlers and adventurers of the possible that the men who, by all manner of false representations and deceptive promises, were taking advantage of the mission of the people of the people

discussions and reports of cases. I doubt if this kinds, to still further injure their health, endanger

To me it is incomprehensible that in Michigan all Now, while our society has done much good work attempts to regulate the practice of medicine, to suphealth, the morals and the property of the people of In this great State of Michigan, in which we have that State from the shameless depredations of swinpay out to swindling mountebanks and quacks as "The Medical Practice Act was primarily a police much money as would pay for all the school houses fortunes of the people in sickness and ailments of all intelligence of our people? Or can it be possible that the majority of these legislators have venal mo- the same basis of calculation which applied to Illithe chief of a corporation of quacks spoke truly when 600 annually. he said he had "fixed the legislature and defeated." the medical bill, but that it took money to do it?" of money of which we have been robbed in ten years,

and that is, the State of Michigan has thus far ut-school houses, high schools, academies and colleges terly failed to grant to her citizens that protection of this State, even including our State University. from swindling mountebanks and quacks which she. Thirty seven and a half millions of money is equal is in duty bound to afford them. Michigan should to four times the cost of erecting all of the penal, learn wisdom from other States; and her legislators pauper and charitable institutions of Michigan, even should show that degree of intelligence which was including the three asylums for the insane. Thirtyshown by the legislators of Illinois, when they passed seven and a half million dollars would cover the cost the "Medical Practice Act" nine years ago. It is of erecting all the church edifices in the State. Onetrue, a pretence for a bill against quackery became a third the money which is annually paid to the quacks law at the last meeting of the legislature. This law would build and equip all the hospitals in the State, is an utter failure, and for the following reasons: and one-tenth of that amount would cover the cost First, it did not contemplate the prevention of quack- of maintaining these hospitals. One fifth of the ery within the State, because it was not intended money annually filched from our people by these that it should interfere with the nefarious business of charlatans would maintain a large free hospital in the quacks already here. Second, because all man-every town in the State having a population of 5,000 ner of men have been allowed to register under the or over. The money of which the citizens of Michlaw. We find that not only druggists and others igan are annually despoiled by these wily quacks who had not been heretofore engaged in practice, would pay the yearly salary of all the teachers and but still others, who thought they might desire to professors in our public schools, normal school, agripractice medicine at some time in the future, have cultural college and our State University. One half enrolled themselves, and in the eyes of our farcical the money of which the people are yearly robbed. law they are your equals. Third, the law is a failure because our legislators have failed to give them probecause it has not been enforced, except in a single tection from a horde of swindling mountebanks, instance. To-day the people of Michigan are as would more than pay the salaries of all the clergyfully at the mercy of the relentless charlatan as they men in the State. were a quarter of a century ago.

lation of the State has increased nearly one million. Michigan, within that time. To reduce the matter to a mathematical calculation, let us suppose that the average physicians will say, it is none of our business; if the amount of money which each of these swindling people are willing to be swindled by these fellows, it quacks succeeded in filching from his dupes was matters not to us; if the people will not avoid these \$2,500 per annum. By many this will be considered mountebanks, let the people suffer for it; if the peotoo small an estimate, for many of them spent money ple cannot choose between properly educated physilavishly in advertising their business. Now, multi-cians and those who are mere pretenders, they should ply the \$2,500—the sum which each obtained—by bear the consequences; if the people will not learn 3,000—the number of quacks forced to leave the to avoid the charlatans who put forth glittering ad-State—and we get the sum of \$7,500,000 which has vertisements, and who try to dupe them by all manbeen saved in one year. Let us again multiply this ner of false promises, they, the people, should pay by nine—the number of years the law has been in the penalty. I well remember hearing one physician operation—and we find that \$67,500,000 have been say: "So and-so's advertisement sends me many pasaved the people of Illinois by the passage of this tients who would not think of consulting a doctor law regulating medical practice within the State.

State. The population of Michigan is equal to one- philanthropic spirit, and they show such physicians half that of Illinois. Upon that basis we have 1,500, to be unworthy their noble calling. quacks in this State. Indeed, it is probable that the . The business of most physicians is unaffected by number is considerably greater. There are at least the presence of the charlatan, because the victims of t,500 men and women in Michigan who pretend to the latter are largely those upon whose imagination be physicians, but who have no qualifications for the and credulity he can play. One of the princes of profession which they pretend to practice. Upon this class of swindlers held forth in this city not long

tives in casting their votes when the interests of the nois, the people of this State have been robbed of people are at stake? And can it be possible that more than \$37,000,000 within ten years, or \$3,750,-

Thirty-seven and a half million dollars, the amount Let the fault lie where it may, one thing is certain, is three times greater than the entire cost of all the

I have said that few even of you had formed a The passage of the "Medical Practice Act" in correct estimate of the appalling condition of affairs Illinois forced about three thousand charlatans to which exists in this State. To me the study of the quit their nefarious business or leave the State. Af question has been a series of surprises, and in more ter nine years' experience with this great and good than one instance have I doubted my own figures. law, we see that there are nine hundred fewer physi- 1 am quite certain that few, or none of the laity have cians in the State of Illinois than there were when any correct idea of the extent to which a sort of lithe law was enacted nine years ago, while the populacensed robbery is carried on in this fair State of

Now comes the question of prevention. Many had not the advertisement frightened them." All Let us apply this mathematical calculation to our these things indicate a niggardly, uncharitable, un-

preventable diseases. So, also, our Board of Health, and adventurers," has done an invaluable service to our city, not the least of which has been the instruction of our citizens regarding the importance of sanitary measures, and the best means of limiting the spread of contagious

Who will say, then, that the medical profession, as a whole, not only those of the regular school, but also the homoeopathic brethren, should not unite as one hody of teachers, to instruct the people of this State regarding the importance of a law which, in EMERITUS PROFESSOR OF PRINCIPLES AND PRACTICE OF MEDICINE IN the words of Gov. Hamilton, "will protect the lives, the health, the morals and the property of the people of the State.' I maintain it is the duty of the medical profession to point out to the people the dangers which surround them. I maintain it is the bounden duty of every true physician to use the power that in him lies, to alleviate the sufferings and right the wrongs, protect the lives, the health, the morals and the property of his fellow beings, and to warn the community in time of danger. I believe. that this, the largest local society in the State, could render valuable assistance in bringing about a much of them the acute stage had been well marked, and needed reform in medical practice in Michigan. If the chronic condition seemed to be only delayed the Detroit Medical and Library Association would take the first step in enlightening the public, I think other medical societies would follow their example,

We should have a law prohibiting all non-graduates of respectable colleges from practicing medicine until they had passed a satisfactory examination before a State board of examiners, similarly constituted to the State board of examiners in pharmacy. After the enactment of such a law, no man, whether a graduate in medicine or not, should be allowed to commence the practice of medicine in the State until he had passed a satisfactory examination before the State board of examiners. Such a law is in force in Virginia, Mississippi, and other States, and it works well. Such a law tends to make medical colleges men. For my part, I would like to see a law in Michigan which would compel all candidates for a medical degree to go before a State board of examthe medical colleges in the State.

It may be difficult, it may even be impossible, for us to enact in this State a law which will afford the case. people all the projection to which they are entitled. but if we can arouse public sentiment upon this ques-

since, and he admitted to an acquaintance of mine tion, much can be accomplished. The public press that he "did not pretend to cure people," he "pre- is the great moulder of public opinion, and if we can ferred to humbug them, as it paid best." This wily call this powerful engine to our aid, we can accomquack must have robbed the people of Detroit and plish what we desire. As an evidence of the influvicinity of several thousand dollars in a few weeks, ence of the press we are reminded that one of the In every town in this State you will find physicians newspapers of this city actually drove out of existcooperating with the State Board of Health to en-ence the "Skuce Thomas" bogus medical college lighten the people, and trying to protect them from and diploma mill which began its nefarious business influences which tend to produce sickness and death. here a few years ago. If the public press of this city And to the honor of these noble men and true phy- and State will come to our aid, we can have enacted sicians, these true friends of humanity, who compose in Michigan a law which will rid her of her mounteour State Board of Health, be it said, they have done banks and quacks, a law which, in the words of Gov. much to enlighten the people, to warn them of the Hamilton, will "protect the lives, the health, the dangers which surround them, and to instruct them morals and the property of the people of the State as to the best means of guarding against many of the from the shameless depredations of these swindlers

ORIGINAL ARTIGLES.

A CASE OF CHRONIC PSEUDO-MEMBRANOUS BRONCHITIS.1

BY It. A. JOHNSON, M.D., L.L.D.,

Pseudo-membranous bronchitis is rarely met with. In making this statement I exclude the persistence of a diphtheritic bronchitis and croupous pneumonia, in both of which diseases the expulsion of false membranes may occur. It is, perhaps, not always easy to make an absolutely correct differential diagnosis of these cases. This difficulty rests upon the fact that (1) membranous inflammation of the bronchii of an acute character, such as diphtheria, may become chronic. I have seen several such cases, but in all convalesence. (2) Croupous pneumonia may certainly become chronic, but so far as my own experience enables me to judge, the membranous exudate, if present, disappears with the acute stage.

The literature of the subject is quite voluminous in titles, as may be seen by reference to the index catalogue of the library of the Surgeon-General's office, but the number of cases is small.

Among the cases reported in our own country, one by Dr. W. C. Glasgow, of St. Louis, in a paper read before the American Medical Association for the year 1879, is especially noticeable. In this article the author embodies the experience of several of the more prominent physicians of the United States.

Dr. Richardson, of New Orleans, "in a practice more careful in regard to graduating incompetent of nearly a third of a century " had "never encountcred a case of plastic bronchitis."

Dr. Geddings, of Aiken, South Carolina, had ' never met with a case." It should be remembered iners, which board should be entirely independent of that Dr. Geddings had a very large experience in lung troubles.

Dr. F. R. Porcher, of Charleston, had seen one

Dr. T. G. Simons of Charleston, had seen one

¹Read before the Chicago Medical Society, December 20, 1886,

case, and had known of three others in the practice of other physicians.

Dr. Jerome Cochran, of Mobile, says it is unknown

in that section of the country.

Dr. James H. Hutchinson, of Philadelphia, had seen one case.

Dr. H. I. Bowditch, of Boston, had never seen a

Dr. T. Parvin had seen no cases.

or heard of a case in that region.

consultation, two cases.

Dr. Austin Flint, Sr., had seen three cases.

seen one case.

of casts from five cases; cannot say whether he had If we exclude the cases of diphtheria extending to seen more cases.

Dr. Alfred Statle, of Philadelphia, sent report of

Dr. Maxwell reports one case.

few cases."

case.

Dr. Henry Gibbons, Sr., of San Francisco, had never seen a case during a practice of fifty years.

Dr. Charles Denison, of Colorado, had never seen

or heard of a case in Colorado.

Dr. Baumgarten, of St. Louis, reports one case. These facts collected by Dr. Glasgow in 1879, perhaps fairly represent the experience of the prothat these meager statistics of the practice of some of the most active physicians and careful observers hypothetical causes enumerated. by no means give a correct estimate of the relative frequency of the affection. I imagine very many derstood. There is an exudate which coagulates cases are never diagnosed, or if seen and recognized upon the surface of the mucous membrane. This is they are not recorded, and therefore lost sight of.

there are reports by L. H. Angel, Chicago Medical The membrane proper is not necrosed, but continues

Journal, 1859, pp. 501 to 504.

Society," Philadelphia, 1876.

Austin Flint, Sr., Medical Record, 1874.

phia Pathological Society," 187.4.

1852.

J. C. Reeves, "Pathological Society," Philadelphia, determines the formation of the plastic deposit. 1859.

York," 1866.

L. Smith, Medical Record, 1872.

1880.

E. D. Worthington, Canada Medical and Surgical Journal, 1876.

These, in addition to the case reported by Dr. Glasgow, comprise all the titles 1 am able to find in the United States and Canada. They evidently include also some of the cases referred to in the correspondence reported by Dr. Glasgow and briefly summarized above. In some of these cases it seems Dr. R. H. Fitz, of Boston, had seen four specimens to me there was simply an acute or diphtheritic inof easts. Does not seem to have seen the patients, flammation running its course in a few days and terminating in death, with such symptoms as are seen Dr. Geo. P. Andrews of Detroit, had never seen in the ordinary forms of diphtheritic inflammation.

Among foreign authorities the reports are also Dr. Roberts Bartholow had seen one well-marked meager. Eichhorst, in the last German edition of his work on special pathology and therapeutics, finds Dr. J. R. Leaming, of New York, had seen, in only 100 cases on record. The article in Ziemssen's Encylopedia gives a very clear statement of what is known as to the etiology and pathology of the affec-Dr. Gleitzman, of Ashville, North Carolina, had tion. Among other writers Cheyne thinks old age en one case.

predisposing; Valleix doubts this. Gintrae says that Dr. J. M. Da Costa, of Philadelphia, had specimens the larger number of cases are observed in adult life. the bronchii, this is true.

The male sex is predisposed to the affection according to most authorities. Enfeebled health from Dr. P. E. Robinson, of St. Louis, reported one previous disease, poverty, fatigue, exposure, are among the most common causes noted. Of course all these are so many synonyms for ignorance. The Dr. Samuel G. Armor, of Brooklyn, had seen "a cause remains to be discovered. It may be some local colony of parasites. The relation of this dis-Dr. Frank Donaldson, of Baltimore, had seen one ease to the ordinary forms of membranous inflammation in some of which bacteria are believed to be a pathogenic factor suggests this, and perhaps makes it probable.

The relations to antecedent disease are by no means constant; neither diphtheria, nor simple bronchitis, nor pneumonia, except in rare instances, eventuate in chronic pseudo-membranous inflammation of the bronchial tubes. Rugel says, "a special fession in America. I am, however, inclined to think predisposition, or the influence of some special unknown agency is always essential in addition" to the

The pathology of the affection is better unoften laminated by successive deposits. In the In the records of the literature upon this subject meshes of this coagulum a few leucocytes are found. to produce epithelium and the exudate is pushed off J. S. Cohen, "Transactions of the Pathological by the multiplication of this epithelium which in turn degenerates, becoming fatty and purulent. It seems also to be certain that while the mucous membranes J. H. Hutchinson, "Transactions of the Philadel-" do not become the seat of necrosis they do become the seat of morbid processes, possibly similar to that A. L. Payne, Stethoscope and Va. Medical Gazette, which in the endothelium of blood-vessels determines the formation of a thrombus, and which in this case

The patient in the case which I beg to report is P. G. Robinson, St. Louis Medical Journal, 1878. G. T. P., aged 37 years, a native of the eastern S. Rogers, "Transactions Medical Society of New shores of the Adriatic. The family history on both sides is good. He enjoyed good health as a child and during early manhood; at 17 had a suspicious sore, T. H. Streets, American Journal Medical Sciences, but apparently escaped any other manifestations of specific disease; was for several years a sailor, but abandoned that calling at the age of 25. Has been The breath sounds over the right side feeble, in every for some years keeping a saloon. Eight years ago other respect normal. Pulse 68, temperature 98.6, he gives a history of pneumonia involving the right. October 2. Had been doing well until yesterday, lung; was six weeks ill. His general health from when he again coughed up a large cast of a bronchus. that time was good, till in March, 1884, when he (I may remark that all of these which I saw were had cough with expectoration, but does not know were from two to four inches in length.) After this had pain in the right side, locating it in the mammary blood, but the hemorrhage not copious. The ergot region, this was not severe, but it continued more or had been stopped; he thinks he was better while less at intervals to the time of consultation. The taking it and asks to be permitted to return to it, cough and expectoration also continued during the spring and summer with, however, upon the whole a up; microscopically they consist of coagulated plasma slow improvement till four days before first seen, with a few lencocytes. Since the last date, October when he thinks he cought cold, cough became more 2, he had been taking balsam copaiba and oleores, troublesome and he spat up once only a little blood, cubeb, with the ergot. I was under the impression He consulted me on August 23, 1884.

pounds. He stated that he had lost his weight since on pot. iodid. 0.50 t. i. d. last winter; his appetite was poor; bowels torpid; urme normal in quantity but high in color; pulse 75, pot. iodid. and add hydr. prot. iodid. o.or t. i. d. temperature 99.3, respiration 17 per minute, sleep

dence of that disease.

the other; over the right side and especially in the spoonful in water three times daily. mammary region vocal fremitus exaggerated. Upon vealed bronchial expiration over superior portion of under the tonic. Bowels regular and sleep good. right side, front and back. Left side normal. Carsymp hypophosphites with hydrobromic acid.

continue the medicine.

in capsules, and to continue the syrup hypophos- 1.00 t. i. d. phites and acid hydrobromic. The diagnosis was ous bronchitis."

last visit, none since. Has had a great deal of pain with blood. No free bleeding and no casts. Has in the inter-scapular region, not more on one side some pain in chest, bilateral, and not marked at any than the other. At times very tender to the touch one place. Pulse 78, temperature 98, respiration at right of the eighth dorsal vertebra. This he de-normal. During the last week in January his wife scribes as a "soreness,". Has expectorated thin came, said that he was still coughing a little and that pieces of membrane since list consultation.

right side, or is the record says "no noticeable dif-containing 0.50 of the oil, three times daily, and to ference in the percussion noted on the two sides." This was one mouth after the first examination, when February 4, he was visited at his home. He has

"caught cold." At that time he was in bed ten days, probably from the first and second size tubes, and what was the character of the matter expectorated; there came what he describes as pus streaked with

October 17. The casts continue to be coughed that the copaiba had increased the plasticity of the I found him a well built man, 5 feet 7 inches in exudate. Keeping in mind the specific history in height, dark hair and eyes, weighing when well, 147 his early life I thought possibly that there might be pounds, but now evidently much reduced, 125 to 130 some lingering impression still. I therefore put him

October 25. Casts continue almost daily; continue

November 5, his wife comes to the office, says that fair, tongue coated. The cough and expectoration he has thrown off a large number of casts, and led him to fear phthisis, and the consultation was had each is followed by copious hamorrhage. Has conwith the expectation that there would be found evi- tinued to take the ergot, and is now a little better but weak; continues pot. iodid. and hydr. prot. Upon inspection the chest was found to be notice—iodid, and in addition R elix, calisage 450, and acid, ably flattened, but not more so on one side than on sulphur, arom, 50,00 grams, M, and take a dessert-

November 21, patient comes himself. Has been percussion there was found dulness over the whole better since last date. Has had no hæmorrhage, or right side, the left side normal. Auscultation re- but little. Still a few casts, appetite has improved

December 26. Has been doing well till recently, diac sounds normal. The diagnosis then entered in but is now evidently losing in weight and strength. the case book was a "pneumonia not completely re. Hem irrhages from chest and occasionally from nose. solved, with bronchitis." He was placed upon tonics, Appetite poor. Bowels regular, or occasionally diarrheea. This, however, does not persist. Has September o. Seventeen days later, he came again, lancinating pains in the abdomen, more in the epiand in every respect seemed to be better. No physical gastric region. Coughs up very few easts, and these ical examination was made, but he was ordered to very thin and delicate. Has taken now the hydr. prot. iodid. since the 25th of October, 0.01 three September 16. After quite a severe coughing fit times daily, and a part of the time 0.50 pot. iodid. and the expulsion of a mass of what was found to be. He has also taken, according to the amount of a cast of a large bronchus, he spat blood. The hem-hemorrhage, ergot at his own discretion. Stop both orrhage persisted, and he was ordered extract ergot ergot and hydr, prot, iodid, and take syr, fe, iodid,

January 9, 1885. Has been feeling better for the corrected so as to read "chronic pseudo-membran- last two weeks. Appetite fair, bowels regular, no more pains in bowels since change in medicine, September 23. Bleeding continued two days after cough less, expectoration mucus, occasionally tinged the expectoration was streaked with blood. I di-Physical examination. Find no dulness over the rected an emulsion of oleum terebinth, each dose

there was duli ss over the whole of the right side. expectorated no casts since December 26, 1884, but

PROFESSION AND PRACTICE OF MEDICINE.

last three days because of this pain.

Upon examination find the motions of the lower change with change of position; breath sounds indistinct, voice sounds exaggerated. Friction sounds of Lord Bacon, 'medicus natura' minister et interpres.'" distinctly heard over anterior portion of chest when patient lying on back; less so when patient is sitting last few weeks, I have seen the patient, and find him up. Diagnosed, pleurisy, question of effusion doubtful; a hypodermic needle was introduced with negative results. Chest was ordered to be painted with iodine. The turpentine was continued.

Dr. Frank S. Johnson, to whom I am indebted for the larger portion of these notes, had made this visit, and on his return from the patient, in the extreme northwestern part of the city, became seriously ill. I was unable to look after the patient, and I asked my friend, Dr. S. D. Jacobson, to take charge of the case. This was, I think, on the 5th of February, 1885.

I beg to add extracts from a letter from Dr. Jacobson, giving in a general way the further treatment of the case:

"As to my ideas about the therapeutics of this case I can be short. I am not troubled with an émbarras de richesse, but rather find my excuse in the old saw, simplex sigillum veri.

"The case was to me one of great interest, having never seen a similar one in twenty-five years of practice, and finding little or no mention of such cases in the books at my disposal. True, I have had one case of bronchial croup, which terminated fatally in a couple of days (a man about 48 years old). But your case had already been under your care and observation for several months before I saw him.

"During the earlier months of my attendance he was about the same as when you saw him, intensely harassing cough with dyspacea until relieved by the expulsion of greater or smaller masses of bronchial casts, which relief was generally paid for by severe hæmorrhages, which told on the little strength he possessed before, so that he not only dwindled down to a skeleton like appearance, but when able to sit up his legs would not support him, and his hands grew so weak that he could not for some time lift the spoon to his mouth. During the summer of 1885, he improved some, but the fall and winter reduced him below his former level.

"Having no authorities to guide me in the treatment of such a rare case, I applied the general principles to the best of my abilities. I had two indications before me, (1) indicatio symptomatica, and (2) indicatio morbi. As to the first class, I had in Priest. view the cough, dyspnæa, hæmorrhages, weakening of all the organs and functions. Those I tried to meet by the exhibition of solventia, expectorantia, narcotica, styptica et roborantia. As to the indicatio morbi I was more in the dark, knowing almost nothing about the pathology or etiology of this disease.

continues to cough sputum streaked with blood, and But I reasoned like this: Since our pathology seems occasionally very slight epistaxis. Is still taking the to drift more and more into bacteriology, it is but turpentine; thinks the cough is looser than when just that our therapeutics follow suit and be more in taking the iron. During the past week has had a the nature of bactericides and antiseptics. In this good deal of pain, intermittent in character, in the light I wish you to judge my prescriptions containing lower half of the right chest; has been in bed for such poisons as arsenic, iodine, bi-chloride hydrarg. and iodoform, which appear in many of them.

"I must confess that my success was a great deal right side restricted; on percussion, dulness over the more than 1 dared hope for, and though 1 firmly lower third of right lung, line of dulness seems to believe in the vis medicatrix natura, I also believe that a physician can be, and should be in the words

> During the summer of 1886, and again within the perfectly recovered.

4 Sixteenth Street.

THE PROFESSION AND PRACTICE OF MEDICINE

In Some of Its Relations to Human Society.

BY S. M. HAMILTON, M.D.,

OF MONMOUTH, ILL.

This is a subject of great width, in its entirety. The history of medicine may be very appropriately included in the investigation, as well as an almost interminable biographical account of its representative members. But at present we will only try to give a few suggestions: first, as to the mutual relations between the profession of medicine, as a profession, and the public; second, as to the true status of the individuals who pretend to practice it.

The healing art, as it is sometimes called, is so old that no one can tell when it originated. It is quite probable that, with the exception of the priestly office, and those occupations and professions growing directly out of man's physical wants, it is the most ancient of all. I cannot tell whether it was from the first a part of the priestly office to minister to the ilisof the body as well as the soul. But it is a fact that what we call the "historical era" found the profession and practice of medicine wholly in the hands of the priests. The Mosaic Law sets it down as a part of the priestly office, and the cure of disease through religious rites and ceremonies is a part of the Jewish creed. These rites and ceremonies, we are expected to believe, and do believe, were conditions to cure, enjoined by the Almighty. But curiously enough, coupled with them in all cases are certain things which the afflicted person must do for himself, to secure the result desired. There are instances, to be sure, of miraculous cure of disease, where the means employed seem to have no rational connection with the result. But, as a rule, there is laid down to the patient a set of rational sanitary laws, which he must observe just as rigidly as the religious rites of the

The rite of circumcision was instituted as a sanitary necessity, beyond doubt; and it was made a part of the religious code of the Jews, merely to insure its observance. The evidence is conclusive that venereal and syphilitic disease existed to a prodigious

¹ Read before the Monmouth Medical Club, October 6, 1886

found in the writings of Ricord or Hunter a more no exceptions to this rule. All are obtained by the vivid description of these forms of disease than that blessing of God upon human effort. set down in the Levitical law. Clearly this physico- works" occupies the same contemptible place in the religious rite was instituted for the purpose of con- cure of disease, which it holds in the salvation of the trolling and restricting (as it does to some extent) soul. In both cases "faith without works is dead." the spread of this terrible disease, which we now call

syphilis.

reveal to his chosen people the knowledge of drugs and conferred the gift upon certain of his followers. useful in medicine and the different modern surgical. Evidently it was the purpose to convince the wicked We only know that he did not. I presume that, in sympathy for human suffering. But the Great Physithe plan of the universe, it was best that man should cian and his coadjutors have retired many ages ago, be required to do for himself everything which lay and left us to cure our own diseases, and even to within the compass of his own powers of mind and work out our own salvation, with fear and trembling. body. Considering the status of the healing art in I know of no promise of the salvation of the soul these far off days, and for many succeeding ages; the without the concurrent work of the soul itself. prominence which faith in mere forms, and otherwise

which he is required to provide for his natural wants, medication be a failure. Food and raiment come to him by the "sweat of his" has set upon it. Even spiritual blessings, and all of the rays of light, and transmitting to a background

extent among the ancient Jews. There cannot be the many things affecting the immortality of man, are

I do not lose sight of the fact, for it is a fact, as well authenticated as anything in history, that the God-I do not know why the all-wise Creator did not Man, whilst on earth, miraculously healed the sick, appliances, for the relief of his suffering children, world of his divinity, and to show the depth of his

The mission of the medical profession, in the minds meaningless ceremonies, held in the cure of disease, of many good people, is to discover and present to it is easy to discover the key to many problems in the world a set of specific remedies for all the ills mental philosophy which have sorely puzzled some of of the human body. That disease is a fixed and us in modern times. Mental lopsidedness is a sub- unvarying quantity, is assumed. The truth is that, ject of heredity as much as an ill-shaped leg or a even in most cases of what we call "acute diseases," crooked nose. Mental characteristics of any and the causes have been operating for months, perhaps every kind descend in long lines from parents to for years, and the exact form of local manifestation children, quite as often as physical peculiarities of was brought about by some seeming trivial and soform. It is not wonderful, then, that exaggerated called accidental circumstance, such as exposure to ideas of the power of "faith without works," charms cold, or great heat, or exhausting fatigue. although and meaningless ceremonies, and superstitious rites, the remote cause had been operating in the general as agents in the cure of disease, should have been organization for months or years. In cases of death bred into the mental and moral texture of the race, from local disease, post-mortem investigation often We see every day intelligent men, who manage establishes the fact that not one, but several, sometheir family and pecuniary interests, their political times all of the vital organs, were implicated, making and religious affairs, with the utmost sagacity and it difficult to tell, even by careful examination, which good common sense. In these, as in every other was the original and which the secondary affection. thing touching their duties to God and man, they Disease in general has been defined "a deviation will be satisfied with nothing less than a good sound from health." A good definition, as a short answer reason for the adoption of any proposed line of con- to an apparently plain question, but utterly worthless duct. Not all, but many such men, when brought as an answer to an abstract question. It would have face to face with disease, in themselves or in their perfect mathematical correctness, if the term health friends, are satisfied with nothing that looks like could have a fixed, standard value. But it has not. reason. Something supernatural, something outside Really, what is health in one, is a condition of disthe domain of human reason, alone will satisfy them. ease in another; and as no two human faces, nor no In their mind "the seventh son of a seventh son," no two human voices, are exactly alike, so are there no matter how ignorant or inexperienced, has peculiar two human organizations whose physical construcadaptability to the cure of disease; that this or that tion, or whose organic operations, are exactly alike. individual is endowed by the Creator with the power. The definition is true, but it must be restricted to the of healing by touch of the hand; that faith, and not single physical organization in question, and no other. works, is the healing power for all earthly diseases. So long as mankind is born into the world with di-The "prayer cure" of disease is one of the dehisions verse temperaments, and hereditary weaknesses and which seems to have fast hold of the convictions of hereditary vigor peculiar to themselves; so long as many good ignorant people. If there is one thing some are rich and some poor; so long as vice and clearly taught in revelation, and shown by the light crime walk side by side with honesty and virtue; so of experience and reason, it is that God helps those long as ignorance and filth shall have their kingdom who help themselves. He has given to mortals within the kingdom of intelligence and cleanlinessbrain, bone, and brawn, by the proper exercise of just so long will the treatment of disease by specific

The natural sciences as applied to the investigation face." Every material good, every creature comfort, of disease are of immense value, but their usefulness every intellectual pleasure or triumph, is obtained only is bounded by barriers which they cannot pass. As in one way—by paying the price, in human effort or an illustration, take the human eye. It is a purely human anguish, which the God of nature and grace physical machine, for appropriating and condensing

the color, shape, and comparative size, of objects pily, do not always lack wayfarers to walk therein. within a certain radius. Its construction can be ex- But as honest practitioners of a legitimate calling, actly imitated. The form, size, and function thus far, so long as we worthily represent that calling, we do can be produced artificially. At this point physical not beg for, we demand, and generally get, respectscience halts, very far indeed from the goal of com- ful consideration. plete enlightenment. To all appearance it is an eye in form, size, color, weight, all perfect in reflection, members of our profession, that we find in it many refraction, and condensation of light, but it cannot who are dishonest and unworthy. All professions see. What we call "vital force," "vital agency," in have them; the clerical, the legal, the medical; and the animal economy, is beyond the piercing ken of I have heard that there are a few bad men outside of physical science, and ever shall be, so long as the all these. Humanity is weak, and imparts the odor intellect of man is fenced in, and besmirched with of mortality to everything he touches with his foul the mire of this world, and its imperfect life. A and feeble hands. The contest between virtue and great teacher (I believe Sir Everard Home), in lec- vice, in high places and low, is the business of the turing to his class on the human stomach, says: race, so long as it inhabits this planet. The contest "Some have called this organ a retort, some have is long, the progress slow, but sure. Our profession called it a galvanic battery, and some have called it should do, and I believe is doing well its part toward a mill. Gentlemen, it is none of these. It is a stom-the great result. Every one should add his mite, ach." I know of no three lines in medical literature first in self-improvement and self-culture to a higher more suggestive of broad, comprehensive truth than plane of personal and professional position, and next these.

degree all of these physical machineries; but, as in great poet says: the case of the eye, above and beyond all these there is the vital power, so-called, which utilizes all, and without which they are but useless appendages to the human body. The machinery through which for any article of commerce, good or bad, will create this vital force acts is of itself exceedingly complex. a supply equal to the demand. It is true of the Most organs of the body have yielded to the anatomist and physiologist the secrets of their functional mand in community for any species of crime, and life. Others, after ages of painstaking investigation, criminals are ready at hand for their perpetration, for are imperfectly understood, or not at all, to this day. a "consideration."

Let us be modest. Let us claim for ourselves just what is our due and no more, a place in the "repub- of the age, and the boasted Christian civilization of lic of letters." Not a science, strictly speaking, but this nineteenth century, than the criminal disregard a department of human learning of which we may of human life which pervades society from top to well be proud, gaining, ever gaining, in the strength bottom of the social scale. I do not allude to the and power which increased knowledge gives. The best-nightly brawl over the wine cup, or the midnight and work of the physician of to day is to try to discover stealthy murder for money or revenge, or the many the causes of these deviations from health, make all ways in which men are done to death by knife, or possible efforts to remove or avoid them, and when builet, or poison. These are bad enough and plenti-

claims of our profession upon the public. The old obliquity which ignores the responsibility of the parent satire about the attorney pleading his own cause will for the lives of unborn children, is the most discourno doubt suggest itself to you at once. But the aging and alarming feature of this age. Unlike other pungent epigram loses its force, when applied to us. crimes against God and society, it seems to grow We have no beggar's petition to offer, and will not rather than diminish with increasing intelligence and tax the benevolence of the "dear public" by asking refinement. We hear a great deal of talk now-a-days gratuities. We ask the public to treat us as we try about the restricted sphere of woman, the rights of to treat disease, each one on his own merits. It is woman, the little power she has, compared with what their right, and their duty, to scrutinize with the she ought to have, woman suffrage, etc. I am aware greatest care the conduct, professional and personal, that this subject should be approached cautiously, as of any man, presumably cultured, occupying a place becomes the worldly wise, for these dear creatures, of responsibility in which are wrapped up, very often, despite their own assertions to the contrary, have a their nearest and dearest interests. It is their right mighty influence for good or evil, and they are not and their duty to mark with the broad brand of con-backward in their resentment of real or fancied indemnation every failure short of professional integrity juries, and encroachments upon their rights. We and personal honor. As a profession, we have no will venture to suggest, very mildly and with the proright to demand favorable recognition at the hands foundest respect for true womanhood wherever found, of the public. Profession of angelic purity often that women would do well, first, to discharge the times covers from human eyes a heart and a secret duties pertaining to the rights they already have, life black with crime. In this great and beneficent before demanding so loudly a more extended sphere.

It should not be a discouragement to the honest to the improvement of our fellows. If we can do no The operations of the stomach simulate in some more, let us put ourselves in the right, and wait. The

"They also serve, who only stand and wait."

It is a maxim in political economy, that a demand moral as well as the political world. Create a de-

I know of no deeper disgrace to the intelligence his case is incurable, to alleviate what he cannot cure. ful enough for thoughtful consideration, but not prop-I had thought of saying something as to the crly within the scope of this paper. The moral profession of ours there are dark paths which, unhap. In the scramble for their own rights, so-called, let

them not forget the rights of their own children, The bulk of our increase is from the poor and departy, in the production of criminal abortion, is gen-duties, by their less favored sisters. crally the mother, cannot be successfully denied. Not always the first proponent of this measureless civilized world cannot show anything more curiously crime, but a consenting party to it, she is always. It absurd than the English law on this subject. Up to is with unspeakable sorrow and regret that we are about ten years ago, the production of an abortion forced to the conclusion, after much observation, that previous to the fourth month of utero-gestation, was she is, as a rule, guilty from first to last. The most in law merely a "misdemeanor," punishable by a ridichumiliating and discouraging aspect of the case is, ulously light fine. After that time (which they called prevalent among the cultured and religious people of "murder," and invoked the death penalty on proof of not only the widest sphere of action within the ca- in palliation for such men? pacity of any human being, but one which secures must be awarded.

mental vision which will not see, be the light ever so sassin for a pitiful sum of money. clear; and a perverted moral sensibility and recklessceaseless persecution. She goes on in her evil way, there for the educated physician? stifling the pleadings of her own better nature, and the almost irresistible conclusions of her reason, demay,

"She is convinced against her will, And of the same opinion still."

which they, of all others, should be vigilant in pre-praved classes, and from the foreign population. It serving. And the first and most important of these is a shame to American civilization that our educated is their right to be born. That the primary guilty women must be outdone, in this highest of all moral

I suppose that the criminal jurisprudence of the that this crime against God and nature is much more the period of quickening), the same act was called the country, than among the ignorant and depraved. guilt. It may be that this absurd law, based upon As a rule, the uneducated mother, untransmelled by imperfect physiological knowledge, had much to do the bonds of fashionable life, and its dissipations, with misleading all English speaking peoples as to hearkening to the voice of God speaking to her the time when responsibility for human life begins. through her maternal instincts, loves her offspring. In the light of what we know now of the laws of life, and cares for it to the best of her ability. It is not it seems strange that any one should be misled in the held that mental culture, wealth, and high social matter, law or no law. Be the causes what they may, position, are necessarily productive of the moral of a certainty the minds and consciences of our peoobliquity necessary to the commission of this great ple are featfully warped out of the straight in this crime. Nor is the indictment against the class with direction. A large and steady demand for the serout exception. I do know that of these, there are vices of the abortionist is created, and the supply to very many of the best of mothers, who put first and satisfy it is, of course, not lacking. It is hard, but foremost of all the duties of life the care and proper we must admit the disgraceful fact, for it stares us in rearing of the children which God has given them, the face at every turn, that this demand is largely whose lives are blest each day by duties well per-filled from the ranks of the educated practitioners of formed to this end, who recognize in the home circle medicine. Is there any plea in justification, or even

Thus stands the case. He pretends to practice an to them the best possible field for a useful and happy, honorable profession, stands well in society, perhaps life. Nevertheless, it must be conceded that to this, well in the church. He has studied and understands class of people, namely, the educated, refined, reli- the physiological principles involved. He knows gious and fashionable, a very large measure of guilt that, from the instant of conception, the subject of it is just as much a human being as it ever is afterward; While it is true that the impulse to this crime is that it is, from that instant, as much the subject of often the offspring of ignorance of its true signifi- responsibility as it ever can be, and that to interfere cance, and a plain relation of the facts is all-sufficient with the development just begun is deliberate murto convince the judgment and regulate the action of der, and if done or connived at by him, a sin against the deluded mother, I but state the facts in the expert the clearest light and knowledge. In place of acting rience of every physician, when I say that in an the part of an educator of the ignorant as to their astonishing number of cases, his pleadings and demoduties, and refusing to be a copartner in their guilt. onstrations will be met by cars that hear not, and a he assumes the position and function of a hired as-

It may be said by way of excuse, that many women ness frightful to behold. Reason and entreaty are who commit this dark crime, know not what they do. thrown away upon such, and she invariably rewards. They are ignorant or thoughtless as to their true reher faithful medical adviser with undying bate and sponsibility to an unborn child. But what excuse is

It is not just to arraign the medical profession as a whole, for the misdeeds of these unworthy members. liberately taking upon herself a load of remorse and From the American Medical Association down to the vain regret which will stick to her, like the shirt of smallest local societies, the profession collectively Nessus, to her dying day. Reason with her as you has borne the strongest testimony and adopted the strongest official declarations against this crime. It must be confessed, however, that among the honest and true members of the profession there is a lack of This and other disgusting expedients, aimed at what courage in confronting this evil; a kind of moral cowis called very mildly, control of population, have all ardice which prevents him, for fear of losing patronready told disastrously upon the natural increase of age, from exercising his whole power and influence as this best class of society. It is so pronounced as to an instructor and mentor to the ignorant and thoughtexcite the alatin of thoughtful men all over the land, less. I do prefer to attribute a very large part of this great crime to ignorance, rather than to out-and out it, covering that portion of the wall of the pharynx wickedness. And for this lack of information I hold corresponding to the side with the affected ear, if but the right-minded, honorable members of the medical one car is diseased. When the patient clears the profession largely responsible. They are the natural throat the evacuated secretions are forced into view and proper teachers of the community on this and upon the column of the fauces. Sometimes after exkindred subjects, and I honestly believe, and am pectorating the discharge a peculiar, disagreeable sorry to believe, that they have but poorly discharged taste is left on the tongue. It has been compared to their duties.

We must be missionaries, devoted to the cause, until this heathenish darkness is dispelled, and this heathenish practice driven from our fair land. Above; all, let us all do our best to educate the head and the heart of that fairest and most lovely of all God's creatures, the American girl, so that she may avoid this soul destroying crime against God and her own flesh and blood.

NOVEL METHODS OF TREATING DISEASES OF THE MIDDLE EAR.1

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In diseases of the middle ear, attended with increased and perverted secretions, the surgeon often feels the need of methods more effectual than the old ones for evacuating this cavity. Serum and mucus may be absorbed if they are not too abundant, but in frequently recurring attacks of sub-acute inflammation, such as occur in persons subject to nasopharyngeal catarrh, nervous coryza, etc., the secretions are so profuse and attacks follow each other in such rapid succession, at certain seasons, that the middle ears contain mucus for periods of considerable length. Absorption may not occur after one attack before another supervenes. Unless these secretions can be removed, progress toward recovery is impeded, and the hearing is seriously impaired.

Instead of relying solely on the old methods of evacuation by injections into the middle ear, paracentesis of the membrana tympani and inflation, I have employed a treatment so simple that patients may practice it unaided. I have never seen such a method published, but I believe that its beneficial effects in a large class of cases entitle it to a place in aural therapeutics. This method is the reverse of the Valsalvian experiment. The patient closes the mouth and nostrils and exhausts the air in the nasopharynx by a strong inspiratory act. This causes the ejection of the column of air and the secretions from the Eustachian tube and tympanum into the pharynx. The success of this practice becomes apparent in several ways. On evacuating the middle ear one experiences at first the subjective sound of rushing air, followed by the sensation of a movement inward of the drum head and ossicula. These sensations are accompanied with crackling sounds, comparable to fine mucous râles. After the discharge has entered the throat it may be seen on inspection with the rhinoscopic mirror, and sometimes without

a metallic taste, when I have found a mixture of mu-We cannot dodge our responsibilities in this mat- cus and pus escaping from the tube. After removing the discharge the patient is directed to swallow, or practice the Valsalvian experiment, whereupon the air re-enters the middle car and restores the equilibrium of atmospheric pressure on both sides of the drum head. A sense of relief from pressure, and increased hearing distance, follow. One should not inflate the middle ear too soon after practicing this method, else the tube and tympanum may not be emptied completely, and the entrance of air through the tube may force some remaining fluids back into the tympanic cavity, where they will be retained until the next treatment. That the discharge does not emanate from the nasal cavities is apparent from the rhinoscopic examination, and from the fact that it occurs when there is no concomitant haso pharyngeal catarrh, and the peculiar taste is experienced only after each evacuation of the ear. When the contents of the tympanum are of too great consistence, or too tenacious, to pass readily through the tube, we may liquefy them by injections of warm water solutions of salt or soda, so as to render their expulsion possible.

There are cases in which this method is impracticable owing to resistance in the tube. Its walls may participate in the tympanic inflammation and become so swelled as to close the passage into the middle ear, or the walls of the tube may be agglutinated together by adhesive secretions. Yet after ineffectual attempts, success has often rewarded repeated efforts, and a threatened rupture of the membrana tympani has been averted. A short, spasmodic effort may not suffice, when an inspiratory act, prolonged for the space of five or ten seconds, may succeed. If it does not, the surgeon may diminish the resistance to the passage of air through the tube by the use of astringent Eustachian bougies, or washes, when the occlusion is due to swelling of the walls. When the stoppage is attributable to the presence of secretions, the following method may be resorted to: A vulcanite syringe may be introduced into the Eustachian catheter in situ. Gentle traction may be exerted with the piston rod so as to suck the contents of the tube into the catheter. By this means the tympanic cavity, as well as the tube, may be emptied. The curve of the distal extremity of the catheter should be so adjusted that the axis of the beak shall correspond to that of the tube. Otherwise the part of the tube impinged upon might be drawn into the opening of the catheter, which would prevent the escape of fluids and occasion some irritation. The syringe should be easily manageable with the thumb and fingers of one hand, and the piston should fit the cylinder perfectly, to insure success. A Politzer air balloon, without a valve, may be substituted for the syringe. The air bag, exhausted by compression,

¹ Read at the Annual Meeting of the Illinois State Medical Society.

ance in the tube has been overcome by this means certains the degree of its mobility. the more simple method will probably succeed.

the middle ear with proliferation of the mucous tisand the ossicles partial anchylosis in the chain of bones and retraction of the membrane. By repeatedly alternating this method with the Valsalvian or the Politzer method of inflation, the air is alternately rarefied and condensed in the middle ear. The effect of this practice is to cause, by rarefaction, a movement inward of the drum head and motion in the articulations of the ossicles with each other, and evident that by this means the bands of adhesion are stretched, and perhaps divided, and stiffness of the joints is prevented or modified. I employ this treatment on the principle that motion prevents or overcomes anchylosis, as one sees demonstrated frequently in general surgery. It has an advantage over other methods in that patients are able to practice it unaided by a surgeon, and catheterism can be omitted. These are important considerations in the treatment of sensitive and fastidious or indigent patients. If they are unable to inflate the middle ear ing distance rapidly increase when no other treatment. than this passive motion was employed. It is apparent that as the freedom of motion is restored in the sound-conducting apparatus it becomes possible for it to respond to sound waves, to the vibrations of which it was not before susceptible.

When this method is not successful, on account of an impermeable tube, I have resorted to another

may be applied to the catheter and allowed to ex- object I use Siegle's pneumatic otoscope. The adpand, thus causing a vacuum in the catheter, to fill vantage of this instrument is that the surgeon inwhich the secretions vacate the tube. After resist-spects the drum head during the treatment, and as-

In closing, I will briefly describe one other method When the inflammatory process extends to the of treatment, which I have never known any other mastoid antrum and cells, and they are filling with surgeon to use. I employ it for the purpose of apsecretions, it will be readily seen how much more plying various medicinal solutions to the walls of the rational these methods are than that of inflation, external auditory meatus, tympanic cavity and Eus-The latter practice forces the discharges in the distachian tube, without the aid of the Eustachian cathrection of the mastoid cells, while the methods which eter. If the middle ear is discharging pus through I propose withdraw them from that locality. In the perforated membrana tympani into the external deed, when there is no concurrent mastoid disease, meatus, these cavities are thoroughly cleansed. Then, it need not be emphasized that the act of forcing the patient's head being inclined to the opposite the unhealthy secretions from the tympanum into the shoulder, the meatus is filled with the warm solution. healthy mastoid cells is performed at the risk of in- The patient is then directed to exhaust the air of the ducing a grave complication. Either of the methods middle ear by practicing the experiment I have al-I propose is easily practiced, the one by the patient ready described. This effects the evacuation of the himself, the other by any surgeon who has had some fluid in the external meatus through the middle ear experience in manipulating the Eustachian catheter. and Eustachian tube into the nose or throat. In The first method is also applicable to a different those cases where the Eustachian tube is patulous class of cases from those previously mentioned. It this is accomplished with little effort by the patient, is serviceable in chronic catarrhal inflammation of and the tympanum and tube are thoroughly treated. In this manner 1 have used solutions of boracic acid, sue, bands of adhesion between the tympanic walls zinc sulphate, carbolic acid, mercuric bichloride, etc., with the happiest results.

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MEDICAL PROGRESS.

A New Micrococcus as the Pathogenic Agent of the toot-plate of the stapes in the fenestra ovalis; of Infectious Tumors; its Relations to Pneuand, by condensation, the reverse movement. It is MONIA.—Dr. MANFREDI has recently made some researches in regard to the pathogenic agent of morbillous pneumonia in the case of two persons dead of measles complicated with pneumonia. topsy could be obtained, and the experiments were made with the saliva, the lachrymal secretion, and scrapings from the skin. The following is a résumé of the results obtained:

In the two cases the sputa contained constantly, and independently of the pneumococcus of Friedländer, a specific microccoccus endowed with very pronounced pathogenic properties, to which he gives by the Valsalvian method, they can be instructed in the name "micrococcus of lymphoma or progressive the use of the air balloon. I have observed the hear-granuloma," which, when inoculated on animals, gave rise to particular pulmonary lesions analogous to those of pneumonia. From the lack of necroscopic examinations and on account of the small number of cases on which the researches were based it is not yet possible to say what part this microbe plays in the pathogenesis of secondary morbillous pneumonia.

The micrococcus has an ovoid form, is often seen as device which does not depend for its success on the a diplococcus, and measures about 0.5 u. It develops condition of the Eustachian tube. I use a rubber tolerably well in all the common cultivating media, tube of suitable calibre and length to fit into the pa- and the growth of the cultures is very rapid when air tient's external auditory canal and extend to the is freely furnished. On thick gelatin, on which month. By alternately rarefying and condensing the typical cultures are obtained, the colonies are preair in the external meatus he obtains the same move-reented as discs, first thin and of a blue tint, then ments in the conducting apparatus as were performed thicker and of a pearl gray color, with excavated in the former experiment. To accomplish the same borders and almost always a nacred reflex on the

The growth and multiplication of this forms: a transitory and a more permanent.

chiefly exerted upon the respiratory apparatus. This gases which are incorporated with it. virulence is endowed with a capacity of resistance tion to a marked degree.

tumefaction of the parenchymatous organs, princi- and the rapid downward course of the disease turned tumefied organs were studied with gray or gravish- regards the patients treated by me during the past lungs contained the characteristic lesions of a more July are confirmed and generalized. The phthisical or less extensive pneumonia, even in the stage of patients whom I considered cured no longer have hepatization, even when the inoculation was made in expectoration; and on auscultation there are only specific micrococci, and are infectious.

This new micrococcus usually leads an intra ished, in fact amounting to almost nothing now. cellular existence, and its pathogenic action consists in provoking caseous necrosis of the parenchyma of is certain that they render hematosis more easy and the cellule. More rarely they are found outside the more complete. They cause a sensation of well-becellular elements, and very exceptionally in the vessels. In the foci of degeneration and necrosis developed about it this microeoccus is not killed, for it of carbonic acid gas for this purpose: can exist in a state of great rarefaction or dilution of the elements necessary for its existence.

The pathogenic action of this schizomycete is ex- tine the infection and the most favorable medium for the any disorder. development of the infectious agent. When the tissue there is formed, at the seat of the inoculation, a nodule which often grows very large, and which is ter the bowel, as it will cause meteorism and entermade up of a plastic exudate on the way to casea- algia. tion. It is in the centre of this nodule, which is the disseminated inflammatory nodules; and thus the December 4, 1886.

Gaseous Rectal Injections in Respiratory micrococcus causes a very marked rarefaction of the DISEASES.-M. CORNIL read a communication on cultivating medium. In studying the influence of this subject at the meeting of the Académie de Médtemperature and dryness on the cultures, it was ecine on October 19, 1886. The principles of the found that the micrococcus develops in two distinct action of gaseous injections and their rapid elimination by the lungs, as given by Cl. Bernard, who Inoculation experiments were made on dogs, rab. showed that when sulphuretted hydrogen was injectbits, guinea pigs, mice and birds. With the excepted into the recta of animals the gas was eliminated tion of the last, which succumbed to what seemed to by the lungs; and he showed that it may be thus inbe blood-poisoning, all the animals presented only jected for a long time without causing accidents, one form of pathological manifestations, which was while its introduction through the natural air pasmost clearly seen in the rabbits and guinea pigs. Of sages causes serious results. This gas, however, is a total of 80 animals experimented upon only four not well tolerated by the intestines. Carbonic acid were refractory and escaped fatal consequences from gas, on the other hand, is well tolerated by the recthe inoculations. The micrococcus possesses very tum and large intestine; it is rapidly absorbed, and pronounced infectious power, which seems to be eliminated by the lungs with the medicamentous

In July M. Bergeon published the results obtained which is remarkable, persisting in the cultures for in the treatment of pulmonary phthisis by rectal inseveral months, and resisting successive passages jections of carbonic acid gas charged with medicathrough the animal organism, as was shown by series mentous substances. He now gives his further reof inoculations on the animals. It resists dessica- sults. Physicians of Lyons, Paris, Geneva, and Marseilles, who have treated phthisical patients by As a rule the animals died from the seventh to the this method, have generally obtained the result of twelfth day. At the autopsy there was enormous seeing the signs of pulmonary suppuration disappear, pally of the spleen and lymphatic ganglia. The towards a state of health which promised cure. As yellow nodules. Independently of the nodules the two years, I can affirm that the results announced in the subcutaneous cellular tissue. The nodules be the dry stethoscopic signs of cavities or of cicatricial longed to the class of granuloma, or infectious tumors formations from old lesions. Some of these patients with granulations. They usually go on to calcifical have to work very hard, and undergo excessive faition, which begins at the centre; they contain the tigue, but the improvement has been steadily maintained. The expectoration is very markedly dimin-

> Whatever may be the action of these injections it ing which is accompanied by an increased power. M. Bergeon gives the following directions for the use

1. The gas should be as pure as possible, so as not to make a disagreeable impression on the intes-That which is obtained by the reaction of dierted principally on the lymphatic system, which lute sulphuric acid or bicarbonate of soda is always represents at the same time both the port of entry of perfectly absorbed by the intestine without causing

2. The gas should be collected in a receptacle latter is inoculated into the subcutaneous cellular previously completely freed of air; and the tubes of the apparatus should be so fixed that no air can en-

3. The injection should be made before a meal, centre of a violent inflammation, that the lymphoid or three hours after. The instruments should be so cells are penetrated by the micrococci, and thence made that the physician may accurately gauge the transported to the lymph vessels in the vicinity, amount of gas thrown into the intestine, and the Along these vessels there are formed a series of small amount of pressure exerted on the intestinal walls.

Great care should be taken with regard to the whole system is infected.—Gazette Med. de Paris, medicinal substances used; turpentine, chlorine, ammonia, iodine, bromine and ether cause inflammation of the intestinal mucosa.

cine, No. 42, 1886.

Treatment of Prolapsus Ani in Infants.—Dr. BETZ. of Heilbronn, relates in the Memorabilien, 1886, Heft 4, the case of an infant five months old which had been afflicted with prolapsus ani for five weeks. Cold water enemata, ice suppositories, dusting with pulverized alum, tannin locally and internally, opium, bromide potassium, and even injections of ergotine had been employed without benefit. The little patient was in a deplorable condition, greatly emaciated, covered with large and small boils, and intertrigo; it was incessantly straining and crying. The prolapsed bowel was a livid, conical plug, 512 cm. in length; it was readily reduced, but pressure being removed it was shot out again by the straining of the child. Profiting by a knowledge of the treatment previously used, he at once determined to resort to nitrate of silver applications, but as the application of the stick caustic always acts unequally on the mucous membrane, and may result in ulceration, he made a solution of argent, nitr. 1.0, sulphuric ether 5.0, alcohol 25.0. This solution, though it AULT, of Paris (L'Abeille Med.), has often employed gives rise to some smarting, can be evenly and equally applied and enters the tissues to a considerable depth. The prolapsus was thoroughly painted with the above solution, and even after a few minutes it became paler, began to shrink, and could be reduced more readily. To act on the upper portion of the mucous membrane a small piece of alum was introduced high up into the rectum. To prevent the bowel from slipping down, and to exert continued pressure on the anus, the nates were firmly pressed together and held in this condition by three broad strips of adhesive plaster, which were applied on either side, running from the anterior surface of a thigh across the seat to the opposite anterior surface of the abdomen. The next object was to stop the come on after a short time, and resorting to it early tenesmus and to prevent defecation, which was accomplished by keeping the child slightly under the narcotic influence of opium, and restricting its diet to small quantities of milk and water. The tenes-; mus stopped at once, and flatus was freely passed in twenty four hours. The dressing was reapplied after Betz, though he is inclined to attribute much of sults. - Lancet, Nov. 20, 1886.

Dr. Chantemesse has used this method at the St. the rapid success to the application of nitrate of sil-Antome Hospital for three months, with the follow- ver, claims that the combined treatment carried out ing results: Attacks of asthma cured by injections by him is entitled to the credit for the same, and of carbonic acid gas charged with sulpho-carbonated would in a similar severe case not do without the vapors. In some of these cases the effect was quickly adhesive dressing, the opium, the restricted diet and seen during an asthmatic attack. Pulmonary tuber- the alum suppository, in addition to the nitrate of culosis was treated with the same mixture, and with silver application, while in a milder case nitrate of excellent results.-Bulletin de l'Académie de Mède- silver, opium and restricted diet would be sufficient for a cure. No relapse occurred.

> Regeneration of the Spleen after Extirpa-TION.—A. ETERNOD reports an experimental case on a fox, four months old, from which the whole spleen was removed. It died 161 days after the operation, and the autopsy showed the following peculiarities: 1. Partial regeneration of the spleen, consisting in the new-formation of a splenic nodule, having anatomical connection entirely different from those which supernumerary spleens have under ordinary circumstances. 2. A new formation of ordinary tissue in the ganglia and Peyers's patches, in the adipose tissue of the mesentery, and even in the hepatic lobules. Transformation of the ganglionic parenchyma, old and new, in the splenic parenchyma. 4. Diminution in the quantity of the blood. 5. Increase of the adipose of the mesentery. These results agree, in a general way, with those obtained by Tizzoni, Griffini, and others in experiments on the dog.-Revue. des Sciences Med., July, 1886.

> To Break Up a Hysterical Paroxysm.—Rufirm and continuous compression of some superficial nerve. The supra orbital nerve is especially adapted for this purpose. The patient's head being firmly held between the hands of the physician, he places his thumbs on the inscisura supra orbitalis and makes gradually increasing pressure. The effect is said to be as follows: The patient begins to contract her facial muscles as if in pain, gives vent to short screams, makes four or five short inspirations, the thorax remains fixed in inspiration, the dorsal and nuchal muscles contract to hyperextension of the spine. Now a deep expiration takes place, the muscles relax, the paroxysm is over. The pressure may have to be repeated, as a new paroxysm may may intercept the attack. The sooner the paroxysm comes under treatment the more rapidly will it be broken up by the maneuvre. - Memorabilien, Heft 2, 1886.

NEW OPERATION FOR PROLAPSUS UTERL.—A Mextwo days. No prolapse occurred. The anus was ican medical journal gives an account of an operacleansed with a wad of cotton steeped in carbolized tion practiced by Dr. Malanco for the purpose of oil, five per cent., and a piece of alum was again forming a kind of false uterine ligament in cases of inserted. The anus was found drawn into folds and prolapsus. It consists in passing a trocar from the contracted. After three days a new dressing was anterior vaginal fornix to the abdominal wall (taking necessary. The gut being slightly prolapsed, was care, of course, to avoid the bladder), and in applytreated with the stick caustic. Two days later the ing the actual cautery to the track by means of a dressing was permanently removed. Stools came thermo cautery inserted through the canula from the on without tenesmus. In order to insure contraction front. The proceeding, which was first proposed by of the anus, he ordered it touched with alcohol for Dr. Fenelon, of Mexico, is stated to have been ema few days. The cure was completed in eight days, ployed several times with the most successful reTHE

PUBLISHED WEEKLY.

THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters, that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full mame and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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SATURDAY, JANUARY 15, 1887.

A NEW TREATMENT OF FEVERS.

treatment of fevers, and he does this in accordance with our as possible." new grounds which are "more in accord with our have considerable toxicity.

though wrongly, for a long time that the production Journal of the American Medical Association, of heat is subordinated to organic oxydation. But it it is now known that oxydation is not the exclusive source of animal heat and of febrile pyrexia; and it is also known that disassimilation is accomplished by the successive acts of which the first are hydrations and chemical combinations, which give rise to products which are only secondarily overcome by oxy dation, and that animal heat results from the ensemble of all these reactions. And in typhoid fever, as the acts of oxydation are decreased the part played by oxydation in febrile pyrexia should be proportionally reduced. Now, in reality, the coefficient of oxydation is less in typhoid fever than in the phlegmasiæ, and even less than in the normal state, since it is not above 74 per 100, while physiologically it is 85 per 100. Again, the proportion of urea is in inverse ratio to the gravity of the disease; and, thirdly, the excretion of carbonic acid of the typhoid fever patient is to that of the healthy man as 83, 8:100. It is M. Albert Rofan, who so admirably combines a therefore vain to attempt to restrain oxydation so as thorough knowledge of physiological chemistry with to lower temperature, since this would be assisting medical learning, has just published, in the Gazette the disease. The aim of therapeutics in these cases Médicale de Paris, of December 25, what he calls "A should be to regulate organic disintegration, and thus New Therapeutic Method; or the Oxydizing Method to favor oxydations instead of hydrations and chemin the Treatment of Fevers, and particularly of ical combinations, so that the products of tissue Typhoid Fever." In this communication he directly waste, having undergone more perfect evolution, combats the accepted ideas as to the antipyretic may be easily eliminated and rendered as little noxi-

There are, therefore, according to M. Robin. two knowledge of the state of nutrition in pyrexia." great therapeutic indications: 1. To eliminate from From the chemistry of nutrition in typhoid fever M. the treatment of typhoid fever all measures and medi-Robin lays down the three following propositions: cines which retard oxydation. We must from this 1. The elevation of febrile temperature does not depoint of view, revise all our antipyretics. 2. The pend on an increase of organic oxydations. 2. Dursecond indication is to favor, in every way possible, ing fever there is retention in the organism of but the organic oxydations which will diminish the forslightly soluble waste, eliminable with difficulty, and mation of extractives, of ptomaines and leucomaines, generally toxic. 3. Organic disintegration is very and which, at the same time, attacking those products much increased during fever. He now wishes to es- already formed, will assist in their elimination by tablish the first therapeutic principle to which the oxydation, or in other words, will make them more chemical study of nutrition in fever leads, and to soluble and less toxic. In regard to the first indicashow that so far from seeking to impede oxydations tion: sulphate of quinine retards disintegration withtherapeutics should tend, on the contrary, to make out diminishing oxydation, provided it be given in them as active as possible, since, contrary to the small or broken doses; in large doses it lessens oxyclassic opinion, the oxydations undergo a remarkable dation and the absorption of oxygen at the same diminution in typhoid fever. Now perfect oxydation time. It should therefore be given in small and gives rise to soluble products, easily eliminated, and broken doses. Antipyrin diminishes nitrogenous almost deprived of toxicity; while other chemical disintegration, but it at the same time diminishes still reactions give rise to only slightly soluble waste mat-more the oxydation of disintegrated nitrogenous ter, which is eliminated with difficulty, and usually matters. It increases the amount of uric acid, and

M. Robin next proposes to prove that oxidation is the use is increased, and decreased in defective disintegration, are rding to Robin. To ascertain fi the use a sintereased it must be compared with the total quantity of urinary solids; and to express this relation be invents the term coefficient of exputation. In excessive assimilation the quantity of urea is increased, and de-

diminishes the amount of area; that is to say, it in-tical profession in this country, required the organizaregards potash) the red blood globules. in a later communication. How is the second indi- similar ratio of delegates from the other Societies in quantity. 2. By keeping the respiratory apparatus, at least one meeting annually, at which one delegate bly by the assistance of the reflex stimulation which composed of delegates thus chosen annually by the among the different drugs, those which cause increase could not fail to represent correctly the social, scienof oxydation. As to the chlorine salts, while they tific, and legal interests of the profession of that furnish some oxygen to the system, they must be State; and that a National Society composed of given in large doses for this purpose; and as these | delegates similarly chosen annually by each of the large doses are toxic, these salts should be rejected. State Societies would be equally the true representa-The iodine and bromine salts are more easily reduced tive of all the interests of the profession of the nation. than those of chlorine, but the question of their It is equally apparent that such a complete National toxic action on the red globules is not yet solved, professional organization would offer the greatest We must therefore turn our attention to drugs which possible facilities for collecting and concentrating favor the absorption of oxygen or set free oxygen. the influence of the profession for any great or im-Among the agents which will fulfil this indication portant object, whether relating to the educational are alcohol in small doses, common salt, the alkalies, and scientific advancement of the profession itself, the salts of organic acids, and the free ingestion of or the promotion of the sanitary interests of the liquids.

been made a special study, one of the conclusions of remotest county and parish in our great Republic. not diminish intra-organic oxydation, but act on the cient work in the various directions here indicated, form, the slightly soluble extractives of the system, county or district. On the degree to which these can be further studied by M. Robin.

COUNTY MEDICAL SOCIETIES.

creases the amount of less soluble and not easily tion of the profession of every county or limited eliminated waste matters, while it lessens the vehicle district of each State and Territory, into a Society which should carry them off. It increases the excre- with a constitution and by-laws providing for regular tion of potash; which is to say, it demineralizes (as meetings for mutual acquaintance and professional Other improvement, and also for the election of one deleantipyretics have been tested, and will be treated of gate for every five of their members to unite with a cation to be effected? 1. By maintaining in the air the same State to constitute the State Society, which to be respired by the patient oxygen in sufficient should have its constitution and by-laws requiring at which is the port of entry of oxygen, in as perfect a for every ten of its members should be elected to state as possible. 3. By stimulating the nervous unite with a similar ratio of delegates from all the system, which exercises a direct influence on oxyda- other State and Territorial Societies in constituting tion (cold spongings and baths increase the coeffici- the National representative organization of the proent of oxydation, and regulate the proportion between fession of the whole country. It requires but a * the phosphoric acid and the urinary nitrogen, proba-moment of reflection to perceive that a State Society they exert on the nervous system). 4. By choosing professional organization of each county or district, whole people; and equally efficient for radiating the As has been already said, the second therapeutic spirit of investigation, mutual respect, and generous principle, derived from the chemical condition of emulation developed by the annual contact of the nutrition during typhoid fever, is to favor the elimina- most active and enlightened minds in the National tion of retained waste matters. This has already meetings, back through the State organizations to the which is that a number of the so-called antipyretics, It is hardly necessary to remind our readers that a among which may be mentioned the salicylates, do representative National organization, capable of effitemperature, and assist in eliminating in a soluble has for its foundation the primary organizations in each We may then speak of this new method as "the re- be made to include every active and intelligent regu-· moval by solution of incompletely oxydized organic lar member of the profession, and the activity with residue." The third principal, the restraining of the which their regular meetings are sustained, will depend, disassimilation which is so exaggerated in fevers, will in a very great degree, both the permanency and value of the State and National Associations. It is here, in the incompleteness of the primary local organization of the profession in many parts of our country, that we trace nearly all the important defects in the Two weeks since we stated that the ideal plan of a practical working of our present State and National complete and most efficient organization of the med- Associations. While State Medical Societies exist

in all the counties or small districts, and only in a teemed physicians of New York for damages, by a small number of the counties or districts in which lady who had been placed in the pest-house by the societies exist, do such organizations embrace all the Health authorities on the strength of a certificate regular practitioners within their respective limits, given by the physicians that she had an attack of Hence the most important and urgently necessary small-pox, which she claimed was not true. It was work in rendering the medical organizations of our not claimed that the physicians had intentionally or country more complete and more permanently valu-maliciously certified falsely, but simply that they had able, consists in active and persevering efforts to in-failed to make a correct diagnosis, in consequence of duce the formation of a medical society in every which she had been unjustly exposed to the atmoscounty containing five or more regular members of phere of a hospital for contagious diseases. Though the profession, in which they can meet each other the defendants showed that they had only given annually, semi-annually or quarterly, as they may the certificate in obedience to the positive requirefind convenient. Here they would form each other's ments of the law and in accordance with their best acquaintance, mutually increase each other's knowl- judgment; and that the Health authorities were the edge by reporting and discussing their more impor- only parties responsible for the removal of the patient tant cases, and their views of the local causes of such from her home, yet the trial resulted in a verdict of endemic diseases as they met with, and by securing damages for a considerable amount. This decision the attendance of one or more of their number at of the court placed every physician in a dilemma. the annual meetings of the State Society, where they If, when called to a case of contagious disease in would imbibe and bring back whatever was devel- that early stage when, as is well known, the chief oped of value, whether it be new facts, improved diagnostic symptoms are not sufficiently developed practical methods, or increased zeal for investigation. to admit of a positively correct diagnosis, the physi-Equally earnest efforts should be made to induce all cian delays one or two days before he sends his rethe educated and reputable members of the profes- port to the Health Department, and it proves to be sion to join the county or local society where one a case of small-pox or scarlet fever, he renders himalready exists. Experience has abundantly shown self liable to prosecution for not reporting it earlier; that no practitioner in any department of the wide while on the other hand, if he yields a prompt obedomain of medicine and surgery can spend the same dience to the law which requires an immediate report, amount of time in any other way so profitably as in habitually attending the meetings of his professional alluded makes him liable for full damages to the pabrethren, and personally participating in their work. It softens his prejudices, multiplies his friendships, position so manifestly unjust, that the defendants apstirs his spirit of honest emulation, quickens and disciplines his thoughts, broadens the field of his mental has recently reversed the decision of the lower court vision, and furnishes him with abundant opportunities and set aside the judgment. for making himself generally known and respected, which he could gain nowhere else. A careful study of the history of medical societies and those who

ING CONTAGIOUS DISEASES.

in all the States, in only a very few do societies exist unedical circles by the prosecution of two highly esif he happens to err, the decision to which we have tient. This places every practising physician in a pealed the above case to the Superior Court, which

MULTIPLICATION OF MICRO-ORGANISMS.

In the Proceedings of the Royal Society, No. 245, have sustained them, especially in this country and 11886, Dr. Percy Frankland records some series of Great Britain during the last half century, will de- very interesting experiments on this subject, and monstrate the advantages to which we have alluded shows that the pecularities of multiplication of microas plainly as the sunlight at noonday. Why, then, organisms have an intimate connection with the disdo so many, especially of the younger members of semination of infectious diseases. His experiments the profession, stand aloof in apparently selfish isola- show that at the ordinary temperature of the air the tion, while others are content to enter into social remicro-organisms show a decided tendency to become lations only with a few who are cultivating a narrow fewer after some time of storing; but the number of specialty—a mere half acre of the broad domain of colonies is very greatly increased by exposure to an medicine? The answer we will try to give next week, incubating temperature. In filtered river water the micro-organisms become multiplied at 20° C, with RESPONSIBILITY OF MEDICAL MEN IN REPORT, much greater rapidity than those in unfiltered water; and the organisms in deep well-water manifest but Many months since much interest was excited in little tendency to multiply in the cold, but at 20° C.

their multiplication is in excess of anything observed with river waters.

With regard to these results Dr. Frankland says: "These tables show the enormous capacity for multiplication which is possessed by the micro-organisms present in this deep well water. This is the more surprising, at first sight, when it is borne in mind that this water contains the merest trace of organic mat-It must, however, be remembered that this water is at the outset almost wholly free from micro organisms, and that it has never before been inhabited by such living matters; it is only reasonable to infer, therefore, that those of its ingredients which are capable of nourishing the particular micro-organisms which flourish in it are wholly untouched, whilst in the case of the river waters the most available foodsupply must have been largely explored by the gen erations of micro-organisms which have inhabited them."

We thus have an explanation of those cases in which infectious diseases are disseminated by wellwater, examples of which, especially in the case of typhoid fever, are abundant. Dr. Frankland points out that the original source of the micro organisms gations are estimated.

CHARLES JAMES Fox, M.D., of Willimantic, Conn., has been appointed Surgeon-General of the State of Connecticut, and entered upon his duties as a member of Governor Loundsbury's staff on the 7th inst. and intelligent members of the profession in his with general bronchitis. At first I supposed it was State.

SEPARATING THE INCURABLE INSANE FROM RE-CENT CASES.—The desirability of doing this has been clearly pointed out by professional writers, and we are glad to learn that the importance of the subject received attention by Gov. Thayer, of Nebraska, in his recent inaugural address.

THE SACRAMENTO MEDICAL TIMES IS the title of a new monthly journal, the first number of which will appear in March, under the editorship of James 11. Parkinson, L.R.C.S., and Wallace A. Briggs, M.D., of Sacramento, Cal.

RETEREMENT OF PROFESSOR PAJOT.—Prof. Pajot, of the Paris Faculté de Médicine, recently attained his seventic'h birthday, the time at which all Professors in French institutions must retire.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Stated Meeting, December 20, 1886. THE PRESIDENT, EDMUND J. DOERING, M.D., IN THE CHAIR.

Dr. Hosmer A. Johnson read a paper on PSEUDO MEMBRANOLS BRONCHITIS.

(See p. 60.)

Dr. N. S. Davis said: The disease which has been reported in the paper is one of rare occurrence. Having had occasion within the last two years to hunt up the literature on the subject, I found nothing more than has been stated in the paper, but I have no doubt that the disease is of more frequent occurrence than the reported cases would indicate. It is not always readily recognized, the question of diagnosis is not pursued with such closeness that the practitioner identifies it clearly, or gives it sufficient attention to recognize that it belongs to a rare form of bronchitis, and consequently the case is treated until the patient is well, or dead, and no record is made of it. In my own practice I think I have recognized at least four or five cases, and I remember some of them perfectly well, and the facts connected with should be regarded before the value of such investi- them. I think the disease is more frequently met with in a chronic than in an acute form. The case that has just been detailed would come under the former class. In the majority of cases the disease attacks only a limited portion of the bronchial distribution. The cases that have been met with in an acute form, covering the greater part of the bronchial distribution, have been almost uniformly fatal.

The last case of this character that I treated was It is a deserved compliment to one of the most active a young woman, a servant girl, who was attacked only a severe catarrhal bronchitis, but it created a cough unusually suffocating. There was but little expectoration for the first two days, subsequent to that she began to get, in the paroxysms of coughing, a little viscid, frothy mucus and several times a day there came mingled with it well defined shreds of a membranous character. The patient belonged to a family that had marks of some specific influence of an hereditary character. In the progress of the case, during its acute stage, there were no complete casts, but shreds sometimes an inch and a half long, as though they were torn loose and thrown off. In the later stages the membranous discharges ceased and there was a suppurative condition. She expectorated a copious purnlent matter as in ordinary cases of tuberculosis, but there were no cavities of the lungs, and the structure gave no evidence of having been invaded. She finally became exhausted and died. I have seen one other case that I regarded as an acute attack of this character; a child between 7 and 10 years old. That also ran an acute course, and the patient died from suffocation from the persistent obstruction. The other cases that I have seen have been of the chronic character and apparently involved

only a portion of the air passages. They would have look upon it as a case of pseudo-membranous bronattacks accompanied by feverishness and soreness chitis, and I questioned in my own mind when conwhich would go on to suffocating, violent paroxysms, templating, the subject, whether in the true plastic of cough, and in the midst of the cough would dis- exudation that persistently forms, dislodges, re-forms charge more or less of the exudation. One case and keeps on doing so, if the patients were put upon ended in the development of what has been called of full doses of such remedies as salicylate of sodium or late years fibroid phthisis. There was gradual con-aminonium, sufficient to effect a decided change in traction of one side of the chest, diminution of res- the quality of the blood, it might not give better reonance, increased fremitus of voice, and purulent sults than those ordinarily used. expectoration mingled with more or less mucus, and ency to involve ultimately the fibrous tissue of the may be observed in all ages from childhood to old lung and bring on that form of phthisis. If you age. He differs from the author of the paper in say-examine the membrane under the microscope you ing that it is more frequent in females than in males. the blood or of the vital properties that continues the man's case? existence and exudation of plastic material.

there was a little swelling of the gum and a taint of 1871 he came to me and complained that for several the breath, then dropping it and using oxide of potassium with the more tonic class of expectorants, was he had expectorated a large amount of mucus. I followed with good results and ultimate recovery.

made a fair recovery. The character of the cough and their description of the expectoration led me to 1 Vol. iv. fasc. 4, 1872

Dr. Robert Barcock said. The paper is one of the patient died exhausted. The record of statistics the most interesting I have listened to. It is needshows that a large majority are of a partial character, less for me to say, since such a man as Dr. Johnson involving but a limited portion of the bronchial sur- has seen but one case, and such a man as Dr. Bowface, and these, though obstinate and apparently diffi-ditch has never seen a case, that I have never seen cult to relieve, usually recover. I think that it is one. In regard to the etiology, I would merely state stated, also, that there is more than an ordinary tend-that R. Douglass Powell says this form of bronchitis will find in the fibrillated material some scant parti-cles of fat granules and here and there a leucocyte, otic condition of the blood. The line of treatment and when expectorated there is frequently an exida- pursued by Dr. Johnson is interesting with regard to tion of blood, but I think not often the amount re- this point; after giving iodide of potassium and the ported in this case. I recollect very little, if any, mercurial salt in pretty full doses the character of blood following the expectoration of membrane in the expectoration changed, becoming mucus and the cases I have had an opportunity of observing, frothy, and it was not until these remedies had been Each layer of membrane tends to disintegrate, and given up and syrup of iron substituted that the plaswhen one has been thrown off another follows it, and tic character of the bronchitis reasserted itself. May this goes on, in the chronic form, indefinitely, unless it not be that the exhibition of the potassium iodide there is a change of condition. In these cases, as in and the mercurial salt did overcome to a certain exall true plastic exudations, there is some condition of tent the hyperinosis which may have existed in this

Dr. S. D. Jacobson: It has been my good for-In regard to the treatment, I have nothing specially tune to see, besides this instance of the chronic form, new to offer. I found that the chronic form was most which I saw through the courtesy of Dr. Johnson, benefited by ordinary anodyne expectorants com- one case which represented the acute form of this bined with alteratives, especially of the mercurial disease. It was a friend of mine, a man of about 47 In two instances of the chronic form the years of age, who was accustomed to take great steady use of the alterative mercurial influence until quantities of alcoholic stimulants. In the winter of inspected his pharynx and found a condition such as I remember one instance, I cannot say positively might be expected from a man who was out of doors that it was of the true pseudo-membranous character, a great deal, who was an inveterate smoker and a of a man whom I was called to see and who subse very convivial man. There were no symptoms of quently came to my office. He had an attack of the diphtheria; it was a case of pharyngitis or tonsillitis. subacute character, involving apparently the whole. Under the usual treatment it improved in a couple of of one bronchial distribution, which produced a very days. About a week after he sent for me, and I persistent and distressing cough with apparent suffo-found him with some fever and a very distressing cation. The man and his wife averred that in his cough. He expectorated great masses of mucus, and coughing he threw off long pieces of a membranous. I recognized them as casts of bronchial tubes of the substance several times, but as it was never saved I first and second order. At that time I had never had no opportunity of examining it. In this case heard of such a case. The next day I found him in there was a well developed rheumatic diathesis, and great distress, and after a long and tiresome cough he I looked upon it as partaking somewhat of the nature brought up numerous quantities of matter like the of rheumatic bronchitis associated with plastic exuda- first casts I had observed, which I found to be of the tion. I put the man upon salicylate of sodium, dose third and fourth order of bronchial casts, and after 10 to 15 grains, accompanied at first by ordinary anothat he felt relieved, but died on the third day afterdyne expectorants to help allay the severity of the ward. I then saw a report in the Scandinavian Medcough. It acted favorably, and not only his bronchi- ical Archive describing a case exactly similar to tis but his rheumatic troubles disappeared, and he mine, except that the man was 34 years of age. On

were rather given to alcoholic stimulants.

Dr. E. Fletcher Ingals said: I have had very little experience in these cases. It has never been my bad fortune to meet with a case of acute diphthe ritic bronchitis except those growing out of ordinary recovered.

lady's case was one of acute croupous bronchitis.

post-mortem it was found by incising the chest that there were no casts thrown off. Some time before it contained air over both lungs, and the bronchial that the patient had been taking potassium and mertubes of the first, second and third order all con- curial salts. In estimating the frequency of this distained casts. The lung contained air mixed with ease I have excluded cases which seemed to be of mucus and pus. The trachea contained casts which diphtheritic origin. I have seen several cases where terminated on the under surface of the epiglottis, there have been well marked casts thrown off; in The physician questioned whether it was an ascend- one case there were seven successive discharges ing bronchitis or a descending fibrinous exudation from the bronchi ramifications of one lung. Those from the pharynx downwards, because in this case, were diphtheritic and were from a child who was reas in my own, there had been tonsillitis about a week covering from bronchial diphtheria. I do not say before the alarming symptoms set in, but arrives at that this is not in its character anything like diphthe conclusion that the disease was primary in the theria, but I think there is a radical difference in the bronchial tubes. I have thus been fortunate enough membrane and that which forms in diphtheria. It to observe this rare disease in two cases, one repre does not seem to me that we have the same tendency senting the chronic, the other the acute form, and to disintegration that we have in diphtheritic forms both of them conforming to the rule laid down by of exudation, the exudate is more plastic. I have Dr. Davis, that the acute generally terminates fatally, purposly not discussed the acute form as I have not while the chronic in many cases terminates favorably, had an opportunity to study such cases. The notes Both of my cases were of the male sex, and both were made in the presence of the patient and they seemed to me worthy to be put on record.

Dr. H. A. Johnson read a paper on

PNEUMATIC DIFFERENTIATION AND MEDICATION.

The question of pneumatic differentiation has been diphtheria, which are infortunately frequent. I have quite largly discussed by members of the medical treated three cases of the chronic form of the disease, profession during the last two or three years, but none of them very severe. In each case there was there seems still to be a good deal of mystification from time to time expectoration of the croupous de- on the subject. I was unable to be present when posit, but I did not see them at any time when they the matter was brought before this society. I therewere very ill. The history of the chronic cases is fore beg permission to say a few words which I had that that they will have acute attacks from time to intended to say at that time and also to exhibit a time for months or years, running from ten days to contrivance for medication by spray or vapor in contwo weeks. They almost universally recover from densed air. It is not my purpose to discuss the these, though occasionally they die of phthisis. The merits of pneumatic differentiation. The subject, acute cases, as a rule, die, though from 25 to 50 per if not the term, has been before the profession for cent, are said to recover. A friend in the country many years, and various devices have been employed sent me last winter casts from a large number of the in its accomplishment. The manufacturers of pneubronchial tubes. I should say there must have been matic cabinets insist that the desired results can be five or six branches to these casts. They had been realized only by placing a patient in a box with a coughed up by a patient of his who subsequently tube, by means of which he breathes the air of the room, while the pressure on the surface of the body Dr. C. M. Firch said: Some eight years ago 1 is either diminished or increased by pumping air out had a case of this kind in a lady about to be con- of the box or into it. It is claimed that the result fined. When I first saw her she was in an almost upon the body must be quite different from that comatose condition, the face livid, and she was al- reached by the use of the Waldenburg apparatus or most pulseless, the respiration fearfully obstructed, other similar devices, for the reason that in some although air was entering all the larger bronchi. The way the movement of a body under the pressure of woman died a few hours later, the child being born a force, we will say, of fourteen pounds against a reafter she had become entirely unconscious. Four or sistance of thirteen pounds, in which the available five days later a child of the same family was taken moving force is one pound, must be quite a different with diphtheritic croup, the membrane passing down process from that which is reached when the moving through the larynx, when Dr. Fenger performed the force is fifteen pounds and the resisting force fouroperation of tracheotomy. I have no doubt that teen pounds. They do not, it is true, state it in this form, but they do assert that, in case we will say of DR. H. A. JOHNSON, in closing the discussion, said: the patient breathing through a tube the external air In reply to Dr. Babcock as to the influence of the while the air in the chamber has been partly expotassium and mercurial salts upon the exudate, not hausted, so that its pressure is one pound per square only was the expectoration frothy, but after using inch less than the outside air, a vis a fronte is dethese medicines for some time the casts became thin veloped, by which the fluids and gases of the body and evidently diminished in amount before they are moved in a manner quite different from that were thrown eff. It was my opinion that the mer- which takes place when the patient sitting in the curial salts and the potassium had some influence in room breathes from a tank air compressed so that the diminishing the amount of the exudate. You will pressure of the air breathed is one pound per square remember, some time in December until February inch greater than that of the air in contact with the

surface of the body. It must be evident that there pressure in the tank from which my patient breathes.

is a fallacy in this claim. a tergo, which pushes into a partial vacuum sufficient be made of wood. A strong, tight cask or barrel matter to equalize the force, whatever it be, on the even will answer the purpose. The ordinary form of other side, or to produce an equilibrium of force, pneumatic cabinet—the New York cabinet or the ing, is led to conclude that the effects of breathing provide himself with an apparatus just as useful as reduced about the body, is allowed to breathe the air ported by a spring of any desired pressure, or through reversed the breathing tube of the cabinet, placing from the cabinet into outside air. The simpler the the patient on the outside and compressed the air thing, provided it works, the better. The less mysjective experience of the person operated upon, were therapeutical results obtained by the pneumatic cabifound to be identical with those obtained when he net are only such as may be reached equally well by the same degree."

ing upon the same question with results in no sense, the reach of anyone having a tank for condensed air differing from those reached by Dr. Platt. The for the purposing of atomizing or vaporizing medicproposition to conduct medicated sprays into the inal substances, and requires no more skill or knowlalveoli of the lungs by the differentiation of air prese edge in its use than is required to administer sure has been also ably treated by Dr. Platt, but I parcotics, antipyretics or anæsthetics. **do not** desire to consider it in this connection. 1 The use of sprays or vapors with condensed air is than with ordinary air. conveniently accomplished by the use of the cabinet, but this result can be and has been repeatedly my opinion that pneumatic differentiation is essenreached, and just as easily, by other devices.

and stop corks, so that I could maintain any required, done by the inhalation of compressed air.

This tank may be a simple boiler such as is used in We no longer use the phrase, vis a fronte, in the kitchens for heating water for circulation through the sense of an active force when we apply it to such house, say eighty gallons or more, or it may be in phenomena as those which occur in the case of a any other form desired. As the pressure is never vacuum filled by in-rushing matter. It is well known great, not more usually than one-half or at most now that there is an active force from behind, a 215 three fourths of a pound to the square inch, it may In the pneumatic cabinets there is therefore only an. Pine cabinet—may be used as a tank, but it is unother mechanical device for affecting the differentia- necessarily heavy and clumsy and expensive. As I tion produced by the Waldenburg apparatus, and have a Pine cabinet in my office, I use it as a tank, which has repeatedly been produced by breathing with an 8 inch air pump for compressing the air. Λ air from a tank into which it has been condensed by copper or sheet from tank that can be obtained of any some means, such as air pumps, water pressure, etc. plumber at a small fraction of the expense of the I am not alone in holding this opinion. Dr. Isaac cabinet is quite as useful. Any physician who has a Hull Platt in a paper read before the American spray tube and glass vessel with two openings, a wolf Climatological Association at its third annual meet-bottle or even an ordinary wide-mouthed bottle, can condensed air from the cabinet, the patient sitting in the pneumatic cabinet. By the use of a thin way the room, are the same as those produced when the stop cock expiration may be made into a tank of patient, placed in the cabinet and the air pressure compressed or rarefied air, or against a valve supfrom the room. He says: "To put the matter be a narrowed opening, so as to regain force to expel yond a doubt," that is the claim of a special value in the air from the chest. All these methods have been the inclosure of the patient in the cabinet, "I have used to accomplish the same result, as expiration within the cabinet. The effects produced upon the tery thrown around the whole subject, the better. residual air and upon the pulse, as well as the sub- 1 am quite confident that the physiological and was within the cabinet and the pressure reduced to the Waldenburg apparatus or by the still more simple means used some years since by the late Dr. I have made quite a number of experiments bear- Frank H. Davis, of this city. The apparatus is within

Dr. E. Fletcher Ingals asked Dr. Johnson if presume all admit that to the upper air passages he thought the patient would get more of the medisprays may be applied with, in many cases, benefit, cated vapor into the lungs with the compressed air

Dr. Robert Barcock said: It has always been tially the same as the administration of compressed I have within the last twenty years resorted to air, and I have not found reason to change this opinseveral different contrivances for that purpose; an ion. However, in justice to the inventor, I would ordinary atomizing tube may be inserted through an like to ask Dr. Johnson what he thinks of Mr. Ketopening in the tube from the tank, so that medicinal chum's assertion that the rarefication of the air substances are thrown in the form of spray into the around the chest of the patient by lessening atmosstream of condensed air inhaled. There are quite a pheric pressure allows the chest, and therefore the number of ways of accomplishing this: That which residual air, to expand, and with this expansion of I have more recently used and which I submit to the the residual air lessens the resistance to the tidal air. society as a sample of what may be done, consists. In other words, that if the residual air did not exof a glass tube (I employ an ordinary percolator, pand the tidal air would meet with resistance from such as pharmacists use) to one end of which a the residual air as from an air cushion; also, that this breathing tube is attached and to the other end expansion of the residual air tends to force out any through a cork the atomizing tube and also the tube little plugs of mucus which may have obstructed the from my tank of condensed air. I at one time used bronchials; that in this respect pneumatic differena double tank, or rather two tanks, with an air gauge tiation certainly accomplishes more than could be

ferentiation. Mr. Ketchum or some one connected point. with him, invented that term, but the thing itself, taking the name away, is by no means new.

Dr. Franklin H. Martin read a paper on

ELECTROLYSIS IN THE TREATMENT OF FIBROID TUMORS OF THE UTERUS,

with a description of Dr. Apostoli's methods.

- Consideration of the tumor.
- 2. Means of generating a current.
- 4. Electrolytic action of the current.
- 5. Cataphonic action of the continuous current.
- poles with powerful currents.
- description of Dr. Apostoli's methods.

erating a continuous uninterrupted current of elec- struction of tissue. tricity of 200 milliampère strength that is practicable tin uses a battery composed of 115 crow-foot gravity not allow of a hemorrhagic exudate. cells for this purpose, from which he can easily get a current of three or four hundred milliampères strength these powerful doses were described in detail. when properly charged. Storage cells and the dynamo were mentioned as possessing a future for this kind of work.

The very strong current that one now used in op-tra-peritoneal; (b) intra-peritoneal. erations of this kind is made practicable by improveface. This answers the purpose perfectly, but has tissue of the tumor. the objection of being very troublesome and very

Dr. 11. A. JOHNSON said: The claim of a special trode. From a soft plate of metal, the margins of value in the cabinet as a means of differentiation is which are bent so as to form a concavity upon one based upon a fallacy, viz., the assumption of the vis surface of an inch in depth, he has constructed an a fronte. If you take the pressure off from the out- electrode by stretching loosely over this concavity an side of the chest there is a kind of force that drives animal membrane, making the surface between the the fluids to the surface of the body. Suppose you membrane and the metal water-tight. Through a reverse the case, place the patient outside and let stopper in the metal surface the inter-surface is filled him breathe the rarefied air, is there a vis a fronte! with a warm saturated solution of chloride of sodium. It certainly seems to me that there is no such thing. This contrivance, with its membranous surface upon It is a vis a tergo that pushes air into the lungs, and the abdomen, with proper connections from the metal a vis a tergo that pushes the air out of the lungs, and surface, possesses all the advantages of the potter's the equilibrium is maintained. As to the effect of clay electrode of Dr. Apostoli, with none of its disthe rarefied air in the cabinet upon the residual air, agreeable features. The author has been able to it is about the same as going up and down in an ele- use a current of 150 milliampères strength by means vator of one of our tall buildings. In answer to Dr. of the above electrode without producing the slight-Ingals, it would seem to me that more spray may be est discomfort. The internal electrodes include a carried into the bronchial tubes in the stream of con- uterine sound of platinum with the intra-vaginal pordensed air than in air inhaled without differentiation tion insulated, a sharp probe of platinum and irridof pressure. The discussion is simply upon the phy- ium with insulating sheath and a number of needles siology and physics, not the value of pneumatic dif-linsulated with hard rubber to within an inch of the

The electrolytic action of the current was dwelt upon at length and given its due prominence.

The cataphonic action of the galvanic current was described, and to its action the author ascribed considerable prominence as aiding absorption of the fibroid growths.

Galvano caustique is the name given to the local He considered his subject under the following effect of the two poles when used intra-uterine in the form of metal probes. This effect is considered a great point of importance by Dr. Apostoli, and from which he expects to see a great advance developed 3. Electrodes, connections and other apparatus, in the treatment of the hæmorrhagic fibroid tumors of the uterus. The effect referred to is only obtained from a current of 100 milliampère strength concen-6. The difference in the local action of the two trated by means of an electrode of unattachable metal. The local effect of the two poles upon the 7. Operation and details of application, with a liming of the uterus are distinctly different. The effect of the positive pole is to coagulate and harden He divided fibroid tumors of the uterus according the tumor that it comes in contact with without to their position, into submucus, interstitial, and sub-thanging the vitality of the tissue. The effect of the peritoneal; according to their condition into ham-negative pole is to cause a liquefaction of the tissues orrhagic and non-hamorrhagic. Any means of gen-in which it comes in contact, with considerable de-

The coagulating effect of the positive pole is utilwill answer all the requirements for electrolytic ized in transforming the hæmorrhagic surface of the treatment of fibroid tumors of the uterus. Dr. Mar-|endometrium into a dry, coagulated surface that will

Three operations or methods of application of

- 1. Intra-uterine galvano-caustic.
- 2. Negative cervical galvano puncture.
- 3. Galvano puncture or needle operation: (a) ex-

The first operation (intra-uterine galvano-caustic) ments in electrodes and conduction. Dr. Apostoli is employed for two effects: 1st, to check excessive overcame the pain caused by high tension currents hamorrhage by the local effect of the positive pole by using as a surface electrode a thick paste of pot-upon the endometrium of the uterus; 2d, for the ter's clay spread upon the abdomen with proper con-reduction in size of the tumor by the electrolytic acnections from a plate of soft metal upon its free sur-tion of the powerful current as it passes through the

The second operation (negative cervical galvano inelegant. Dr. Martin presented a decided innova- puncture) is performed for the purpose of establishtion in this direction in the way of a surface electing an artificial channel into the substance of the growth, to take the place of the cervical canal that has been distorted or obstructed to such an extent out in this treatment, as in all others. that it cannot be entered for the ordinary intra-uterine treatment. The effect sought here is the reduce admiration of the mastery which Dr. Martin has action of the tumor.

paper was the galvano puncture, or needle operation remedies for uterine fibroid. But the usefulness of proper. This is for the treatment of large sub-peritoneal fibroids that can only be reached by means of but also by its safety and convenience of employneedles, and the electrolytic action only of the cur- ment. For instance, the radical treatment, or rerent is expected.

clusions:

electricity which can be increased from 10 to 250 for those cases which cannot be helped by less danmilliampère strength is necessary in order to obtain gerous means. So also this electrolysis, which is all the effects of the electrolytic treatment of fibroid difficult of application and capable of harm, must be tumors of the uterus.

tumors can be healed by the local coagulating effect.

of the positive pole if applied intra uterine.

be of unattachable metal and should conform as near—ment.—Fibroid tumors with hemorrhage are the ones ly as possible to the size and shape of the uterine also most benefited by ergot and tampons in the ma-

negative galvano puncture should be made into the As to the effect of this treatment on the tumor itself, presenting part of the obstructing mass of the tumor, the evidence is not all in. The success of Apostoli, and an artificial channel created which is to take the whose persistence is very praiseworthy, has been place of the impenetrable uterine canal in all subset somewhat limited with regard to the removal of the quent treatments.

be negative, unless there is harmorrhagia or excessive that of ergot, and I doubt if it is produced in a very leucorrhoa, when the positive pole is required.

6. The strength of the current should be the strongest possible consistent with the desired therapeutic

effect, and the toleration of the patient.

7. Cases of intolerance of high doses arrange themselves under the three following heads: 1, acute hysteria; 2, acute enteritis; 3, acute metritis, peri- or pari-metritis. The most tolerant are the deep uterilluterus to a contraction and partial strangulation of and profusely hæmorrhagic.

about eight minutes.

pendent upon and influenced by the result to be acduction of the tumor necessitates many, varied, of peritoneal variety (excepting those immense neg-

little if the tumor is not rapidly growing and no ex- wise require a dangerous operation. cessive hæmorrhage is present. The operation should

continuous, operate during flow.

ble, use as a final alternative the abdominal puncture. Dungling way. Apostofi's method is unique in the

12. Strict antiseptic precontions should be carried

I wish to express my Dr. H. T. Byrord said. quired over this method of treatment. It will un-The third operation described by the author of the doubtedly take an important place among the surgical any remedy must be determined not only by its effect, moval of the tumor, is a frightfully severe measure, The author offered the following summary of con- and is reserved for cases that cannot be cured in any other way, while removal of the appendages is at-1. A means of generating a continuous current of tended with considerable risk of life, and is reserved reserved for cases which cannot be cured by reme-2. The most distressing haemorrhages from fibroid—dies more convenient and le s hazardous.—But before this, the safest of surgical procedures, can become the usual treatment for such cases, it must prove 3. The intra-uterine electrode when positive should more efficacious than the still safer medicinal treatcanal, and have the intra vaginal portion insulated, jority of cases, and after the homorrhage is thus 4. When the cervical canal cannot be entered a relieved there is no hurry in resorting to surgery. The success of the so-called electrolysis 5. The intra-uterine electrode should in all cases upon fibroids seems to be no better, if as good as much different way. That electrolysis can break up the chemical constituents of a living tumor for any considerable distance from the electrode, without destroying the life and absorbing properties of the tissue in the course of the current, is a theorem that requires more than mere mathematical demonstration. We all believe, however, that it can stimulate the the tumor, and also stimulate the absorbents to re-8. The ordinary duration of the scance should be move it, and are prepared to have it proven to us that it will do so in many cases in which ergot fails. 9. The number of operations are necessarily de- But it happens that the cases in which ergot is of the least use are those in which electrolysis is of most complished. A severe hemorrhagia can be checked difficult application—the subperitoneal. And yet I in from four to five treatments, while a general re- have, as a rule, relieved the symptoms of the subcourse, according to the size and location of tumor. lected ones too large for anything but removal) by In many cases simply a restoration to health and a ergot, which, even when it cannot cause compression relief from the prominent and annoying symptoms of the tumor, can diminish its blood supply. I hope must be accepted as the substitute for an actual cure. and believe, however, that the methods of Apostoli 10. The time of commencing treatment matters will enable us to manage safely cases that must other-

DR. WILLIAM T. BELFILLD said: Dr. Martin has be intra-menstrual, if possible, but if haemorrhage is conferred a favor upon us in bringing Apostoli's method before us. During the last twenty-five years 11. Extra-uterine puncture should be regarded various attempts have been made to reduce fibroids only as a last resort, but every means of reaching of the uterus by the galvante current; yet none of the tumor through the uterus being impracticable, them have been recognized as successful, because, seek, if possible, to make the operation extra-periodoubtless, as Dr. Martin very properly says, the curtoneal; should this, in turn, prove equally undesira- rent has been used in an ignorant, inaccurate and

strength of the current used, as well as in the accu- patient would have to lie down for half an hour. racy of its application to the uterus; whether this remember one case in which I used only half a dozen method will produce satisfactory results remains, as cells; the patient left my office staggering like a I think, to be seen, for Apostoli himself has been drunken woman, and finally had to go in some place guilty of the gross inaccuracy which necessarily im- and rest. Afterwards I was unable to treat her expairs the confidence claimed by his statements, cept by allowing the current to traverse a very minute Through Dr. Martin's kindness I had an opportunity portion of her body. An induction apparatus the to read Apostoh's book in which are set forth his helix of which consists of thick wires and in which methods and the results of treatment on ninety- the current is generated by a battery of very large eight patients. The book hears the impress of per-surface, gives a current which resembles somewhat fect candor and truth, and yet, in looking through the interrupted galvanic current; it stands midway the ninety-eight cases which he records as fibroids of between the ordinary induced current and the interthe uterns, most of which were benefited, it is evident rupted galvanic current of eight or ten cells. This that nearly all were not fibroids, but were cases of current, applied over a tumor sufficiently strong to subinvolution. Many of them were women under 30 produce vigorous contractions, will reduce the size of years of age belonging to the poorer classes, and who a fibroid when ergot has failed to do so, and apparwere unable to secure proper rest and care after con- ently in the same way, by inducing forcible uterine finement. The clinical history as well as the physic contractions and contractions of the abdominal muscal examination recorded by Apostoli shows that they cles, tending to astringe it and squeeze out the lifewere plain cases of subinvolution. That the electric blood which enters into it. It seems to me, from my current has a value in such cases is unquestionable experience, that the injection of a few minims of 95 and has often been demonstrated, but it is not accu- per cent, carbolic acid into the tumor would produce rate nor justifiable to apply the results obtained in a very similar local result to that produced by either treating subinvolution to the treatment of fibroids, the positive or negative pole. In the Medical Record for the distinction between subinvolution and myoma that I received to day I saw an abstract of the last is as sharp anatomically and etiologically as it is clin paper of Apostoli in which it states that, while he has ically. It seemed to me that only four of Apostoli's reduced fibroid tumors in size, relieved the distresscases were evidently and certainly uterine fibroids; ing symptoms and made the patient very much betit is possible that six others might be so reckoned, ter, yet he does not claim that he has ever absolutely but certainly eighty eight of the cases were, so far removed a fibroid so that it could not be detected. I involution. Yet the results secured in these four of hope in many cases where other means have failed. them the tumors were of enormous size. These two mend others to do so. patients had been seen by Pean, whose opinion was charged against Apostoli.

ter a trial in fibroid tumors, but I have in the use of and I have employed currents varying in strength electricity generally. There are two factors in the from 25 to 250 milliampères. Apostoli's method treatment of fibroids by electrolysis—the chemical should especially be adopted early for the checking and physical and the physiological. How the physic of hemotrhage from the uterine cavity. I cannot ological action of electricity operates is a question, agree entirely with Dr. Belfield's conclusion in regard but the chemical and physical produce their effect to Dr. Apostoli's results as reported in 1884.1 My by the splitting up of compound molecules and the chemical and physical liberation of gases at the poles. Certainly this factor (the chemical and physical) can be measured by the amount of chemical work dones which depends upon the strength of the battery, etc. It seems to me that a current even of 50 milliampère, is rather strong to use in the beginning. I have had quite an extended experience, and I can now call to mind six or eight cases in which even the slightest galvanic current would produce dizziness so that the

as can be judged from the record, cases of mere sub—thick that this method of treatment offers a good deal cases were most positive and decisive. In two of and I should not hesitate to try it myself and recom-

DR. FRANKLIN H. MARTIN, in closing the discussought as to the advisability of operation. In one case, sion, said: I cannot agree with Dr. Byford that this he declined to operate on the ground that the patient method of treating fibroid tumors should be reserved could not survive an operation; in the other he was as a last resort. In careful hands it is entirely free from ready to operate, but the patient declined. Yet both danger, pain, and (except in the last variety of operof these cases of undoubted and extensive myomata ation described this evening) all disagreeable features, were rapidly and greatly improved and the tumors and it should not, therefore, be postponed until less reduced under Apostoli's treatment. But four cases efficient and more objectionable means have been are not enough to justify a generalization, and I hope employed, such as the hypodermic injection of ergot, that Dr. Martin will soon favor the Society with the its administration internally in large quantities, tamresults of the method in his own hands, for we may poning the vagina, cauterization of the uterine mube sure that he will avoid the sole error which can be cous membrane, and innumerable other less efficient means of relief. In my experience with the strong Dr. P. S. Have's said: I have not given this mate current. I have never yet seen an untoward result,

¹ That Dr. Belheld is in error in regard to this point will be made very apparent by the following summary of the cases reported by Dr. Apostoli and reteried to by Dr. Belfield; of cases were reported, 15 of the cases had never borne chalren. Of the remaining 75 cases, where subinvolution of the interns was possible, we find 4 pedinentated subpertioned tunners in which error of diagnosis was not probable. Of the remaining 75 cases, , me sorred from 10 to 21 cm., and the accompanying descriptions of the cases on base no doing in an imprejudiced min I in regard to their being large fits of growths. The full description in detail of the remaining 10 will consince any one who will take pains to peruse them that at the stag are well defined fibroids. This leaves but 25 cases of the q reported in which there are not distinctive characteristics described, which definitely distinguishes them from simple subinvolution of the uterus.

own results have been such as to make me very san-bladder, and to the whole surface of the womb, measguine in regard to the value of strong currents for the uring five inches in length. The lower portion lay relief of these difficulties, but as the object of the between two layers of the broad ligament, from which paper is the discussion of the method, and not the it was shelled out without a pedicle. The parts were results, I must postpone the consideration of the lat- so disorganized that the second ovary could not be ter until another time. I have never seen trouble- found, nor was it possible to determine positively some dizziness occur in the use of these currents in which overy had been removed. But the presumptreatment about the abdomen.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated Meeting, Thursday, December 2, 1886. The Vice-President, E. E. Montgomery, M.D., IN THE CHAIR.

W. H. H. Gethens, M.D., Secretary.

FIBROID TUMOR OF THE RIGHT LIGAMENT.

Dr. W. Constantine Goodell exhibited for Dr. W. Goodell the right broad ligament containing an enlarged ovary, and close by its side, but distinct from it, a fibroid tumor of the shape and size of the non-gravid womb. The left ovary was also greatly enlarged. It contained a cyst which burst into the cavity of the abdomen while the woman was being examined four days before the operation, which took place in Dr. Goodell's private hospital on June 22, and she recovered promptly. Her symptoms were painful and feeble locomotion, constant ovarian pains, menorrhagia followed by prolonged dribblings: of blood, and a retroversion which could not be rectified on account of the tender and dislocated ovaries. She had been under treatment for several years, and without benefit; but since the operation she had greatly improved.

He also exhibited for Dr. W. Goodell an

INTRA-LIGAMENTOUS OVARIAN CYST,

with the following history: The girl, aged 18, had been growing large for two years, and her health also began to fail, but a tumor was not suspected until weighing thirty-seven pounds. The patient, a young H. Woods, of Pine Grove Mills, Pa. Discovering a year before. The character of the percussion wave cyst, he sent her to Dr. W. Goodell. The operation and the evenness of the belly wall decided a correct so completely that no pedicle was left to tie. He and yellowish. There were no adhesions. The the size of a goose's egg, was also removed. It con- the whole operation completed in thirty six minutes. tained pus, and also was enveloped in the broad lig. It is two weeks to-day since the operation. The ament and had to be shelled out. In spite of the patient is sitting up in a rocking chair. She had no complications, this case recovered promptly. Dr. fever at all a pulse daily growing slower, and felt W. Goodell had had during the past year another well. The cyst was one large cavity containing case of intra-ligamentous cyst of the most formida, several cauliflower vegetations on its inner wall. ble character. The cyst was attached to nearly the The ovary lay intact on its outer wall and the tube whole of the colon, to the small intestines, to the about ten inches in length was drawn out over it.

tion is that it was the right, because nearly the whole of the right ureter, fully ten inches of it, had to be carefully dissected off from the cyst wall and from between the layers of the broad ligament. Many ligatures were used, and very little blood was lost, but the patient died on the table from shock, while the wound was being closed. Before this death, Dr. W. Goodell had had twenty-two successive ovariotomies, all of which recovered, and he has had eight successful cases since, making in all thirty-one cases with but a single death.

Dr. John M. Taylor, upon invitation from the chair, remarked that the first case reported by Dr. Goodell had been originally under his care. He had attended her in labor and nothing abnormal occured in the puerperal period. He had examined her six weeks later, as is his custom, and found nothing wrong. Some months afterwards she had a miscarriage; there was some placental retention, and it was followed by ovarian tenderness and signs of inflammation which gradually increased, the ovaries became enlarged. Nine months after the miscarriage the operation was performed. An interesting question is, When did the tumor begin?

Dr. Montgomery remarked that there was a resemblance between the tumor and one horn of a uterus bicornus. Was there a distinct separation between the uterus and the tumor, or could it have been such a horn?

DR. W. C. GOODELL stated that the tumor was separated from the uterus by an inch. The tumor has greatly diminished in size since it was placed in alcohol.

Dr. Howard A. Kelly exhibited a

PAROVARIAN CYST

six months ago, when she was examined by Dr. Geo. woman, multiparous, had noticed the tumor one was performed on September 25, at his private hos diagnosis. A point of interest was the flatness of pital, and was a difficult one, because most of the the anterior abdominal wall with more fulness in the cyst lay between the folds of the right broad liga- flanks than the speaker had ever before observed in ment, and the rest of it was adherent at every point a cystic tumor. The tumor was removed through a to intestines and abdominal wall. It was enucleated two and a half inch incision. The tluid was viscid exhibited it mainly to show the greatly hypertrophied broad pedicle was transfixed and tied, and over this and dilated oviduct, the walls of which are very thick a tie made embracing the whole. The wound was and were filled with pus. The left ovary being of closed by silk-worm gut sutures, five to the inch, and

AND CHRONIC METRUIS.

so well-defined and new that he designs making it the subject of a more detailed critical communica tion. The patient, about 35 years of age, had raised used by the members of the fraternity has, so far as five children, but for several years had suffered from 1 know, remained a secret which no reasonable constant soreness of the whole hypogastrium, a spot amount of money would induce them to impart to of intense burning pain to the left of the uterus, and a constant dark leucorrhoea. The menstrual conges. numerous, owing to the fact that most people, seem tions greatly increased her symptoms, which were to have an innate dread of the surgeon's knife, no again aggravated by several early abortions. She matter how skilfully used; although it is far less painhad been under excellent treatment before coming to ful than this local application. Four of my patients Dr. Kelly, and had been carefully treated by him, during the last few years have had growths removed but with only moderate, temporary improvement, in this manner, and when they were not of a malignant Dr. Kelly then decided to stop the menstrual func. nature, have resulted successfully. Two of the most nation of blood to the uterus and finally bringing try to discover what it was that was used. One of about complete involution of the organ. The operation, with a sarcoma, (not benefited) felt certain tion was performed on the same day as that before de. that it was the juice of sheep sorril, and procured scribed. The ovaries and tubes were removed through the green plant, and after bruising it made the applicapsule, and were probably (not, however, in conse- white appearance, which was the indication that its insisted that the operation here had no reference as much of the mass as did the quack doctress. whatever to any disease which might be found in the The other one, having gone to her home to be treated, appendages, but the sole indication lay in the state reported sheep sorril as his discovery, having, uninjury, and the patient was up in the next room on of syrup when it was mixed with some excipient, the fourteenth day, when the uterus was free from and was ready for use. tenderness and already rapidly undergoing involution.

tion for such a condition.

ation for the relief of metritis was the exacerbation of and consulted a number of physicians without obof all the symptoms at the menstrual period. Ma- taining relief: it was slowly enlarging and this caused ternity could not again be accomplished in consequence of abortion; complete rest in bed had failed sixteenth of an inch in diameter, the surrounding ovaralgia has undoubtedly some anatomical basis, but he is not able to say how it is to be discovered; been advised to consult this cancer doctress, but was more microscopical research is needed. The history undecided what to do. I told him that I was conof this case excluded syphilis.

(To be concluded.)

DOMESTIC CORRESPONDENCE

RUMEX ACETOSA FOR REMOVAL OF MORBID GROWTHS.

To the Editor of The Joernal:

REMOVAL OF OVARIES AND TUBES FOR SUBINVOLUTION use of the knife. She uses a plaster which in from three to six applications will, so she claims, "kill any Dr. Kella considers the indications in this case morbid growth and after a few hours poulticing remove it in one piece." That she does succeed in extirpating tumors there can be no doubt, but the means the medical profession or laity. Their patients are tion, with a view to checking the periodical determinintelligent I requested to keep a sharp look-out and an incision two inches long. The ovaries were full cation to the sore twice a day, and had the satisfacof pea-sized follicles and were covered with a dense tion after the third day to notice the characteristic quence of these appearances) diseased. The speaker work was done, then with the poultice removed quite of the uterns; the ovaries, whether diseased or not, known to her found her gathering the plant in large were removed to correct that trouble. The recovery quantities from which she extracted the juice, placing was as perfect and free from disturbance as any slight it in the sun until it had evaporated to the consistence

Shortly after the reception of this information, a Dr. Chas. Meigs Wilson considered oophoree- gentleman called to consult me about an ulcer on tomy a resort of doubtful propriety as a remedy for his nose. It had made its appearance about two metritis; for, as the menopause occurring physiologi- years before in the form of a pimple, which in due cally would not stop such an inflammation, we would time opened, but would never heal; a scab would scarcely expect it to be of greater benefit when the form and in a few days come off, leaving an ugly result of an operation. He doubts the moral right looking ulcer, to be quickly covered and shed in the of exposing the patient to the risks of abdominal sec. same manner; there was an uneasy sensation about it all the time, with, as he expressed it, "an occasional DR. Kellly remarked that one reason for the oper-gnawing." He had tried every thing he could hear him much anxiety. I found the sore about oneto stop them. He thinks these ovaries are diseased; skin slightly indurated, the surface of the cup shaped sore very red, smooth, and filled with serum; he had vinced that all she used was common sheep-sorril, and that if he would procure some, press out the juice saturate a piece of cotton and apply twice a day, keeping that put on in the morning in constant contact until renewed at night, until the skin around looked white and shrunken, then poultice, and he would have done all she could do and save 25 or 50 dollars. He "caught on" at once, made the application, and was gratified by the removal of a small hard lump, and the only evidence of its former pres-Den /So = In an adjoining county there resides lence, twelve months after, is a small depressed scar, a so called cancer doctress, who, like all of her class. Whether this result is due to the oxalic acid which is professes to remove and cure caracts without the present in this plant I leave for others to determine; but that the juice will cause the painful removal of Diseases of Women.—The following papers are an morbid growths, and is the agent used by some, if nounced for the June meeting in Chicago: not all cancer-quacks, I am fully convinced.

Eltinge, reports a case of epithelioma of the lip cured by the application of the inspissated juice of nique of Ovariotomy.' oxalis acetocella, (*Phil. Med. Times*, xii, 159). King, I believe, says, that it is reputed to possess Treatment of Abortion." the power to remove tumors and cancerous growths.

Yours truly, Amos Sawyer, M.D.

Hillsboro, 4ll, Dec. 29, 1886.

REDUCTION OF INVERTED UTERUS.

To the Editor of the Journal:

Dear Sir:—The reading of Dr. W. W. Jaggard's interesting case of the reduction of a chronic invertention of contributing papers, but have not yet ansion of the uterus by colpeurysis, in the last number of The Journal (Jan. 1, 1887), revived an old thought of mine, which I have had no opportunity of putting to a practical test, viz., that doubtless more certainty and promptitude as well as safety, in the reduction of inverted uteri, might be attained by the direct application to the protruding fundus and body of mere purely medicinal and dynamical, or physiological agencies, than by mere pressure or mechanical means alone, though they may be usefully combined. Thus, by the immediate application to the inverted fundus and corpus uteri of astringents and W. W. JAGGARD, M.D., Sec'y. stimulants the vis incita and tonicity of the uterine tissues might be sufficiently increased to cause contraction, retraction, and reduction of the inverted organ more speedily and easily than by colpeurysis or mechanical measures exclusively. The most promising agents to be thus applied to the everted part are acetate of lead, common potassic alum or iron alum, tannin, ergot, nux vomica, strychnia, hotwater douches especially, and electricity by current from fundus to sacrum or abdomen. As most of these agents are directly or indirectly active hæmostatics. as well as astringents and stimulants, they are specially indicated in cases of hemorrhages and other Philadelphia, Penn. Librarian, C. H. A. Klein defluxions from the uterus. Even if not always sufficient of themselves for the reduction of the inversion, these agents could not fail to be more or less useful in connection with pressure by colpeurysis or otherwise. The same principles and remedies are All membership dues should be sent direct to the efficient in relaxation, inversion, prolapsus, and pa-Treasurer, RICHARD J. DUNGLISON, M.D., lock box ralysis of the bowels and other parts, and should be 1274, Philadelphia, Penn. likewise effective in this similar abnormity of the uterus. Believing these agents will act effectively, in the speedy and easy reduction of inverted uteri in all degrees and stages, both acute and chronic, I present them suggestively for consideration and trial.

Respectfully,

GEO. J. ZIEGLER, M.D.

Philadelphia, 1887

ASSOCIATION ITEMS.

THIRTY-EIGHTH ANNUAL MEETING AMERICAN MEDICAL ASSOCIATION.—Section of Obstetrics and

J. E. Kelly, New York, "Lithiasis in Pregnancy." Charles Meigs Wilson, Philadelphia, "The Tech-

Hiram Corson, Plymouth Meeting, Pa., "The

Wm. T. Taylor, Philadelphia, "Eclampsia."

W. S. Caldwell, Freeport, Ill., "Intra-Dterine Therapeutics,"

Geo. F. French, Minneapolis, Minn., "The Chief Source of Danger from the use of the Uterine Sound."

B. E. Hadra, Austin, Texas, "Hysteria and the Ovaries."

The following gentlemen have signified their innounced the topics:

W. M. McPheeters, St. Louis, Mo. A. McLaren, St. Paul, Minn. John M. Keating, Philadelphia, Pa. W. H. Wathen, Louisville, Ky.

W. 11. H. Githens, Philadelphia, Pa. Howard A. Kelly, Philadelphia, Pa. W. P. Manton, Detroit, Mich.

A. H. Halberstadt, Pottsville, Pa.

F. M. Johnson, M.D., Ch'n., Kansas City, Mo.

2330 Indiana Ave., Clicago,

AMERICAN MEDICAL ASSOCIATION.

FORMID IN 1846.

Next annual meeting will be held June 7th, 8th, 9th, and 10th, 1887, in Chicago, Ill. President, E. H. Gregory, M.D., St. Louis, Mo. Permanent Secretary, W. B. Atkinson, M.D., Philadelphia, Penn. Assistant Secretary, J. Nevins Hyde, M.D., Chica-Treasurer, Richard J. Dunglison, M.D., go, Ill. schmidt, M.D., Washington, D. C. Chairman of Committee of Arrangements, Charles Gilman Smith, M.D., Chicago, Ill.

All membership dues should be sent direct to the

MISCELLANEOUS.

THE PARIS ACADEMY PRIZES.—The Vernois prize has been awarded to M. Monod for a collection of works relating to Hygiene.

The Amussat prize of 1500 fr. has been given to Dr. Assaky for a work on "The Restoration of Sensibility by Suture of Nerves."

The accrued interest of the Morbinne Fund has been awarded to Dr. Charrin for a Report on the Epidemic of Cholera in the Department of Finistère.

The Desportes prize was not awarded, but M. Du

Castel received a recompense of 1000 fr. for a work mentary knowledge on the part of teachers upon on the treatment of Variela, and D. Moncorvo, of the subjects of sanitation and physiology, wisely subtreatment of Whooping Cough with Resorcin.

The Civricux prize for a work on Migraine was divided between Dr. L. Thomas, of Paris, and Dr.

Régeard, of Paris.

Klumpke, "Les Paralysies radiculaires du Plexus brachial," and Dr. Leon Perrin, whose paper was on "Cutancous Sarcomatosis."

The "Prix de l'Hygiene de l'Enfance," "Relations of Syphilis and Rachitis in Early Infancy," was isms may be unaffected by freezing. awarded to MM. Cazin and Iscovesco.

The Academy prize, of 1000 fr., on "Ruptures of of the paper of Dr. Drochon.

The Henri Buignet prize, 1500 fr., was awarded M. Lafon, of Paris, for his "Studies on Digitaline."

The Capuron prize, on the subject "The Relative Value of the Different Methods of Determining the Age of Intra uterine Life at the Time of Birth; Its Medico legal Applications," was awarded Dr. Bouillet, of Beziers.

The Fabret prize on the "Relations between General Paralysis and Cerebral Syphilis," is continued for 1887.

cel Crivelli, of Paris.

Nitrate of Potash, and of Digitaline;" not awarded, but a recompense of 500 fr. given MM. Chautard doubtless ample room for sanitary progress. and P. de Gennes, of Paris.

The Orfila prize, on "Serpent Venom," is continued for 1888.

The Portal prize, on "Exophthalmic Goitre," was "Pathology of Intra uterine Death." awarded Dr. Liégeois, of Bainville-aux Saules.

The Saint Paul prize for a specific against Diphtheria; an encouragement of 1,000 fr. to Dr. Alfred Sass, of Paris.

SCHOOL HYGIENE IN AUSTRALIA.—In Australia, says the Sanitary News, the subject of school hygiene has received proper attention in the State schools for some years. The teachers are particularly instructed to be careful about the spread of infectious diseases, and the public health law is stringent enough to secure the exclusion of scholars and teachers from houses in which communicable diseases exist. In the State schools of Victoria, since 1879, a system of object lessons has been given with a view of im parting elementary instruction bearing upon the health of the people. These lessons generally include such subjects as food, clothing, ventilation, cleanliness, and the prevention of infectious diseases. There have also been given at stated times lessons for the treatment of snake bite, for the resuscitation of the drowned, and for the first aid to the injured. The department of education requires some ele-

Rio de Janeiro, one of 500 fr. for his work on the stituting in this connection, the term sanitation for that older and less comprehensive word, hygiene.

IMPURE ICE.—The New York State Board of Health, in a report on the dangers of contaminated The Huguier prize was awarded to Dr. Charles ice, draws the following conclusions: Ice formed in Perrier for his ingenious treatment of inversion of impure water has caused sickness; it may contain from 8 to 10 per cent. of the organic matter dissolved The Godard prize was divided between Miss in the water, and in addition a very large amount of the organic matter that had been merely suspended or floating in it; it may contain living animals and plants ranging in size from visible worms down to the minutest spores, and the vitality of these organ-

CHOLERA IN EUROPE.—The recurrence of cholera the Urethra and their Treatment," was awarded Dr. in fresh localities in Eastern and Central Europe, A. J. Etienne, of Toulouse, with honorable mention says the Lancet, is the most striking feature of the present phase of this year's epidemic. Large outbreaks are hardly to be expected in Europe at this season of the year, but it is most disquieting to learn that in certain parts of Austrian and Turkish Croatia, and in some districts of Hungary, fresh places are being attacked. The disease has also taken a fresh stride in a south-eastern direction, Belgrade having been attacked. According to the latest intelligence, cholera broke out in one of the infantry barracks, and between the 21st and 27th of November there had been fifty cases and ten deaths. The King of The Herpin prize, "Is there an Abortive Treat-Servia, on receiving the intelligence, returned to his ment of Confirmed Syphilis?" was awarded M. Mar- capital and personally visited the sick; he at the same time stimulated the authorities to take ample Louis prize, "Study of the Action of Mercury, precautions to prevent the spread of the disease. Typhus is also prevalent in Belgrade, so that there is

> The Lumberan Lectures will be delivered on March 24. 29, and 31, by Dr. Priestley, on the

> THE GUISTONIAN LECTURES for 1887 will be delivered on March 3, 8, and 10, by Dr. Macalister, of Cambridge, on "The Nature of Fever."

> Sanitary Inspection of Passenger Cars,—Dr. R. HARVEY REED, now engaged in making an inspection of passenger cars on railways running in and through Ohio, has forwarded a copy of the blank used. Boards of Health engaged in such inspection would do well to obtain a copy.

> Koch's Researches on Cholera have been confirmed and extended by Drs. Tizzoni and Cattani, of Bologna, who have taken advantage of the recent epidemic of cholera in the north of Italy to study the subject.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT. U. S. ARMY, FROM JANUARY 1, 1887, TO JANUARY 7, 1887

First Lieut. H. I. Raymond, Asst. Surgeon, ordered for duty at Presidio of San Francisco, Cal. S. O. 127, Dept. Cal., Dec. 29, 1886.

Journal of the American Medical Association.

EDITED FOR THE ASSOCIATION BY N. S. DAVIS.

PUBLISHED WEEKLY.

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CHICAGO, JANUARY 22, 1887.

No. 4.

ORIGINAL LECTURES.

ON DIABETES.

A Clinical Lecture delivered to the Students of the Western Pennsylvania Medical College, on October 29, 1886, BY W. SNIVELY, M.D.,

PROFESSOR OF CLINICAL MEDICINE, PITTSBURGH, FA. [REPORTED BY R. M. JONES.]

Gentlemen:—The case of the young man whom weight 95 pounds. operate. The sharp pains from which he suffered cæmia. have greatly diminished, but have not entirely ceased. contains a large quantity of sugar.

morbid complexus which we term diabetes. 1st, the correct by Griesinger and other observers. This

presence of a notable quantity of sugar in the urine. This we call glycosuria; 2d, increase of the urinary secretion, or polyuria; 3d, increase of thirst, or polydipsia; 4th, increase of appetite, or polyphagia; 5th, emaciation, or autophagia. The four first phenomena are contemporaneous in their appearance; the fifth appears later; there is nothing definite in the

period of its development.

The polyuria is the result of physical conditions, easy to comprehend. Glycosuria is not the effect of a pathological work, located in the kidneys; this primordial symptom is the direct consequence of the I present for your consideration to day, affords us an presence of sugar in the blood in abnormal quantity; opportunity to study a very interesting disease. I there is glycosuria only because there is glycosmia, feel certain that many of you will make a correct and this alteration of the blood holds under its imdiagnosis when I read you his clinical history. James mediate dependence not only the glycosuria, but G., et. 25 years, laborer; married, and the father of all the other phenomena characteristic of diabetes. two children, both living. Height 5 feet 41/2 inches, The presence of sugar in the blood increases the Family history good; father, viscidity and the density of the liquid; in this conmother, four brothers and one sister all living and in dition, endosmotic absorption through the vascular good health. Previous to eighteen months ago he walls becomes more active, and there is established had always enjoyed good health. Eighteen months a species of intra-vascular aqueous plethora, which ago he contracted a gonorrhoa, which lasted three is indispensable for the free circulation of the blood. months. He then weighed 150 pounds. About the Thus is produced a permanent increase of the intrasame time he began to emaciate and grow weak, and vascular pressure, and, in the kidneys, this abnormal he suffered from sharp pains in his body and limbs, condition translates itself by an augmentation of the Doctors told him that it was muscular rheumatism, excretion; this is the first cause of the polyuria. To and treated him for that disease, but without benefit. this physical cause, another of a chemical order is He continued to suffer progressive emaciation and added; the sugar, the elimination of which by the weakness, until about three months ago, he noticed urine is always proportionate to the richness of the that his urine began to "dribble," wetting his cloth-glycamia, can pass through the renal filter only when ing. About the same time it began to increase in diluted in a certain quantity of water; this superquantity, and his thirst became enormous. He could abundant water is abstracted by absorption from the not get enough to drink. His appetite also became peri-vascular tissues, and the polyuria is thus main-proportionally increased, and he could scarcely get tained at the degree necessary for the elimination of enough to eat. Notwithstanding the large amount the sugar. This polyuria, the explanation of which of food and liquid ingested, he continued to emaciate. has given rise to many different theories is merely He also suffered from obstinate constipation. He the direct consequence of certain physical and chemtook pills, and powders, and capsules, and salts, to ical conditions. The first link in the pathological physic himself, but without avail; they would not chain is the alteration of the blood by sugar, or glv-

In order to make up for the abstraction of water His urine, which I show you, is highly acid; its sp. to which his organism is subjected, the patient must gr. is 1,030, and during the twenty-four hours ending ingest a proportionate amount of liquid; hence the at ten o'clock this morning he passed 273 ozs. It polydipsia, the amount of which is always in exact relation to the polyuria. Frank, Christison, and You are now in possession of the clinical history other physicians once asserted that the amount of of this case. What is the diagnosis? Diabetes. This urine excreted exceeded the amount of liquid inyoung man presents au grand complet, the five fun- gested. This could not be true, because it would be damental symptoms, which by their union form the unphysiological, and it has been demonstrated as inrendered and the amount ingested, is quite exceptional and when it exists, is forcedly temporary.

losses which the organism submits in materials, nitromits us to understand the frequent modifications.

restricts himself to this rigorous regimen he has the presented by diabetes. benefit of this artificial cure.

he continues to manufacture sugar as formerly.

in regard to emaciation? The first patient does not bankruptey of the organism is fatal. emaciate. The second does not emaciate so long the digestion and appetite fail, they emaciate rapidly. phenomena. The third patient emaciates promptly and fatally, for subjected to a dietetic regunen, he makes sugar cannot contain an abnormal element in notable quanat the expense of himself. If you will permit me an tity without all the liquids of the organism becoming the disintegration of their own tissues.

increase can be imputed to polyphagia, this is not of the urine. The saliva often contains sugar, and fail to provide for the excess of urea lost, it necessa-pretty sound teeth, but their preservation is perhaps rily follows that this urea has its source in the disin-due to his youth.

paradoxical discordance between the amount of liquid tegration of the tissues; it is not only the glycosuria, it is the azoturia which weakens the patient. He lives at the expense of himself, he has autophagia. The polyphagia explains itself; it results from the If we re-examine, from this point of view, the three classes of patients which we have established, we genous and otherwise; the analysis of the urine re- will find that these two causes of consumption are yeals at once the necessity and the amount, and per-usually united in the same patients. Those who make their glucose but with the starchy aliments, do The fifth and last essential symptom of diabetes, not present, usually, an increase of urea; they esthe emaciation, or autophagia, is not less constant cape both causes of emaciation. But those who than the preceding, but it varies greatly as to the pe-make their sugar with their nitrogenous alimerts, riod of its development. The variations which the necessarily draw from themselves a part of the urea emaciation presents, in its appearance and in its ra which they lose, even when it is not in excess, since pidity, depends upon the source of the sigar lost by the vast proportion of the albuminoid materials which the patient. Take three individuals suffering from they ingest is viciously employed in making sugar. well characterized diabetes; their condition is in ap- The precise experiments of Sidney Ringer establish pearance the same, but a short time will show pro- clearly the reality of this autophagic consumption, found differences in the actual situation of each of in showing that the excretion of urea and of sugar these patients. You exclude sugar and starch from continue when the patient is subjected to rigid diet. the diet of the first and in two or three days the gly- These are facts, not hypotheses, and must serve as a cosuria will disappear, and so long as the patient basis for the interpretation of the clinical differences

During the first period, the patient forms his sugar Exclude starch and sugar from the diet of the out of the starchy aliments; the nutritive aberration second, and the glycosuria does not disappear; it affects only the organic evolution of the starchy merely diminishes, and this diminution may be quite matters. Later, in the second phase of the disease, the aberration affects equally the nitrogenous mat-Put your third patient upon the same regimen and ters, the patient employs the greater portion of them in forming glucose; if the polyphagia can repair the Here, then, masked by an apparent similitude, are losses, the patient may remain plump, or fail but three conditions profoundly dissimilar. The inter-slightly; the organic budget is still in equilibrium. pretation is clear. The first patient makes the sugar but it is an artificial equilibrium. In the third pewhich he loses out of the starchy aliments. The riod, the equilibrium is broken, the patient employs second, at the expense of the nitrogenous aliments, his food and his own tissues to form sugar and urea The third, at the expense of himself. What happens in excess; the expenses exceed the receipts, and the

In addition to these fundamental symptoms which as his digestive organs can utilize the superabundant we have just passed in review, diabetes presents aliment which he ingests; in him polyphagia is a some secondary symptoms which are subordinate to necessity—it maintains the nutritive equilibrium, the primary. We will study them by grouping them Patients of this class can resist for months and years, according to the pathogenic mode; this method will without emaciation, so long as the appetite and the have the advantage of instructing you, at the same digestion can satisfy this exaggerated activity; when time, of the existence and of the genesis of these

Phenomena Dependent upon Glycamia.—The blood alliance of words which render exactly the distinction impregnated with it. Griesinger and Semmola have which I have just established, I will say that the first demonstrated it in the perspiration. But perspirapatient has a starchy glycosuria, and that the other tion is not often present in these patients; the skin two have a nitrogenous glycosuria, the materials of of our patient has been persistently dry. Griesinger which are furnished either by nitrogenous food or by demonstrated a superabundance of sugar in the perspiration of patients in whom the urinary sugar had Here is a first point acquired, but this is not all; greatly diminished without corresponding amelioraanother condition, too often misunderstood, remains tion in the general condition. The complementary to be considered, if we wish to appreciate the signi-elimination compensated for the diminution of the fication of diabetic emaciation. So long as the ex-glycosuria; this teaches us that we must not judge cretion of urea is not increased, or so long as the the losses of our patient simply by the examination an additional cause of deterioration for the organism, it is to this alteration of the buccal liquid that the the equilibrium is maintained by the integrity of the lesions of the gums and teeth, so frequent in these digestive functions; but when the aliments ingested patients, have been attributed. Our patient has yet

Impotence is another effect of glycaemia. In may become generalized. In the male, swelling of phrodisia.

It is to the abnormal state of the blood, and to the examine the urine. modifications of the endosmotic exchange between sicians, stricken with the frequency of this coinci-conditions. dence, have gone so far as to say that every individcomplications.

often it is chronic from the beginning; besides, when cal anatomy. it does present first in the acute form, resolution does persists and slowly submits the histological modification, or rather to the insufficiency of nutrition. Catary hepatization. This pneumonia terminates quite treatment is rarely or never successful. frequently in gangrene, and this pulmonary ganhas been verified by a great number of observers.

sphacelus; in fact, so great, in this respect, is the ease is two or three years. pathogenic power of glyciemia, that we frequently out glyciemia, and these cases are not isolated. Remand an immediate examination of the urine. member the frequency of this relation, but do not believe in its invariability.

some cases the desires are preserved, the venereal act the prepuce, phimosis and balanitis are sometimes is possible, but it is sterile, for the spermatozoa can-observed. None of these symptoms exist, or have not preserve their activity in a liquid containing su- previously existed in our patient; they have no siggar; this is sterility, not impotence, but in some par nification from a prognostic standpoint but they have tients true impotence exists, with or without ana- a very great signification for the diagnosis. When you observe these manifestations, you must always

Phenomena Dependent upon Polyuria.—Polydipsia, the intra- and the extra-vascular liquids that we must which we have already discussed, is not the only disattribute the peculiar predisposition of these patients order dependent upon polyuria; to this cause we to the cutaneous and visceral inflammations, and to must refer the obstinate constipation and the dryness gangrene. Of the superficial phlegmasias, the most of the skin and mucous membranes. Our patient, frequent are furuncles and carbuncles. Some phy-las you already know, has suffered greatly from these

Phenomena Dependent upon Consumption.—Phthisis nal attacked with furuncle or carbuncle, is necessal is one of the most common results of the diabetic rily the victum of glycosuria; this is erroneous; the condition; according to Griesinger, nearly one half frequency of the relation is great, the constancy is of these patients succumb to tuberculization of the not a fact. Nevertheless, in practice we should ex-lungs. Clinically, diabetic phthisis is distinguished amine the urine of every patient affected with this by the almost constant absence of hemoptysis, by species of phlegmasia, and this rule is so much the the rapidity with which excavations are formed, and more important because they are precocious acci- the limited amount of the secretions. It is not rare dents, and may lead to the discovery of a diabetes. to see patients with large caverns expectorate almost The frequency of this complication is so common in nothing at all. Our patient presents a striking ex-Brazil that it is known to the common people, who ample of this condition. Two eminent English obreason invariably from carbuncle to diabetes. Our servers, Wilks and Pavy, contend that the pulmonary patient affirms that he has never suffered from these caverns of these patients are due to the elimination of chronic pneumonic foci, and not to the presence The most frequent of the visceral inflammations is of tubercles. The utilization of a large number of pneumonia, which is characterized by its chronicity; autopsies can alone settle this problem in pathologi-

Visual troubles, as cataract, so frequent in these not follow the fall of the temperature, the lesion cases, are probably to be attributed to the consumptions proper to the regressive evolution of pulmon-aract occurs late in the disease, and operative

Diabetes is a condition of long duration. The grene, like the other visceral modifications sometimes reported cases in which death occurred in a few encountered in the course of diabetes, have not the weeks are quite exceptional. Generally its progress characteristic odor of common gangrene. This fact is uniform and continuous; sometimes remissions occur, lasting a few weeks or months, which have Visceral gangrenes are not the only ones produced probably been prematurely reported as definitive by diabetes; the carbuncles and furuncles of which cures. According to Griesinger, who analyzed a I have spoken to you, have a marked tendency to total of 225 cases, the average duration of the dis-

The diagnosis is to be based upon the discovery of observe gangrene of the inferior members, which was sugar in the urine. This is a very simple matter long considered spontaneous gangrene. The rela- when we are led to look for it; what is important is tion of these peripheric gangrenes to diabetes, is to be conducted to the presumption of the disease. to day well known, and the knowledge of this import. The situation of the physician is the same as for ant fact has given rise to an error, the inverse of that Bright's disease. The affection does not reveal itself which was previously committed. Some observers openly; it is necessary to suspect it. In order to think that senile gangrene always depends upon dia make an early diagnosis of diabetes, you must be betes. This assertion is an exaggeration. I have acquainted with the semiological value of certain seen, myself, two cases of gangrene of the toes with- phenomena which are indications sufficient to de-

The polyuria, the insomnia which it produces, the increase of thirst, particularly if it coincides with Phenomena Dependent upon Glycosuria.—The irrithat of the appetite, are symptoms the signification tation resulting from the frequent miction of sugary of which cannot be misunderstood; but there are urine is apt to cause redness of the meatus, and a other circumstances, less demonstrative, which are pruritus sometimes insupportable; eruptions of pru- of real value; these are the pruritus, urethral or vulrigo and herpes often exist in this connection, and var, the swelling and the cruptions of the prepuce or diabetes and look for sugar.

prove the true character of a glycosuria. The glyco- causation of diabetes. suria which sometimes follows cephalic traumatisms, traumatic origin may become the point of departure excess, to the poisons, curare and strychnia, and to of diabetes in an individal predisposed. The diag- chloroform. nosis must in every case be based upon the quantity the effect produced by diet.

polyphagia.

tism, typhoid fever, pleurisy, scarlet fever, etc., may phenomenon. be probable causes. I am disposed to believe that psychical causes, and particularly worry and mental our subject, the treatment. In the first phase of the depression, may exert an exciting influence in an disease, when the patient is making his sugar at the organism predisposed to it.

whose mother refused her consent to the marriage, and hygienic measures will be as useless as drugs. He became melancholy, morbid and depressed, gave

of the labia, the generalized pruriginous or herpetic. You are not to infer from this that every married man eruptions, the fish's condition of the linen and cloth- who contracts a gonorrhea, and suffers from worry ing. All these conditions, slight as they may appear and mental depression in consequence, is going to to you, demand an examination of the urine. So have diabetes. In our ignorance we explain this by with furuncles and carbuncles, you must think of saying that these two individuals were predisposed to diabetes, and only required an exciting cause to But, when you have found sugar in the urine, in stimulate into action the pathological work which notable quantity, you are not justified in reporting it forged the first link in the pathological chain, glycæas a case of diabetes. Glycosuria is a symptom, and mia. This morbid predisposition, we suppose, diabetes is a condition which has this for one of its exists in the sympathetic nervous system. You may symptoms; it is not constituted by this phenomenon not consider this very valuable or practical informaalone. Prolonged observation may be necessary to tion, but it is the best I can furnish you regarding the

I have said nothing of cephalic tranmatisms, for or certain diseases of the spinal cord, are usually the reason that they pertain to the etiology of glycosimple, although accompanied by polyuria and poly-suria rather than of diabetes; the same remark is dipsia, but this is not always so; a glycosuria of applicable to the ingestion of amylaceous foods in

When the famous experiments of Claude Bernard of glucose lost, upon the other modifications of the demonstrating the fact of hepatic glycosuria were urine, upon the constitutional symptoms, and upon given to the world, his conclusions were soon made the basis of a new theory of diabetes. But the clinic The causes of diabetes are far from being com-showed diabetes present with a liver perfectly healthy, pletely elucidated; pathological anatomy has revealed and diabetes absent with livers variously diseased. no constant and characteristic lesion. Alterations of You remember that at our last clinic, I tapped an the kidneys, analogous to those of Bright's disease, ascites which was due to atrophic cirrhosis. That are most frequent, and are probably due to excess of man has never had a symptom of diabetes. In adfunction, and to the irritating character of the ex-dition to these clinical facts, the sixty-four autopsies cretion. Atrophy of the pancreas has been observed. of Griesinger show us the liver very often normal, Dilatation of the stomach with hypertrophy of the sometimes atrophied, and very rarely congested or muscular coat, when it occurs, is probably due to hypertrophied. Thus you see that pathological anatomy furnishes important evidence against the Hereditary influence must be a very unimportant hepatic theory of diabetes. In addition, Prof. Schiff factor, if we are to judge from the small number of and others demonstrated the reality of the fact adcases addinged in support of it. I am cognizant of vanced by Pavy, that the production of sugar in the the case of a man, at present suffering from diabetes, liver is a post mortem phenomenon; that in a physiwhose son, a boy of 7, died a few years ago from ological condition, the liver does not make sugar. It this cause. Griesinger's analysis of 225 cases would fixes and contains glycogen, but the transformation seem to show that intermittent fever, gout, rheuma- of glycogen into sugar is a pathological or cadaveric

We now come to the most unsatisfactory part of expense of the starchy foods, the treatment is to be A short time ago, a young man was admitted to dietetic and hygienic; benefit will be obtained by exthe Western Pennsylvania Hospital. He was suffer-cluding the starchy, and the employment, to the ing from diabetes, which ran a rapid course, termi-greatest extent compatible with good digestion, of the nating fatally in less than a year from the time of its nitrogenous foods. Rest, recreation and judicious supposed commencement. No reasonable cause bodily exercise must be enjoined also. But if he is could be assigned for the disease, but after his death making his sugar at the expense of the nitrogenous we learned that he had been engaged to a young lady foods, or at the expense of his own organism, dietetic

With the exception of pulmonary caverns, our paup his work, began to fail physically, and was admit tient presents absolutely none of the secondary sympted to the hospital in the condition stated. You are toms which I have described to you, and you might not to infer from this that every young man who fails be led to believe from this, that his case was still to marry the object of his affections, will develop a amenable to treatment. The absence of all these diabetes. Our patient, as you already know, con symptoms is not unusual; we are not dealing with a tracted a gonorrheea about eighteen months ago; he morbid species, but with an individual case, and, unhas confessed to me that he suffered terribly, both in fortunately, this particular patient is suffering from mind and body, from this cause, and that he was in autophagia; he is making his sugar at the expense of terrible fear lest his wife should find him out; he at- his own organism. The prognosis is absolutely grave; tributes his present condition entirely to this cause, nevertheless, we must not abandon him to death withpracticable, to a dietetic and hygienic regimen, we paraldehyde is superior to chloral. Cervello says: will endeavor with anodynes to relieve the suffering Paraldehyde affects the cerebrum, the spinal cord from insomnia, and we will employ the potassium and the bulbus, successively abolishing the reflexes, bromide for this purpose. During the past two years, causing anaesthesia and sleep by anaemiating the a preparation called arsenite of bromine has been brain and cord. It is eliminated by the lungs. It is highly recommended through the medical journals not a cardiac poison. for its efficacy in the treatment of this disorder. It I may add, that in no instance have I seen inter-

journals. Do not then, prematurely, report cases of quently repeated small doses. diabetes, because if you do, you will probably report profession at large.

ORIGINAL ARTICLES.

PARALDEHYDE AND URETHAN.1 BY H. B. WILLIAMS, M.D.,

ASSISTANT PHYSICIAN ARKANSAS STATE LUNATIC ASYLUM.

the State Lunatic Asylum.

has a pungent, penetrating odor, and its taste resem- any kind, nor did he require one subsequently. bles that of sulphuric ether. In regard to its chem-

P. O. Hooper:

nary aldehyde and hydrochloric acid, hence (CH₃, The history of that case is as follows: The patient, ric acid reconverts it into ordinary aldehyde."

out effort; we will submit him, as rigorously as is soning, delirium tremens, and uraemic convulsions,

has received the endorsement of some of the leading ference with respiration result from its administration. physicians of the country; for this reason, we will At the Lunatic Asylum, we have used the drug as a give our patient the benefit of a trial of the drug, and hypnotic to allay excitement, and to control epilepti-I shall keep you advised of the progress of the case, form seizures in one instance. The results obtained A word more, gentlemen, and I am done: When have been very gratifying. It is administered in you go out into the world to practice your profession, doses of from 30 to 75 minims. I, however, usually you will probably write occasionally for the medical give 5j. A single large dose acts better than fre-

In simple insomnia, in 3j doses, it has acted for some cures, due to some peculiar method of treat- me like a charm, while in mania accompanied by ment. These will likely be regarded by a majority great excitement, the results have been almost uniof your readers as the result of mistakes in diagnosis, formly satisfactory. When the solution is freshly and you will be looked upon as incompetent observ- prepared and is administered without more than moers. Observe your cases closely and patiently, and mentary exposure to the atmosphere, sleep, in nine thoroughly investigate all the phenomena connected out of ten cases, has been produced in from three to with them, before you decide upon giving your diag- fifteen minutes. In the few instances in which no nosis, and the recommendation of a specific to the effect followed its ingestion, it was repeated in one hour and the desired result produced. The sleep produced is sound, refreshing, and to all appearances natural; it lasts from three to eight hours, and in my experience has never been followed by nausea, headache, anorexia, constipation, or any symptom of deranged function.

In recurrent mania attended with great excitement, restlessness, and persistent insomnia, it has seemed to me to shorten the duration of the paroxysms. In Every day sees a new remedy come to the front as such cases it was administered nightly and sometimes a candidate for favor in the medical world. Some of had to be repeated, but in no instance has a tolerance them prove to be of value, and take their proper been established. In one case of acute illness, where place in the armamentarium of the skilful, thoughtful the patient was much emaciated, very weak, wildly physician. I desire to call attention to two new hyp-defirious, and suffered from persistent insomnia which notics which are awakening interest among neurolo-chloral failed to relieve, a single dose (5j) of paralgists more particularly, and which have been used in dehyde produced a natural sleep of eight hours' duration, from which the patient awaked refreshed and The first is paraldchyde, a methylic ether, an ex-improved. On the two succeeding nights he received ceedingly volatile liquid, somewhat resembling the the usual dose, and each time with like results. On the compound spirit of ether of the Pharmacopeeia; it fourth night he slept soundly without a hypnotic of

Again, in a woman, the victim of chronic mania, istry, method of preparation, etc., I quote from a who was also in the last stages of pulmonary tuberletter of Prof. C. O. Curtman, of St. Louis, to Dr. culosis, paraldehyde produced sleep and quietude repeatedly and without untoward effect. I have used "Paraldehyde is the condensation product of ordi- it but once to control the paroxysms of epilepsy. CHO), It is formed by adding to pure aldehyde a who has suffered from epilepsy for years, having two small amount of hydrochloric acid, when the con- or three attacks weekly, suddenly had an increase in densation takes place with evolution of heat. (With the number of paroxysms. For two days he had even a small amount of sulphuric acid, the reaction from one to three seizures hourly, and became totally occurs with explosive violence.) The product is demented. Potassium bromide in heroic doses had cooled by ice till it solidifies, is then pressed to free no influence over the seizures, while 5j of paraldeit from acid, etc., filtered off and finally distilled. It hyde caused a complete cessation in less than twenty boils at 253.7° F. It dissolves in 8.3 parts of water minutes; this cessation was accompanied by a sound at 55.4° F., less in hot water. Distilling with sulphus sleep of six hours' duration, from which the patient awakened improved in every respect

Dujardin-Beaumetz says of it: In strychnia poi- | In epileptic mania in which paroxysms of epilepsy were not numerous, I have used paraldehyde for its

Read before the Medical Society of Arkansas, April, 1889.

calmative and hypnotic effects, and in only one instance did failure result. In that case the patient was taking f. e. ergot and potass, bromid, for the epilepsy. In several instances, I have awakened the patient within a half hour or an hour after the inges tion of the drug, and found he would talk sensibly, but as soon as he was left undisturbed, he relapsed again into sleep.

paraldehyde is invaluable.

the taste and in a great measure conceals the exhala- of Grove City. tion of the drug on the breath. This exhalation, twelve hours after the ingestion of the drug.

out; otherwise disappointment will follow its use.

in insomnia due to pain is worse than useless.

which promises to be as valuable as paraldehyde.

taste. Its hypnotic value has been tried in cases of of the extremity. rheumatism, gout, catarrh, neuralgia, skin diseases of the kidneys or bowels has been noticed.

SHORTENING, BY OPERATION, THE BONES OF THE LIMBS IN THE TREATMENT OF INJURIES COM-PLICATED WITH EXTENSIVE DESTRUC-TION OF THE SOFT PARTS.

BY WILLIAM D. HAMILTON, M.D.,

OF COLUMBUS, OHIO.

In the issue of The Journal of August 14, 1886, In a case of chronic mania in a man who has a page 176, appears an abstract from the Gazette Medlesion of the mitral valve, compensatory hypertrophy icale de Paris, under the above title. Dr. Martel, of of the heart having taken place, the parallehyde gave St. Malo, saw a patient June 2, 1885, with severe most excellent results. I would state parenthetically compound fracture of the leg. Anteriorly was a that chloral has frequently been administered in this large wound, whose extent was due to actual destruccase without ill effects. Sometimes chloral produces tion rather than to retraction of the skin and subjaa state of intoxication which forces the patient to cent tissues. On February 25, 1886, he made an occupy the recumbent posture, but neither allays oblique resection of both bones of the leg. On excitement nor produces sleep. In this class of cases March 25 union had occurred; April 25 consolidation was complete. August 3 two ulcerated spots The method of administering paraldehyde is im- remained, which soon healed. The author is only portant. It can be given in mucilage, syrup or cognizant of a single case like his own: that of Karl whiskey, preferably in whiskey. At the Lunatic Loebker, who, in 1884, resected the radius and ulna Asylum we give one part paraldehyde in three of in continuity. My own case was reported to the whiskey. No difference in the action of the drug is Central Ohio Medical Association on the first day of perceptible when mucilage or syrup is used as the last April, the patient being presented at the time for menstruum, instead of whiskey. Whiskey disguises examination. I first saw her with Dr. Lewis Hoover,

L. S., act. 10, was caught by the sickle of a when not obviated by whiskey, is almost intolerable reaper July 16. 1885. Her left leg was almost and continues for several hours. I have noticed it cut in two at the junction of the lower and middle third. The lower fragment was bent at right angles Paraldehyde must be kept in glass or rubber stop- to the upper one. An ugly lacerated wound had pered bottles, and must be taken as soon as poured been inflicted. It was irregularly rectangular in shape, the greatest length being at right angles to the That paraldehyde will supersede chloral 1 do not axis of the limb. It was $z_{\perp 4}^{T}$ inches broad in the believe, but that it will rank as a good reliable hyp-continuity of the leg, and 5 mehes long. It included notic, particularly where chloral and opium are contra- at least two thirds of the circumterence and involved indicated by personal idiosyncrasics, I am confident, the anterior and outer aspect. The soft parts in this Another fact: paraldchyde is not an analgesic, and area were extensively destroyed to the level of the deeper posterior layer of muscles. Both bones were Now, a few words on urethan, another hypnotic comminuted in their whole diameter. The periosteum was denuded from the upper fragment of the Urethan puriss. (NH_a, CO_a C_a H_b) is the ethylic tibia for three fourths of an inch. Nearly everything ether of corbanninic acid; comes in white crystals, odor-lying in front of a plane passing posterior to both less, easily soluble in water, and has a sweetish bitter bones was destroyed for 2 ¼ inches in the continuity

The wound was washed with a 1-3000 bichloride with irritation, general restlessness and sleeplessness, solution. To check the hæmorrhage, which was As a rule, the results were excellent, no unpleasant quite profuse, the divided ends of the anterior tibial after effects having been caused in a single instance, artery were tied with gut. The periosteum was well Urethan is an analgesic, as is shown by its action in retracted and a transverse, even division of the bones gout, rheumatism, etc. Its action is chiefly on the was made above and below the injury, and the intercerebrum, and it has no influence on the medulla vening fragments were dislodged. It involved the oblongata or cord. No interference with the action removal of two inches of both tibia and fibula. Neat apposition was secured without wiring or suturing. The dose of the drug is 15 grs. I have used it Several layers of over and over gut stitching united only in insomnia of mania, and have found sleep re-the edges of the wound. A small opening was sult uniformly after the ingestion of the above-named left in the lower angle for drainage. No tube dose. As toxic symptoms have never as yet been was used. Thorough irrigation was followed by the produced by the drug, I can tell you nothing of use of iodoform gauze and other antiseptic absorbthem, nor of the amount necessary to produce them, ent dressings. A padded posterior splint with a I have seen sleep, apparently natural, as the only rebandage over all, secured immobility. The temperasult of the administration of urethan. If the promitive was normal, or nearly so, from the third day, is ses which urethan holds out are fulfilled, it will prove an addition of very great value to our materia medica. July the dressings were changed. August 7 she sat up and a plaster dressing was adapted. There was neither pain nor spasm during convalescence. Every-

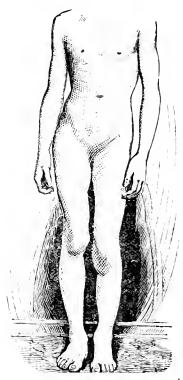
thing was taken off on October 19.

For several months, the temperature of the limb was lowered. It had a dusky hue, its nutrition and innervation being seriously impaired. The complete everything to be done by the posterior group. When October, 1885. first seen, mortification seemed imminent. The operation had two things in view:

ducing prompt union throughout; the idea being to remove bone which occupied the gap, and which, being the focus of inflammation and suppuration, above the pubis, and mainly in left side. Bimanual threatened the posterior blood and nerve supply. 2. Or to anticipate a probable long siege of periostitis,

ostitis, necrosis or osteo-myelitis.

The accompanying cut shows the patient thirteen months after the injury. Both heels are on the floor, which gives a clear conception of the postural de- painful, and we were frequently importuned to operformity. The following measurements are further explanatory of the result:



	Lett.	Right.
	(injured)	
Circumference over cicatrix	7/2 in.	
Length of cicatrix	4 **	
Distance from head of fibula to outer malleolus	10% (1	1213
Distance from upper ext of fibula to internal malleolus	1014 11	11^{1}_{2}
Circumference of calves	83, 11	1013

Dr. Martel is to be congratulated on his good result. His operation was a secondary procedure; this was primary. It would not pay to try to generalize with these three cases for a text. They may be sufficient to raise a question, however, as to the propriety of exsection in certain bad cases of compound fracture.

No. 126 E. Long St., Columbus, O., Sept. 9, 1886.

LAPAROTOMY FOR REMOVAL OF MONOCYST OF OVARY.1

BV T. W. HURLLY, M.D., OF DESCRISSIBLE, ARK.

I saw for the first time, and examined Mrs. H. in division of the anterior blood vessels and nerves left consultation with Dr. Hartly Weems, of Rogers, in

Patient at. 36, marned nineteen years; no children, no abortions; physical condition fairly good; 1. To prevent gangrene and save the limb by in- has had an abdominal tumor for very nearly two years. No cachexia. A tumor of considerable size was felt in the abdomen, reaching about six inches

exploration gave but httle pain.

The character of the tumor was explained to the patient, and she was told that nothing short of an operation would afford any permanent relief. As the disease progressed it became more and more ate. A puncture was spoken of, but the patient, on being told that the procedure would in all probability be only palliative, insisted on a radical operation. An operation was determined on and the patient put on preparatory treatment, mainly tonic and hygienic. Drs. Welch and Gray, of Fayetteville, were requested to meet us in consultation on January 18, 1886. After careful examination and consultation an operation—ovariotomy—was concurred in, and 10 A.M. the next day the time for the operation.

Ten o'clock A.M., lanuary 19. The patient, seeming cheerful and in good condition, was placed upon the table, and Drs. Gray and Weems administered a mixture of chloroform and ether. The patient was one of the most difficult to bring under its influence, requiring an hour and fifteen minutes to properly

anæsthetize her.

Assisted by Dr. Welch, abdominal section in the median line was made, and a large monocyst which had developed from the left ovary was exposed. The cyst was partially evacuated, drawn out as nearly as possible and cut off. There was no pedicle, and very little adhesion. The intra abdominal wound was well constricted by silk suture with several threads, and left in the abdomen. The external wound was closed and dressed antiseptically. The toilet being completed, the patient was carefully taken from the table and placed upon the bed. The patient, at this time having returned to consciousness, did not seem to be in an unfavorable condition; but in about half an hour was observed by Dr. Welch to be in an alarming state-extreme pallor, cold surface, frequent pulse, and feeble respiration. In addition she showed a marked and unceasing restlessness, to which succeeded vomiting and painful eructations. These symptoms, with but one short respite-when the temperature rose to about 100°, and soon falling below 96°-presaging a fatal issue, which finally occurred from total collapse at 8 o'clock P.M. the 20th, about thirty hours from completion of the operation.

I think I may say now that the difficulties and

I Rea d before the State Medical Society of Arkansas, Fleventh Annual Session, April 28, 1886.

ordinarily produce a disastrous result, and I have the to S drops after each meal. report of a case in which a rapidly growing ovarian shoemaker's thread, and yet the patient did well. I following: think that the very profound and almost immediately fatal shock, together with bad toleration of the anæsthetics used, the effects of which persisted to the last, case.

other procedure could have with any certainty given potash. a hope of prolonged life. And I may say the above

PERMANGANATE OF POTASH IN THE TREATMENT OF ECZEMA.1

BY W. B. LAWRENCE, M.D., OF BATESVILLE, ARK.

In the Medical and Surgical Reporter, of July 11, cured within fifteen days. 1885, I read the following in regard to "Permanganate Potash Baths:"

he was worse instead of better. He was therefore a week's time the disease had entirely disappeared. prescribed an immersion-bath of permanganate of potash of the strength of fifteen grains to a pail of water, the child to remain in it until the fluid began to turn brownish. Fourteen days afterwards he was cured. Since then Dr. Hüllman has used the remedy both in adults and in children, and mostly with good effect. He has not confined its use to eczema, I a concentrated solution made of hot water."

I say chronic, because it was of almost three months' a case of a child born with the disease. Steiner has duration. It covered nearly the entire surface of all the fingers on one hand. The patient, a married a case of a child born with the disease. Steiner has duration. It covered nearly the entire surface of seen it between the second and third weeks.

The pathology of the disease is unsettled, but it tary predisposition to eczema. I had about ex-combined with an affection of the respiratory nerves, hausted all of the remedies generally used in this dis-rather than a pure neurosis. This unsettled pathol-

dangers in this case were largely due to the very ex- the tar ointment, citrine ointment, and others, betensive origin of the growth, there being no well-sides nitric acid, with which I have cured similar defined pedicle, and consequently a very extensive cases heretofore; and in addition to the local remeligation of tissue. It is true that this should not dies the patient had been taking liq. pot. arsenitis, 6

Under this treatment my patient's malady did not tumor-only having been noticed by the patient six improve in the least, but gradually grew worse. weeks—in which the operation was prolonged from Anxious to try anything reasonable, and remembernumerous adhesions and the bursting of a cyst, the ing the good effects claimed for this drug in the treatpedicle broad, which was ligated in sections with ment of some forms of foul ulcers, I ordered the

> R Potassii permanganas...... grs. x

The solution to be applied freely daily with a camwere the chief factors in the fatal termination of this el's-hair brush. Under this treatment the disease entirely disappeared in about twelve days. Of course That an operation was justifiable there can be no the new skin remained somewhat tender for some doubt, as the patient repeatedly solicited it, and no days. She left off the arsenic when she began the

I think it was in September that I treated another opinions are fully concurred in by Drs. Welch and case of eczema. The patient was a young lady, and Gray, to whom Dr. Weems and myself are under in other respects her health was perfect; no heredimany obligations for the valuable assistance rendered tary tendency, so far as 1 was able to find out, of any form of skin disease. The disease was on the face, in the region of the mouth, in fact almost covering both lips. She had used iodine and carbolized cosmoline, but with no good effect. I ordered

> Pot. permangs..... grs. v

The solution to be applied freely daily with a camel'shair brush. Under this treatment the patient was

In December 1 saw another case. The patient, a child one year of age, a male, well developed, and "In June, 1879, a well-developed child, of two with the exception of this skin disease in perfect years of age, was brought to Dr. Hullman (Archiv. health. The disease was situated in the external ear für Kinderheilk, Band vi, Heft 3), covered with ec- and extended to some little extent down on the jaw. zema and impetigo. He had been sent from Berlin 1 ordered same formula as last, to be applied in the to Halle to try the baths there, but after three weeks same manner as in the two previous cases, and within

NARCEINE IN WHOOPING-COUGH.

BY LLEWELLYN ELIOT, M.D.,

OF WASHINGTON, D. C.

Whooping-cough is one of the most distressing disbut has also employed it in prurigo, intertrigo, and eases of childhood, although it has been observed in the desquamating stage of measles, scarlatina and adults. It seldom occurs before the sixth month of varicella. When the skin is much covered with life, nor is it frequent after the eighth year. Second scales or scabs it should first be well brushed with attacks are exceedingly rare. Barthez and Rilliet soap and water. For convenience of use he keeps mention a case occurring on the day after birth, the mother having had the disease four weeks previously. At the time I saw this short article I had under Bouchet mentions a case infected on the second day treatment a very stubborn case of chronic eczema. of life, developing on the eighth. Keating records

hidy, and in perfect health otherwise, had a heredi- appears to be a catarrh of the respiratory organs, ease, so far as my knowledge goes. I had prescribed ogy has led to the employment of remedies without

URead before the State Medical Society of Arkan, i.s. Lleventh Ancial Secsion 1, it is Kock, April 28 and 29, 1886.

¹ Read before the Medical Society of the District of Columbia, Decomber 8, 15%

number. Among them may be mentioned hydrocyanic acid, potassium bromide, ammonium bromide, hyoscyamus, digitalis, alum, lobelia, ipecac, potassium bicarbonate, belladonna, atropine, opium, morphine, musk, sodium et aurum chloride, cocaine, tartar emetic, insufflation and inhalation of quinine. Success and failure have followed the use of each.

In the Medical Record, of July 17, 1886, is an editorial on the treatment of whooping cough, and among the remedies mentioned is narceine. This but not very abundantly. Has had four difficult alkaloid was introduced as a remedy for this disease labors, the last one ten years ago. Three weeks ago by Laborde, as far back as 1869, but the physicians of Philadelphia who employed it about ten years ago failed to obtain the results which were claimed for it. The recent visitation of the disease has afforded me out by a solid, elastic, circumscribed, movable tumor, a peculiar experience.

It was my intention to thoroughly test this treatment; my reasons for not doing so will be seen from what follows. On July 12, W., born July 3, showed symptoms of whooping cough, his mother having contracted the disease five days before his birth. He was given on the 19th the following prescription, other remedies having failed to afford relief:

minimum, but to insure safety only 1/4 of a teaspoon- the patient returned to the hospital. After she left ful was given three times a day. Following the sec- the hospital the hæmorrhage returned, and was proond dose there was a decrease in the quantity of fuse for five days. Since this time the patient comurine; the dose was then lessened to 5 drops with plains of violent pains throughout the abdomen. Exthe following results: entire suppression of urine, amination per vaginam shows a soft, cedematous great drowsiness, refusal to nurse, constipated con-vaginal portion, and the tumor is more painful than dition of the bowels and great restlessness. The formerly. The bladder is distorted toward the right urine not being voided from 4 in the evening till 6 in side, and has a peculiar form. On the right side the the following evening, he was given .0016 gm. $(\frac{1}{16})$ probe passes easily up in a vertical direction over the podophyllin every three hours until the bowels were anterior superior oss. il. to a level with the navel; freely moved; 5 drops of spirits of nitre every two on the left side the probe was only about 3 ctm. over hours, and hot poultices to encircle the entire abdo- the sym. pubes, and through the uterine walls could men. This continued until 12:30, when the bowels be felt in the linea alba. On November 21 the pawere acted upon freely and the urine voided; at 8 tient complained of violent pairs in the right side. he again passed urine; the nitre was then contin- There was a painful spot over the ninth and tenth ued at four-hour intervals. was not benefited in the least. Possibly, had the narceine been continued, the effect might have been the patient was unable to lie on the right side. Early different, but with such a state of affairs as here pre- on this morning the patient took a hip bath, then the sented I could not have the hardihood to do any-mons veneris was shaved, and the patient had anthing which would tend to increase the unfavorable other bath. The abdominal parietes were covered outlook.

may have been too large, .0025 gm. (gr. $\frac{1}{24}$), if so, Temperature 37° (R), pulse 100. the condition should have altered when it was lessened. I have no intention of doubting the results ized sitz bath. obtained by other observers, nor of questioning the Whooping cough," but I cannot refrain from making known the unfavorable result which followed at my hands. After the effects of the narceine wore away, the child did as well as one so young could be expected upon alum and syrup of wild ginger, to finally have violent convulsions and die on August 2.

510 E. St. N. W., Dec. 8, 1880.

HOSPITAL REPORTS.

MYOFIBROMA UTERI.

CLINIC OF PROLEPOKITANSKY, OF VIENNA. [Reported by Hopano R. Bigelow, M.D.]

G. H., 48 years old, married fourteen years. For over one year has had the menses every fortnight, had a strong hamorrhage. On the right side of the abdomen there is an ulcer. She is an emic, small and thin. The lower half of the abdomen is vaulted not painful, the walls of which are tlat and extending out of the pelvis. Vagina of normal length. The vaginal portion of the uterus is long and broad. The anterior lip is thickened. The posterior lip is flat and thin. Bi-lateral cervical laceration. The interior surface of the anterior lip is soft and swollen; bleeds easily. Through the anterior vaginal roof the enlarged fundus can be detected easily. Circumference around abdomen, four fingers width under navel, So ctm.; uterus 27 ctm.

On account of violent hæmorrhage she was at once received into the hospital, but was soon after discharged, as the bleeding stopped and as she did not This would make the dose .0110 gm. (gr. 16) the wish, to be operated upon. On November 18, 1885, The whooping-cough ribs, but she had no other signs of pleuritis.

On November 23 the pains ceased entirely, but with a linen cloth, moistened in a two per cent. This is one experience with narceine. The dose carbolic solution, which was left in situ 20 hours.

On November 20 temp. 37°, pulse 105. Carbol-

Operation.—Chloroform. The primary incision, reports made concerning the use of "Narceine in made with great care to avoid wounding the bladder, extended from the navel to within 3-4 ctm. of the sym. pubes. Parietal adipose 2 ctm. thick. Arteries caught with forceps. When the tumor was disclosed it was found to be smooth, and not adherent to the anterior uterine wall. The incision was found to be too short for its enucleation, so it was extended to a total length of 25 ctm. In the peritoneum was a

into the pelvis it could only be partially enucleated, tion due to nerve lesions, in the anæsthetic patches the adhesions having been separated. The bladder of the so-called "anæsthetic cases," and in the was adherent to the tumor and was distorted, as al- chronic sores of necrotic parts of skin tissue and ready described. The peritoneum for about 3 ctm bone, but they were present in the nerves supplying was separated from the floor of the bladder by the mutilated parts. There were none in the urine the Paquelin cautery, and the bladder freed. The and none in the blood, nor could be discover by broad ligament was ligatured with silk in three culture or otherwise the existence of any spores in parts, and divided between with the Paquelin. The the latter fluid. All attempts to obtain an independtumor was drawn out as far as possible, and at the ent and pure growth of the bacillus lepræ failed, nor height of the cervix was ligatured with the elastic were inoculations of animals of various ages in diftubing. The anterior uterine wall was now incised ferent parts of the body succeeded by a general inin a medial line, from the fundus to the ligature, fection. Arming inoculated a condemned criminal, and the tumor enucleated down to the ligature. It but fourteen months later no definite results had was found that this intra-mural fibroid extended down followed, though a few bacilli could still be detected to the anterior cervical lip. All above the ligature in the scar. Lastly, he demonstrated a vitality perbeing removed with the knife, the upper angle of the sisting over several months of the bacillus lepræ in fundus was provisionally sewed up, and the wounded putrefying tissues. On the clinical side, researches edges of the uterus were seized with hemostatic pin- in electro diagnosis convinced him that the anæscettes. Under the elastic ligature a Channenac thesia and paralysis are due to leprous disease of chain was thrown, and the rest of the tumor was enu- peripheral nerves, but he does not regard the muscucleated. Drainage per vaginam, by means of a thick lar crippling as so characteristic of the disease as the trocar with a drainage tube drawn after it. The bone affections. Coming to therapeutics, we notice elastic tubing was now entirely removed, and after that Arning administered iodide of potassium withtrying in vain to apply the chain, which tore through, out any good effect, also hyposulphite of soda, creaa thicker and permanent elastic tubing was applied, sote, carbolic acid, and arsenious acid; and with and the uterus amputated. The stump was trans- some good effect salicylic acid and hypodermic infixed with two long straight needles and secured in jections of corrosive sublimate. He observed the the lower angle of the wound (extra peritoneally). efficiency of electrical treatment in anæsthetic cases, Rapid peritoneal toilette. Sublimate silk ligatures and insists on the value of salicylic acid in a 10 per used. Duration of operation, two hours. Todoform cent. paste or ointment or solution in oleic acid, and powder and iodoform gauze and sticking plaster were 'also of pyrogallic acid in a 10 per cent. ointment or used in external dressing.

trated solution of ferr, sesquichl. A one per cent, ble to obtain from questioning the natives reliable sublimate irrigation was used in the vagina for sev-statistics on which to base proofs for the hereditary eral days. For the first few days the urine contained or congenital transmission of leprosy; but we note a considerable quantity of phenal. Vagina then from other reports that amongst the cases of adpacked with iodoform gauze. On the mith day the variced leprosy at Molokai sterility is almost unistump was cut off with scissors, the cavity cleansed versal, and the majority of the offspring, where either and treated with iodoform. On January 3, 1886, one or both parents are diseased, have been stillforty seven days after the operation, patient was dis-born or have died within a short period after birth. charged as cured.

MEDICAL PROGRESS.

LIPROSY.—The Hawaiian Legislature, in its determined efforts to try to control the spread of leprosy in the islands, was fortunate in securing the valuable services of Dr. EDWARD ARNING for purposes of or kokuas, on the settlement who contract the disspecial research. He found the bacillus leprie plenti- ease. Of 178 kokuas, 17 developed leprosy between fully in all nodules and diffuse swellings of the tuber culated cases and in similar lesions of the mucous membrane of the mouth, throat, nose, rectum, and large intestine, and in the discharges from the ulcerated lesions. He recognizes a diarrhoea arising from as the differential diagnosis between these affections: the leprous ulceration of the bowels closely simulatusually ascribed to intercurrent pneumonia, tubercu- (years. lar phthisis, and dysentery should be more correctly

little ascetic fluid. As the tumor extended so deeply in the early bright red patches of vaso-motor congesstrong solution in traumaticine. Arning declares The stump was painted every day with a concenthat, for one reason or another, he found it impossiand of those who have survived many have not yet developed leprosy. No congenital cases have been observed, but Arning saw two well-marked lepers aged respectively 312 and 4 years. Dr. Mouritz points out that, whilst it is perfectly true that healthy people may live with tubercu'ated lepers for years without contracting the disease, many on the other hand do not escape, and he especially refers to the remarkable percentage of the non-leprous assistants, February 1885 and 1886.—Lancet, Dec. 4, 1886.

> SARCOMA AND CARCINOMA OF THE BREAST,-In a lecture on this subject TILLAUX gives the following

The course of sarcoma is much more slow than ing a true dysentery, and thinks that the deaths that of carcinoma, and may extend over twenty-five

Confirmed sarcoma is uneven and rough, and the ascribed to breaking down of leprous infiltrations of indentations are larger than those of carcinoma. the lungs and bowels. He failed to find the bacilli Sarcoma is not adherent to the thorax, while carcinoma is. Sarcoma may attain an enormous size—as urinary pigment. Indeed, these researches have led much as 12 or 15 pounds.

In carcinoma the skin rapidly becomes adherent (orange skin); adhesion is late in sarcoma.

capitonnée); in sarcoma the skin is distended.

out by running the hand over the skin.

and that of sarcoma to that of chancroid.

firm; and there may be soft spots due to cysts.

sarcoma always remains distinct.

Carcinoma quickly adheres to the subjacent tissues, glides over the subjacent tissues almost to the end of

ginning of carcinoma; Sarcoma almost never attacks manner Dr. Ralfe explains the relationship that exthe lymphatics.

coma returns in the same place.

always remains localized.

Carcinoma is painful; sarcoma is indolent.

into sound tissue, and try to obtain immediate union. urea were solely derived from tissue metabolism, but Gazette de Gynècologie, October 15, 1886.

body, or whether it only represents the decomposi- increase of the anamia. - Lancet, Dec. 4, 1886. tion of one particular tissue or organ, has long been a puzzle to physiologists. The exclusive view, howsources of urea formation, Dr. Noel Paton (Journal be secured if desired. of Anatomy and Physiology), has recently drawn atas leading to the increased discharge of urea and perfect control that further appliances were unneces-

Dr. Locke, in the *Practitioner* of September, 1886, to explain the diuretic action of mercury as exhibted by the action of the preparation known as "Guy's" There is retraction of the skin in carcinoma (peau pill. Dr. Oliver, of Newcastle-on Tyne, has recently considered the subject from its clinical side, and has The skin in sarcoma is glistening, shiny and pur- arrived at she same conclusion that Dr. Noel Paton plish; in carcinoma there are white and lactescent has from the experimental—viz., that the destruction of blood corpuscles forms an important source of In carcinoma the nipple is markedly retracted; in urea; and he has shown that in diseased conditions sarcoma it stands out so that its form is easily made in which chronic ancunia was present the daily discharge of urea was small, but that where the antemia Both diseases tend to ulceration: in carcinoma was quickly progressive the disappearance of bloodthe skin melts away; the edges of the ulcer are hard cells was always followed by a marked rise in the and continuous with the wound. In sarcoma, on the daily discharge of urea. Also in a paper on "Funccontrary, it recedes from the distension exerted on tional Albuminuria" communicated to the Lancet, the inner face by the sarcomatous nodules; the Oct. 23, 1886, Dr. Ralfe observes that the albuminborders are thin, soft and free. The ulceration of our element of the blood-corpuscles brought to the carcinoma may be compared to that of hard chancre, liver under ordinary circumstances, no doubt undergoes transformation into urea; but that when the de-In carcinoma the consistence is firm, and often struction is considerable, and the process takes place hard and sensibly uniform. In sarcoma it is less suddenly, probably, whilst there is a decided increase in the formation of urea, a large proportion of this Carcinoma fuses rapidly with the mammary gland; effete albumen is at once got rid of by the kidneys, giving rise to what is known as functional albuminuria. In a more severe form, however, the number particularly to the pectoralis major muscle; sarcoma of blood corpuscles destroyed is so great that the conversion of all the effete hæmoglobin into bilirubin cannot be effected, so that a portion of the un-The lymphatic system is invaded almost at the be-destroyed hæmoglobin appears in the urine. In this ists between certain forms of albuminuria and hæmo-Careinoma returns much more fatally than sarcoma; globinuria, and the increase of urea elimination that it returns at a distance from the original seat; sar- occurs in them. As we have already stated, the belief in the multiple sources of urea enables us to ex-In carcinoma cachexia is rapid; sarcoma almost plain many anomalous circumstances attending urea excretion in disease. Thus, for instance, in phthisis with rapid wasting of tissue we should naturally ex-In operating in either case cut around the tumor pect a considerable increase of urea elimination if no such increase can be definitely established, even when high temperature exists; and Dr. Oliver has UREA AND ITS RELATION TO CERTAIN MOREID shown, from the observation of numerous cases, that Conditions.—The question whether urea is furnished when the ureal excretion in phthisis is augmented it equally by all the albuminous constituents of the is always accompanied by distinct evidence of the

Reducing Dislocations of the Fingers.—Dr. ever, which regarded urea as derived only from one J. W. MACFARLANE, of Philadelphia, says: While source, such as from the excess of nitrogenous food demonstrating to a class on minor surgery the applitaken into the system but not employed, or from ances used to reduce dislocations of the fingers, some disintegration of muscular tissue, or from nitrogenous difficulty was experienced in keeping Levis's instrumetabolism taking place in the liver, have given ment in position, even with a wet bandage applied to place to wider ones, and most physiologists are now the part. Having of late been obliged to wear some disposed to admit that the sum total of urea elimi- of the gum finger-stalls of the shops, to avoid poisonnated in the twenty-four hours is derived from many ing in a cut, and recognizing how they adhered when sources. Such a belief would enable us to account once in position, the idea suggested itself that one of for many anomalous circumstances attending on ureal these would be an excellent covering for the finger, excretion in disease. Among the many possible over which Levis's instrument or a clove hitch could

A close fitting gum finger-stall was then applied, tention to the destruction of blood-corpuscles in the and, upon grasping with the right hand the finger so liver, under the agency of certain hæmolytic agents, covered, we found that we had such a power and

right and the whole of the left hand are free to pill mass. Woltering orders usually as follows: manipulate with, than in the customary method of procedure. Or, if desired, the gum finger-stall can be used as a fixation-point for Levis's instrument or the application of a clove-hitch. — Philadelphia Medical Times, Jan. 8, 1886.

DISEASE.—The Gazette de Gynécologie, of Oct. 15. The above pills are taken readily and well borne, 1886, gives the following as useful formulæ for the treatment of constipation associated with uterine Woltering claims that neither wine, aromatics, nor disease:

In cases of intestinal paresis, with faulty secretion ciently. of the intestinal mucosa:

Extract of physostigma..... Extract of belladonna..... Extract of nux vomica......aa 30 centig. Make 12 pills, one to be taken on rising from bed.

In cases of hemorrhoids the constipation may be advantageously treated by administering 10 to 30 grm. of the following:

S	ulphur,	washed	and	sublir	ned	. 50 grm.	
1	ulverize	ed senna			 .	20 "	
1	ssence	of citro	n		<i>.</i>	o 30 centis	g
5	inglic S	yrup				Q.Š.	

M. Huchard frequently uses the following:

English magne	sia	25 grm.
Cream of tarts	ır	13 "
	e of anise	
Make 40 powders.	One at the beginning of	each meal.

Podophyllin	
Extract of hyoseyamus	
Medicinal soapaa	30 centig.
Make to pills. One or two at bed time.	
Tingtura of rhubarh	IO (Tru)

Tincture of badian (Illicium anisatum),. Ten drops in a little water 5 or 10 minutes before meals.

Cascara sagrada may be used either in the form of the powder or the tincture. Should it cause colic it may be administered by the following formula:

		cascara	
Extract	0.5	belladonna	 0.01
Powder	$-\omega$	Jycopodium	 0.10

Hydrastis Canadensis, -- Dr. Woltering, of ary fistula, which was healed in five weeks. Munster, confirms, in a paper published in the Allgemeine Medicinische Central Zeitung, No. 47, 1886, says Garre, can only occur when the abdomen is full the favorable results obtained with hydrastis canadensis by Fellner and other therapeutists of note.

inc fibromyomata, are very pronounced. Thus, the posterior wall be torn the urine will most probacases of fibromyoma with a uterus length of 9 and 8 gie, Nov. 7, 1886.

sary-slipping being out of the question with a finger ctm. In one of the cases the uterus-length had at so covered, especially it the operator's hand is warm. the end of one year decreased 2 ctm. True, besides This simple suggestion may, perhaps, not have the the drug, the patient had had the benefit of longmerit of originality, although I have never come continued self-tamponage and warm washes. The across it before; but it seems to me that much more remedy was ordered in pill form on account of its accurate and judicious traction can be made when unpleasant taste. Ten grammes of the fluid extract the dislocated finger is in the firm grasp of the can conveniently be evaporated down to about three fingers of the right hand, while the thumb of the grammes of a dry extract, furnishing an excellent

R	Extr. hydras. canad. sicei	ю. ю).	
	Extr. secal. corn.,		
	Ferri. redacti,	o. m.	
	F. fil., No. 120.		

S.—Two to 5 pills every three to four hours.

Of course morphine, aloes, or any other indicated TREATMENT OF CONSTIPATION WITH UTERINE remedy could be incorporated with this styptic. especially when taken during or after the meal. liquorice cover the taste of hydrastis canadensis snffi-

> In simple hæmorrhagic endometritis the remedy renders also excellent service. In profuse bleeding from the lungs and stomach, however, a teaspoonful of oil of turpentine appears to be preferable.— Therapeutic Gazette, December 15, 1886.

> LANGLIN MERCURIAL OINTMENT.—DR. BERNARD Brands, of Aachen, in his work, "Principles of the Treatment of Syphilis," writes as follows: "I must also mention the mercurial ointment brought forward by Professor O. Liebreich, of which landlin forms the basis. It is thus prepared: 100 parts of mercury, 25 of lanolin, and 5 of (grey) mercuryointment are rubbed together thoroughly till all the mercury disappears, which very quickly happens, and then mixed with 50 parts of mutton-suet, to which, in the melted condition, 175 parts of lanolin have been previously added. An elegant and smooth preparation results, without any disagreeable odor, and the trials of it here mentioned speak most emphatically in its favor. Those who use it upon patients boast of the ease with which it is "rubbed dry," and we may presume that the mercury is rapidly taken up by the skin."—London Medical Record, Nov. 15, 1886.

RUPTURE OF BLADDER CLOSED BY SUTURE,—DR. Garrie reports the case of a young man whose bladder was ruptured. Petarseris colporynteur was inserted into the rectum and a median longitudinal incision made over the pubes. The peritoneum was In any case treatment should be continued for uninjured, but there was a vertical tear 2-3 cm. long several weeks, or until the desired result is obtained. in the anterior vesical wall. Its edges were stitched to those of the external wound, thus forming a urin-

Rupture of the bladder with fracture of the pelvis, and the parietal muscles passive. The fact that the bladder contains a considerable amount of urine The styptic virtues of the drug, especially in uter-shows that the rupture is in the anterior wall, for if Woltering saw cessation of the hamorrhages in three-bly escape from the bladder.—Centralbl. für Chirur-

PUBLISHED WEEKLY.

THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters, that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's fullname and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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CHICAGO, ILLINOIS.

SATURDAY, JANUARY 22, 1887.

OBSTACLES TO THE FORMATION OF PERMA-NENT COUNTY MEDICAL SOCIETIES.

In The Journal of last week, we called attention patients. to the necessity for more complete and universal orwithin their limits, and still more need for the prompt they prove to be. formation of new societies in all the counties where

conferences, synods, conventions, etc., and their Iournal of the American Medical Association, weekly ministrations before the public. The same end is obtained substantially for the members of the legal profession by their frequent contact, and open intellectual encounters at the bar of the several courts. But, for the great mass of the members of the medical profession, the local organized and actively sustained medical society affords the only opportunity to meet one another on common ground, each contributing something to the common stock, and each mentally imbibing something of value to himself and his patients, while the emulation or ambition for closer study and higher attainments, is more or less excited in all. To the younger members of the profession especially, the opportunities of active society work are of inestimable value. He who embraces them with a fair degree of diligence rarely fails to advance in his attainments and reputation, while he who neglects them, soon loses his habits of study, early lapses into a mere routine practice and is seldom known beyond the limited circle of his

The second obstacle consists in attempts to make ganization of the profession, in all its departments, the machinery of these organizations too complicated into County or small District Societies, as the basis and therefore difficult of execution. Many a social of efficient and truly representative State and National organization has come to an early death through organizations. It was further stated that we have vain attempts to enforce the details of its elaborate already such societies in nearly every county of some and ingenious system of rules and regulations. The States, in a majority of others, and in only a few of more simple and brief the constitution and by-laws the remainder; but that in all those existing, there is of a local medical society can be made, having for need of having the active membership embrace more their paramount object the mutual improvement of nearly all the regular members of the profession the membership, the more efficient and durable will

The third obstacle in the way of effecting and none now exist. Experience has shown the existence maintaining a general and harmonious organization of three chief obstacles in the way of the complete of the profession is difficult to define, and still more voluntary organization of the profession in a country difficult to remove. It seems to have its origin in embracing so vast a territory as ours. The first is the undue development of the selfish tendencies of the lack of appreciation of the advantages to be de-the human mind, and may generally be recognized rived from such organization, on the part of a large in one of the three following forms: It has not reclass of practitioners. Without due consideration quired fifty years of personal observation to find in they let the comparatively trifling expense and time every populous community one or more medical men required for attending a County Medical Society, who make large pretensions to education and profesonce or twice a year, deter them from making any sional skill, who are prominent in social clubs and movement in the matter. This class, though numer-places of amusement, but when asked to join the ous, only require to have the real advantages of active local or county medical society, promptly tell you to membership in such medical associations fairly brought "go to the dogs with your medical society. Do you to their attention, to secure their cooperation. The think I want to go there and listen to an essay from members of every learned profession need some that young upstart Dr. C., who has not had half a method by which its working members are, at stated dozen patients since he left college, or to hear old intervals, brought in contact with each other and granny D. relate a case of hysterics?" This may be more or less before the public. This is secured for styled the pompous form. Still more easy is it to find the clerical profession by the stated meetings of their members of the profession fairly well educated and

gentlemanly in their deportment, but whose ready answer to all solicitations for them to sustain any fested by a large class who never lack time to attend as abscesses elsewhere. cities may be found a small group of most influential and whatever its immediate surroundings may be." the State or of the Nation. More than any other in operating. equal number of members of the profession are they capable of giving efficient support and scientific pancreas we, of course, must remember that suppurcharacter to the medical organizations of all grades— ation here, as elsewhere, is only one of the termina-County, State and National; yet, by their almost tions of inflammation, and that the abscess, like the total neglect, they strongly influence many others to inflammation, may occur primarily in the pancreatic follow their example. If you solicit them for papers, gland, itself, or it may begin in the para- or peripanand personal attendance, the almost uniform reply is, creatic tissue. When endo pancreatic, or in the gland, that they either have no time, or they are so much it "may be bounded and circumscribed by the proper worn out by their labors they must make a trip to investment of the gland; if, on the other hand, it comthe mountains or the sea-side, or more likely across mences primarily outside the gland it appears as a the Atlantic, to restore their energies, and very likely diffuse abscess, which extends to the pancreas by look in upon some medical society meeting on the contiguity; in other words, we speak of the abscess other side. The latter step has, indeed, been so as a suppurative pancreatitis, or a suppurative perifrequent with some during the last two or three decades that their writings show them to be more familiar with the society work and medical literature tive relation between pus microbes and suppuration, of some of the countries of Europe than they are of it must be taken for granted that suppurative pantheir own.

Widely different as are the three groups we have just described, they all agree in practically ignoring all obligation to personally sacrifice either time or thought in establishing and maintaining such local, State and National Medical Associations as are necessary to advance the educational, scientific and practical interests of the whole profession.

ABSCESS OF THE PANCREAS.

If there be one well established principle of general organization of the profession of a county or modern surgery it is that suppurating cavities must State, is: "Oh! I do no general practice-attend be treated by incision and drainage, wherever this only to ophthalmological or gynecological cases, and cavity may be located. The great strides made in cannot possibly find time to attend any medical soci- the surgery of suppuration of internal organs wareties except those devoted to my own specialty." rants us in saying that at no distant day abscesses of This may be called the form of exclusiveness, mani- the pancreas will be treated on the same principles "Asepsis and effective to every paying case sent to them by the general drainage," says Dr. Senn, in the valuable monograph practitioner, but who never think of devoting an hour to which we called attention in the last issue but one to the interests of the profession as a whole; or if of The JOURNAL, "are the two cardinal points upon they do occasionally come in to a general meeting, which we have learned to depend in the treatment of it is sure to be improved in generously instructing abscesses in important organs or cavities. If we the general practitioners how most readily to diag- can secure and maintain these two essential condinosticate such cases of disease as should be sent to tions, we can attack with immunity and a fair hope the specialist for treatment. In most of our large of success, any abscess wherever it may be located, and for the most part really eminent men, some of As the case now stands surgical literature shows no whom occupy positions on the staffs of public hospi- case in which abscess of the pancreas has been tals or in the faculties of medical colleges, and others treated surgically. One reason of this may be its are carnestly engaged prosecuting scientific or literary rare occurrence; and another that there are many As a rule, the members of this class give no difficulties in the way of recognizing the condition. attention whatever to the city or county organizations The difficulties will, however, be removed by imof the profession, and only at long intervals to those of proved methods of examination, and greater skill

> In looking at the pathology of abscesses of the or para-pancreatitis."

As there now seems to be no doubt as to the causacreatitis, of whatever kind, is caused by the presence of these microbes in the tissues. The suppuration always begins in the interstitial tissue, either within the gland or in the connective tissue around it. Peri-pancreatic suppuration usually begins in the adjacent lymphatics; the pus surrounds the lymph glands or forms a small abscess. lymphatic abscesses are sometimes met with near the pancreas in pyæmia. The abscess may begin on the outer surface of the gland, and the pus separate the

gland from its attachments. Gendrin records a case the immediate vicinity? these may become involved in which it was lying loose in the abdominal cavity. by extension of the suppurative process, leading to In some cases the pus burrows in the region of the suppurative thrombophicbitis. The most favorable mesocolon and the retroperitoneal space, and may spontaneous termination of these cases is perforation thence find its way into the peritoneal cavity or the of the abscess into the stomach or intestinal tract; alimentary canal. Again, a calculus in the pan-, and in one case this has resulted in cure. Perforacreatic duct may be the indirect cause of an abscess; tion into the peritoneal cavity would of course hasten or one may originate in a preexisting cyst, as in a death by setting up a rapidly fatal septic peritonitis. case described by Kilgour. "As primary, idiopathic," The treatment of pelvic and abdominal abscesses uncomplicated, purulent inflammation of the pan- has been, and is now, so successful that the hope is creas is an exceedingly rare affection, it is of great justified that before very long the same treatment, practical importance in the surgical treatment of and possibly the same success, will be extended to such cases to determine, if possible, the predisposing and gained in abscesses of the pancreas. It must cause or causes, and to remove them, or render them be admitted, however, that there are greater diffiinert at the time of the operation."

the lower extremities were present; and in some be treated by incision and drainage. This is acgastric region. Inflammation of the stomach will an absolute diet until the external fistula has been exploration of the rectum may give important or de-ling, as it is of the greatest importance to incise the cisive information. Most of the recorded cases abscess at a point where the distance between the were in persons more than 40 years of age, and surface of the abscess and abdominal wall is the often of persons of intemperate habits. "In all shortest. Incision of the great omentum will be recases where a tumor can be felt in the epigastric quired in all cases. In making an external fistula it region, and a probable diagnosis can be made re- is essential to protect the muscular and connective garding its benign character, an exploratory lapar-tissues of the external incision against contact with otomy should be resorted to for the purpose of mak- pus by lining the margins of the wound with the ing an accurate anatomical diagnosis." This is im-parietal peritoneum before the serous covering of portant from a prognostic point of view, as the the anterior wall of the abscess is stitched to the prognosis in abscess of the pancreas is always un-margins of the wound." A great difficulty in this favorable. Progressive emaciation and inanition, or operation will be the approximation of the peritoneal septic absorption, or secondary lesions in adjacent surface of the abscess with the margins of the organs are usually sufficient to cause death. In wound; a difficulty which increases in proportion to cases of acute diffuse pancreatic abscess death may the prominence of the swelling. The external intake place in a few days. A very great danger of cision should be large, as the margins of the wound these abscesses is the number of important veins in can then be turned in, which facilitates suturing of

culties in the way of operating in this region than in There are not always characteristic or positive other portions of the abdominal cavity. "Multiple symptoms of the presence of pus within the pancreas abscesses, disseminated throughout the entire organ, or in its immediate vicinity; in fact, the symptoms and especially its head, are not amenable to successalways point to the stomach or liver as the seat of ful surgical treatment. Circumscribed endopandisease. Nausea, vomiting of a clear greenish or creatic abscess in the peripheral portion of the body viscid fluid, thirst, anorexia, constipation, progressive or tail of the pancreas should be treated by partial emaciation, and distension of the epigastrium are excision of the pancreas in all cases where the isolathe more prominent and constant symptoms. In tion of that portion of the organ can be accomplished the recorded cases the patients as a rule, were very without inflicting serous injury to adjacent important anæmic, and presented a sallow, cachectic appear- organs. When extirpation is impossible, as when the ance. In a number of cases ascites and cedema of abscess is located in the head of the organ, it must cases there was biliary retention from extension of complished in the same manner as in the treatment the inflammatory process to the bile-duct, or from of a pancreatic cyst. In some instances the access stenosis of the bile-duct from compression. Fever is rendered difficult by distension of the stomach, is neither a conspicuous or a constant symptom of the dilated organ overlapping the pancreas. In the condition. If the abscess be large palpation such cases the stomach must be pushed upward, and and deep percussion will show a tumor in the epi- subsequent distension guarded against by ordering often serve a useful purpose in the differential diag-| established. The external incision must, in all cases nosis of tumors in the epigastric region; and manual correspond to the most prominent part of the swellthe anterior wall of the abscess to the margins of the "THE CHICAGO CINCHONA COMPANY; OFFICE, wound. There is but little danger of puncturing the abscess-cavity with the needle, as the anterior wall of the abscess is generally covered by peritoneum and is of considerable thickness. Evacuation of "private and confidential," setting forth the formation the abscess by aspiration, before the operation, will cause recession of the abscess wall, and thus render approximation difficult; but it may be done if the swelling is so prominent as to render this a secondary The sutures of the peritoneal surfaces should be of silk, should be placed close together, and grasp the tissues so that tearing out will be impossible; for the object of the sutures is to prevent escape of pus into the peritoneal cavity, and to secure permanent adhesions of the abscess wall to the margins of the wound. Incision and drainage should follow immediately upon the suturing.

"The remaining steps of the operation will depend upon circumstances. If the abscess is endopancreatic or peripancreatic, simple incision, drainage, and disinfection will answer all indications. If, however, the purnlent cavity is located behind the peritoneum and occupies the connective tissue space behind the pancreas, it would appear rational to drain the abscess posteriorly through one of the closed forceps in a proper direction through the posterior and lateral wall of the abscess until its ner the most desirable method of drainage-through drainage-could be established, which would render subsequent disinfection and evacuation of the abscess a comparatively easy task. In cases where an anterior pancreatic fistula cannot be established on account of the distance between the abscess and the anterior abdominal wall, we might resort to lumbar drainage and closure of the incision in the anterior wall of the abscess by carefully inverting and approximating the peritoneum over the wound with fine silk sutures. The abscess found and located by abdominal section should be removed by partial extirpation of the pancreas when it is endopancreatic and located near the splenic end of the pancreas. When extirpation is impossible, or when it is located in the head or on the anterior surface of the pancreas, it should be treated by the formation of an anterior abnormal fistula; when located behind the pancreas, by through drainage, or lumbar drainage performed through the abdominal cavity."

PALMER HOUSE."

We have received from a physician in a neighboring State a printed circular, marked by its author of a company by the above title, and with a capital stock of \$500,000, for the purpose of manufacturing and selling "D'Unger's Cinchona Cure for Drunkenness." The company claims to have purchased the formula and all details of its preparation from Dr. D'Unger; and while setting forth in the usual style its virtues as "a certain cure for drunkenness and the morphine habit," this "private" circular shows the real nature of the speculation in the following paragraph:

"The capital of the company has been fixed at \$500,000, the price of each share being \$20. Of this sum, \$250,000 has been placed by the former owner of the formula in the treasury, to be allotted to such physicians as may desire five or ten shares of it at twenty-five cents on the dollar." This offer is made to physicians only, and is rendered more tempting by the strong assurance that after the remedy is fairly introduced to the profession, it will yield "annual dividends of at least 25 per cent. to the stocklumbar regions above the kidney by pushing a long holders." The circular is signed by E. S. S. Kemp, President, and Henry Plowman, Jr.. Secretary.

As the so-called "D'Unger's Cinchona Cure for point can be felt under the skin externally. A small Drunkenness" has been advertised (and sold by its cut in the skin over its point will enable the operator; "former owner") in the daily papers of this and to push the instrument clear through, and, by dilat-rother cities for five or ten years past, until its worthing its blades, widen the canal sufficiently to permit lessness is as well known as is that of all the other the insertion of a large dramage tube. In this man-advertised cures for drunkenness, etc., it is hardly necessary to caution the most credulous member of the profession against wasting even a postage-stamp on inquiries concerning it.

> SECTION OF OBSTETRICS AND DISEASES OF WOMEN, OF THE AMERICAN MEDICAL ASSOCIATION.-In THE JOURNAL of last week we published a preliminary programme of work for this Section as furnished by the President and Secretary of the Section, for the coming meeting in June. The number and character of the parties named in the list affords a guarantee of an excellent meeting. We now are requested by the Secretary to add to his list the name of another eminent writer, Dr. H. F. Campbell, of Augusta, Georgia. Which Section will follow next with an equally good showing?

THE NATIONAL CODE OF MEDICAL ETHICS.—Our tcheap Reprint edition of the Code of Ethics of the

American Medical Association is ready. Physicians except when in an attack, when she would require or others wanting single copies should send a two the strength of a number of women to hold her, incent postage stamp to pay the cost of the reprint and a one cent stamp to pay the postage. One hundred has been much worse since marriage than before. copies can be sent for \$2.

SOCIETY PROCEEDINGS.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Stated Meeting, November 24, 1886.

The President, C. H. A. Kleinschmidt, M.D., in the Chair.

H. M. Cutts, M.D., Secretary.

Dr. D. S. Lamb presented for Dr. J. Taber Journson the specimens and read the histories of

THREE CASES OF OVARIAN DISEASE.

on the 20th day, perfectly well.

afterwards, she had the most active and distressing out benefit. clonic spasms. She would, on some occasions, re- Case 3.-Mrs. W., white, age 49, married, the

cluding those in the house and what neighbors would come in, until her husband could be sent for. She The patient was unable to do much, if any useful work about the house. She complained of almost constant pain in the pelvic region; and was losing ground mentally as well as physically. When I was asked by Dr. Bayne to see her, I was informed of her previous history and present condition. A vaginal examination caused much pain and brought on convulsions. I did not then feel her ovaries. Though requested by the attending physician, the patient and her family, to remove the uterine appendages, her case did not seem to me, at that time, to be one which held out a very strong promise of cure by this operation, and not wishing to have a failure, I deelined to do it. Two months later their importunities were so great, and also their anxiety to take the risk of a cure, as well as the risk to life, which were fully explained to them all. I made another examination under ether. I found the ovaries atrophied and adherent to the tubes and surrounding structures. Case 1.—On the 18th of Oct., 1886, I saw Miss Believing that cause enough existed for the produc-L., at the request of Dr. B. B. Adams of this city. tion of her symptoms, I agreed to operate. I had She was unmarried, age 31, and had been well up to the patient take a private room in the Providence three months ago, except attacks of typhoid fever Hospital, and on the 27th of October I removed her and jaundice, which she had four years ago. Her uterine appendages. It is now five weeks since the sisters first noticed her change of form which pro- operation, and barring her use of opium, which is an gressed with unusual rapidity, until she reached the old habit, her present condition is all that one could size of a woman eight or nine months pregnant, expect or wish. I anticipate that she may have Her condition attracted the attention of friends and slight spasms for a while, at the time when her periods neighbors, and though quite able to do so, she re- are due, but hope they will grow less and less severe luctantly appeared in public. Her disease so preyed until they finally disappear. Her change of life, proupon her mind that she lost flesh rapidly and was fast duced by the operation, may not be any more sudbecoming an invalid. Upon my advice she took a den, than when it occurrs in the usual way. If at private room in the Providence Hospital, and on the the end of two years she is free from her old troubles, 23d of October, 1886, I made a two inch incision. I shall feel that the operation is a success, and was and removed what proved to be a parovarian cyst, properly done. If she is no better I shall regret it, weighing twelve pounds. She has up to this moment. The evidence in recent medical literature is not conhad no unfavorable symptoms. She left the hospital clusive on this question. Even Sir Spencer Wells in the recent symposium, in the American Journal of Case 2.—Mrs. C., white, age 24, married for three Medical Sciences, does not decide against it. He years; has been subject to most dreadful attacks of says he thinks every thing else should be done first, menstrual or ovaro-epilepsy, for the past ten years. and well-done and continued for several years, and She was sent to me by Dr. J. W. Bayne. Mrs. C. that all the risks of the operation should be explained had been under the care of at least twelve different to the patients and their friends; and so do I. But physicians, including Dr. Hammond, of New York, what shall we do with those patients who resist all She had been told repeatedly by Dr. Hammond and treatment, marriage included, for years, and are others, that the cause of her trouble was ovarian, and growing worse? This operation must continue to believed to be incurable, except by removal of those have a limited field of usefulness in nervous diseases During these ten years the patient had where all other treatment has failed. Battey in his worn out the endurance of as many doctors who had part of the recent symposium above referred to, propassed her on to the next, and of several hospitals, duces unimpeachable evidence of the beneficial and which had discharged her, after exhausting their lasting effects of the removal of the uterine appendnurses and drugs to no purpose. She had tired out ages in both nervous and mental diseases. I join relations, friends and neighbors, in watching and those who cry out against the abuse of this operation, holding her. While her periods were less than but I am in favor of it after other means have failed, normal and irregular, the menstrual molimen occurred rather than allow this class of patients to die or to with painful regularity, and before it, during and repeatedly go over the same dreary old ground with-

main unconscious for half a day or more at a time, mother of five children; passed her menopause seven

years ago, she was without her periods for five years. abdominal wall was a source of difficulty and delay. there had been an hydatidiform degeneration of the to sit up and go home. membranes. She was supposed at one time to be in days. I was asked to see her and to assist in deliver- laparotomy from the patient, of a case of ing her. Sponge tents had been introduced, and efforts had been made to rupture the bag of waters. I found her in an acute peritonitis. Her abdomen curate diagnosis was impossible. I decided two 7, 1886. points, however: 1. That the uterus was empty and not enlarged; 2, that she had a tumor of some kind. the presence of Drs. Busey, B. B. Adams, Reyburn, to 4th. Cutts, Cuthbert and others. The abdominal wall. much traction was made upon it. I finally succeeded, fourth day and the wound closed. and reaching the pedicle, transfixed and ligated it, from the torn surfaces soon ceased, and I was not cent, by bulk after heating, compelled to wash out the abdominal cavity as at The operation lasted just an hour; fully a third of being nearly white. this time was consumed in putting in the sutures and DR. S. C. Busev said the specimen just exhibited

During the past two years she has had some irregular think all the gentlemen present expected the patient bloody discharges, which were supposed to be a re- to-die, myself among the rest, on account of the turn of her menses. Being a patient of Dr. B. B. nature of the tumor and the extensive adhesions. Adams, she sought his advice and treatment. Some The tumor was thought from its appearance to be of her peculiar symptoms he attributed to her rather cancerous. The patient has made an uninterrupted irregular change of life. As her abdomen enlarged recovery; her only drawback being a troublesome the question of pregnancy arose, and finally when cough, produced by the ether, and from abscesses she had clots of blood discharged, and especially along the track of the sutures. It is now two weeks when it was accompanied by a bad odor, it was sup-since the operation and the patient is feeling perposed that she was carrying a dead feetus, and that feetly well, has a splendid appetite and is anxious

DR. P. J. MURPHY presented the following history, labor, and these symptoms continued for about ten and a bottle of thick, pinkisk-white fluid removed by

CHYLOUS ASCITES.

Maggie M., æt. 19, white, single, nativity D. C. was so tympanitic, tender and distended, that an ac- Admitted to Columbia Hospital for Women, Nov.

History.—Puberty at 16 years. Menses are regular, painful, scanty, light in color, and last three days. She grew rapidly worse for several days, until one Father died of phthisis pulmonalis five years ago; night I was telephoned for to see her die. As she and a sister died of the same disease one year later. had a septic discharge, and as I had other abdominal. Two children died of diphtheria and one of heart cases on hand, I declined; but requested them to trouble from rheumatism. Family history otherwise arrange for a post mortem, which they did. She had healthy. Last summer she was a chambermaid at a a pulse of 160, cold clammy skin, and a subnormal hotel in the Catskills, and had to work very hard. temperature. She rallied from this condition, and in While there she went frequently to balls, sometimes ten days was sitting up and anxious for an operation, walking as far as ten miles, and being perfectly ex-Dr. Busey was invited to see her at my request, hausted next day. Now suffers from "swelling" of He was uncertain as to whether the tumor was the abdomen, which began about three weeks ago ovarian or cancerous, but agreed with me as to its after an attack of "chills." When the swelling bepresence, and that the uterus was empty. We de- gan she had a severe pain in the right inguinal region, cided to make an exploratory incision and remove which lasted about a week. Since then has had no the tumor if it appeared feasible. She at once ar pain. Bowels constipated. Appetite poor. Has ranged for a private room in the Providence Hos- dyspepsia. Has never been strong. Is now pale, pital. On the 10th inst., I opened the abdomen in emaciated and very nervous. Last menses Nov. 1st

Examination.—An exploratory incision was made was at least 2.5 inches thick in fat. When the in median line of abdomen and a creamy colored tumor was exposed it had the dark appearance of an fluid gushed out, 9 pints of which were saved and ovarian tumor, with a twisted pedicle. Some dark fully twice as much lost. Bi-manual examination extravasated blood escaped. The recent and still (one hand inserted through the wound and the other uncured peritonitis had caused the tumor to be every per vaginam), showed the uterus and appendages to where adherent. These adhesions were easily broken be normal in size and position. There was no sac down and I decided to proceed. After separating present, but the fluid was clearly loose in the abdom-the tumor as much as I could I tapped it and drew inal cavity. There was no glandular enlargement of thalf a bucket full of what appeared to be dark discovered or other evidence of local disturbance. red blood. It was difficult to turn the tumor out of A glass drainage tube was inserted, but there being the abdomen as it was very friable and tore when no further discharge the tube was removed on the

Examination of Fluid. - Color, fresh cream cut away the tumor, the solid part of which was esti- (slightly pinkish from blood). Reaction — alkaline. mated to weigh at least five pounds. The bleeding Specific gravity-1,023. Albumen-about 70 per

Microscope.—A number of red and white blood one time I thought I should have to do. After corpuscles and a large number of irregularly outcrowding several large sponges into the cavity, the lined, globular bodies, having a diameter of 8 to 20 last of them coming out clean and dry, I concluded m. m., that are thought to be lymph globules. On to close the wound and put in a glass drainage tube. standing the fluid separates into layers—the lowest

applying the dressings. The unusual fatness of the by Dr. Murphy was one of the most interesting he

chylous ascites, and it was possible that the chyle suggest the presence of chyle. had escaped through a puncture of some chyle vessel by this filiaria sanguinis hominis. Most of the correct, but the fluid would probably reaccumulate, distinctive characteristics of chyle were, however, and the patient finally, as is usual, die of pulmonary not present, certainly not given, no fat was reported disease. The fluid in chylous ascites is chyle, but present in the milky fluid. (Dr. Murphy explained in the cases of chylous hydrocele at was lymph transthat the examination had been hasty and very likely formed into a milky or chyle-like fluid in consequence much had been overlooked.) The pinkish color of disease of the intima of the lymph vessels, might be due, as Dr. Murphy says, to admixture with blood from the wound, but such a color may be deriv- tain, if possible, a thorough history of the anteed from other sources. If the fluid be chyle it must codents of the patient and of all points pertaining to have been discharged from some chyliferous vessel her. He said that it is supposed that the filiance are or escaped by transudation. In the latter event spread by mosquitoes. These insects suck the emthe quantity would have been small and would have bryos with the blood of the person. The embryos gradually diminished instead of continually increas- grow and burst open the mosquito and then fall into ing, as in case of rupture of some chyle conveying our food or drinking water. A peculiarity of the vessels. Only about thirty cases of chylous ascites filiaria is that it cannot be found in the blood in the have been reported. Most of the cases have oc- daytime. curred in Germany. America, England and China report a few cases.

gest, but Mastin was the first to demonstrate, that in the subjects of the experiment. Manson was the the milky fluid found in these cases had escaped from first to discover the relation between the elephantiasis dilated and ruptured lymph vessels. Having discov- and the filiaria. He found in every case the fileria. ered the milky fluid previously by tapping the scrotum, he subsequently, after its refilling, cut down upon the sac and discovered the network of dilated and ruptured lymph vessels, ligated it, and the patient recovered. Mastin, Jr., had had a similar case, in which he found the same condition. It was treated in like manner, and also recovered. Other cases had been reported cured, one by the injection of reported two weeks previously came up for coniodine.

Lymph scrotum and chyluria are now believed to at least one to congenital defect.

of the quantity of urine, associated with the rapid to exertion in raising a child.

had ever seen. He supposed the case was one of accumulation of a fluid in the peritoneal cavity, might

Dr. Busey believed the treatment in this case was

DR. A. F. A. King suggested that Dr. Murphy ob-

Dr. Busey said that it was either Lewis or Manson who confined persons in a room filled with mosqui-There have been also a few cases of chylous hy- toes. Before their confinement careful examination drocele reported. The first in this country was by proved the absence of the filiaria. Shortly after this Dr. Mastin, of Mobile. Vidal was the first to sug-confinement with the mosquitoes filiarise were found

Meeting of December 8.

THE PRESIDENT IN THE CHAIR.

The case of

CHYLOUS ASCITES

tinued discussion.

Dr. S. C. Busey said that he had recently seen the be due to the presence of the filiaria, but, as yet, only case and could add some points to the history. The two or three cases of chylous ascites have been proven girl had begun menstruating at 16, and the menses to be due to the puncture of this pariete. The eshad always been in every way normal except that on cape of chyle into the peritoneal cavity in large quan- one occasion she had "missed" one month. She tities is due to the rupture of some large vessels, thor- had been otherwise healthy, and last summer she acic duct, lacteals or receptaculum chyli. Most fre- had been a chambermaid in a summer hotel in the quently the rupture is found in the lacteals. Any mountains, She had been accustomed when off duty condition which may interrupt or impede the flow of at night, to take long walks, go to parties at a dischyle into the subclavian vein will cause stasis, re-tance, etc. It was after one of these long walks that pletion, dilation, and may cause rupture, either of she suddenly felt a violent pain in her abdomen on the duct, but more frequently of the receptaculum, the right side. Her abdomen then began to swell, or lacteals. Certain pulmonary and heart diseases the pain still continuing. She had good appetite and have produced such results. The presence of can- ate heartily, but lost flesh, and color and strength. cerous, aneurismal and other tumors and other con-Since the operation by Dr. Murphy the pain has ditions, by occluding or obliterating the thoracic disappeared and she has regained, somewhat her duct either at or about its terminus or along its con-weight and strength. Before the lower end of the timity, have caused rupture of the duct or other wound, which had been a large one, had closed, there large chyle-conveying vessels. Several cases have had been some oozing of a chylous fluid. He said it been ascribed to some violent and sudden effort, and looked as if some chyle duct had been ruptured by violence. Dr. Nickerson, of Lowell, reports such a The diagnosis of chylous ascites can only be made before he obtained a cure. Another case is reported mulation of a fluid can be recognized and it can be by Viniwarter, in a child. The large abdomen was determined whether free in the peritoneal cavity or supposed at first to be due to a congenital cyst. in a cyst. Acute anormia, with great and sudden Two operations cured this case. Several other cases prostration, a loss of appetite and rapid diminution are reported, notably one by Bessieus in a girl due

no special desire on the part of patients suffering of the cerebral sinus? with escape of chyle for fat. If the chyle escaped and sudden escape of chyle there is much loss of had had three attacks. weight and symptoms of collapse. The person is good appetite and the food is enjoyed.

of the body.

NASAL POLYPUS,

and said he thought it instructive by reason of the beauty, freshness, and unusual dimensions of the

The history of his patient, briefly stated, is as follows: John K., white, male, aged 18 years, born in Ohio, now a resident of Washington, D. C. The patient first noticed the polypus in August, 1882, in the right naris. It grew slowly, giving little trouble. In November, 1885, he was operated on by Dr. Blank, of Columbus, Ohio, who clipped off a small portion of the tumor. Patient breathed freely for about one month, when the tumor rapidly increased in size. He was much affected by cold in the head, and by changes of temperature, and the tumor often protruded as far down as the lower lip. When the cold was relieved the tumor retracted within the nose. I operated on him at 3 P.M. to-day, Nov. 24, 1886, when the tumor was just even with the anterior nasal orifice. The polypus was removed in the presence of Drs. Thos. A. Taylor and Frank Chamberlain, is of the mucous or gelatinoid variety, weighs snare and by the aid of reflected light.

The polypus was extracted through the right anterior paris. There was slight bleeding and pasal respiration was completely restored. It is, however, removed, and a second operation may be required, as in other cases.

DR. J. L. El for read a paper entitled

NAFCLINE IN THE TREATMENT OF WHOOPING-COUGH. (See page 92.)

Dr. Busey replied to Dr. King that he thought the logical conditions present in these rare cases of cause of pain was the rupture of the duct or whooping-cough which prove fatal by convulsions. receptaculum chyli, and to Dr. Cook that there was Is it a defect of the respiratory centre or thrombosis

Dr. G. B. HARRISON said that it is frequently only slowly through a small opening the peritoneum stated that a second attack of whooping-cough is readily reabsorbs it, and patient suffers no very great rare. It seemed to him that a second attack was emaciation. In cases where there has been a large not uncommon, and he knows of several persons who

Dr. A. F. A. King said he was aware that the exprobably here also kept alive by reabsorption by the anthemata attacked the child in utero, but he failed peritoneum. There is a case reported by Poncy which to see how whooping-cough would reach it before he tapped twenty-two times in six months, removing birth. If a child presents the symptoms of pertussis 285 litres of chyle. Here the color and smell of on day of birth it must have had the prodromal foods given could be recognized. Usually there is a symptoms in the womb. As children born after having had small-pox in utero are to some extent ex-Dr. King said that he thought that the odor of empt from it in after life, he does not see why the some foods, as onions, could be detected in all fluids same should not be true of pertussis. He mentioned a case of twin birth where only one child had small-Dr. E. Carroll. Morgan presented a specimen pox, and stated that Morrison, the obstetrician, was born with small-pox pustules, though his mother did not have it at the time, but was only nursing a son with the affection.

> Dr. Busey said that he had never heard of a case of congenital whooping-cough.

> Dr. King said that he did not mean to imply that the child actually coughed in utero, but if born with whooping-cough when did the catarrhal process in the lungs begin?

> Dr. J. L. Ellor said that he did not think, at any rate, that the narceine was the cause of the convulsions, as the dose was small and the effects had passed off several days before.

> Dr. S. S. Adams questioned the diagnosis made by Dr. Eliot. He said that it was extremely difficult to tell at that age what is the matter with a child. The pathognomonic symptom of pertussis is the whoop, and even that may be produced by simple laryngitis. He did not rhink that narceine would produce convulsions, but congestion of the kidneys following its use might. He said that there was no specific treatment for whooping-cough.

Dr. Busey objected to the statement that pertus-265 grs. (5ivss), measures four and a half inches in sis could not occur without the whoop. For inlength and one inch in its greatest breadth. The at-stance, all of several children of a family cough; all tachment was apparently to the posterior extremity present the same phenomena except that one does of the lower turbinated body, and the wonder is that not whoop. If this was an isolated case the diagnothere was not regurgitation of the polypoid mass into sis would be uncertain. But if whooping cough was the pharynx, for it was not adherent anteriorly, allow- epidemic and the others undoubtedly had it, he ing the wire loop to be passed freely over its entire thought it fair to say that the child who did not whoop length. The operation was done with a Douglas had it also. Usually the cough and whoop are associated, but the latter varies in degree and intensity, and may only occur once or twice, or not at all, during the attack. He thought that there was no medicine which could stop the disease, but it could be not certain that the entire polypoid mass has been cut short by treatment. The epidemics also vary in severity and contagiousness, and the remedies successful in one will fail in another. The season had its effect. In autumn and winter attacks were less controllable. Climate and hygienic surroundings were elements to be considered. He has seen one death preceded by convulsions, and thrombosis of DR. S. C. BUSEV asked the cause of the convul- the cerebral sinus was probably the cause. The sions, as it is very important to find out the patho- case just reported may have had pneumonia or atelectasis. The narceine narcotism would have helped cysts, extensive adhesions, tapped frequently; rebring about the former. Of course he does not cen- covered. sure Dr. Eliot for having given narceine. The child tion would predispose to cerebral thrombosis.

Dr. Adams said he was still unconvinced that pertussis could be diagnosticated without the whoop.

Dr. T. E. McArdle said that the mere fact of a fibroids of iterus; recovered. laryngitis or a bronchitis occurring in a child in a

only once or twice during the attack.

Dr. G. W. Cook said that the whoop was only an

There was a characteristic peculiarity in the par- enteen inches long; recovered. oxysm of coughs.

without the whoop?

expirations which cut off the air supply and the per- day suddenly with temp. 907; died. son gets blue in the face.

Dr. Adams said that he had seen the same in adhesions; recovered. bronchitis.

Dr. Busey said that there were paroxysms of operation (the pus was stinking); recovered. cough which increased in their intensity up to a certain point when they began their decline. They have, as Dr. Harrison says, a peculiarity of their own. If the chest be examined before the paroxysm of uterus with 16 pound fibroid; extensive enucleawe will hear coarse and moist râles which disappear tion, adhesions numerous; died. after the fit of coughing, and this occurs in no other condition with which he is familiar.

Dr. Adams said that we can make a diagnosis in most diseases if we wait long enough, it may be at tubes removed. Died of septicemia on fifteenth the autopsy. Bronchitis has usually been associated day. (Consultants pronounced it typhoid fever.) with his cases of whooping-cough, and the râles he has found both before and after a paroxysm.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated Meeting, Thursday, December 2, 1886. THE VICE-PRESIDENT, E. E. MONTGOMERY, M.D., in the Chair.

> W. H. H. GITHENS, M.D., SECRETARY. (Concluded from page 82.)

Dr. Joseph Price read a

REPORT OF THIRTY-ONE CASES OF INTRA-ABDOMINAL OPERATIONS DONE WITHOUT ANY SELECTION IN PRIVATE HOSPITAL; BY R. STANSBURY SUTTON, OF PITTSBURGH, PA.

October 27, 1883, Mrs. B. Ovariotomy, large cyst; recovered.

November 18, 1883, Mrs. O. Ovariotomy, large ered. cyst; recovered.

December 28, 1883, Mrs. C. Ovariotomy, large covered.

February 2, 1884, Mrs. F. Supra-vaginal ampualso must have been badly nourished, which conditation of uterus, with both ovaries and tubes; recovered.

> February 20, 1884, Miss P. Supra-vaginal amputation of uterus, with both ovaries and tubes: large

March 20, 1884, Mrs. K. Ovariotomy, left ovary house with several cases of whooping cough did not large and cystic, developed under the broad ligament prove that the child had pertussis. For his part he and roofed over by it. The ligament was opened up knew of no way to tell the disease without the whoop. To get at it. On right side a fibro-cyst of the uterus, Dr. Briscoe said that about six years ago he with adhesions, existed. Performed supra-vaginal caught the disease from his children. His paroxysms amputation of the uterus with the remaining ovary of coughing and theirs were alike, but he whooped and tube, and split the broad ligament of the teft side; recovered.

April 22, 1884, Mrs. S. Ovariotomy, large cysts, inspiration after a violent attack of coughing, and extensive adhesions, especially to the liver, had been might happen after such a paroxysm from any source, often tapped. Liver was burned with cautery iron Dr. G. B. Harkison said that he had diagnosti- over strip one inch broad by four or five inches long cated endemic cases before the whoop appeared, to stop bleeding. Incision in abdominal wall sev-

May 12, 1884, Mrs. D. Large sarcoma of left Dr. Adams asked how the diagnosis was made ovary, general chronic peritonitis with ascites, tumor fed by enormous vessels. Pedicle tied and dropped DR. King replied that there were a series of short as in ovariotomy. Pulmonary clot occurred on fourth

May 29, 1884, Mrs. G. Ovariotomy, large cyst,

June 24, 1884, Mrs. S. Pelvic abscess. Tait's

July 12, 1884, Miss M. Removal of sub-peritoneal fibroid, anterior wall, pedicle short; recovered.

July 12, 1884, Mrs. L. Supra-vaginal amoutation

September 16, 1884, Mrs. R. (insane), removed both ovaries and tubes, cured; recovered.

September 22, 1884, Miss J. Both ovaries and

September 24, 1884, Mrs. W. Supra-vaginal amputation of uterus and both ovaries, with 15 pound fibroid, extensive enucleation, vast adhesions; tetanus; died.

December 4, 1884, Mrs. C. Supra-vaginal amputation of uterus for large fibroids; extensive intestinal and mesenteric adhesions, and in the presence of peritonisis, very bloody operation. Shock was too great; died.

December 17, 1884. Resection of small intestines at two points for cure of artificial anus and extensive adhesions of gut, fatal on seventh day from renal hæmorrhage. Five stones, one an inch long, were found in the kidneys post mortem. The points of resection were found with difficulty, the sutures were all covered. (My first and only other resection of intestine recovered and is living, three and one-half years since operation.)

March 7, 1885, Mrs. J. Ovariotomy, large cysts, extensive adhesions; had often been tapped; recov-

April 7, 1885, Miss S. Exploratory incision; re-

June 10, 1885. Mrs. L. Double ovariotomy, der_ moid on right side; recovered.

removed; recovered.

July 30, 1885, Miss D. Ovariotomy, large cysts, been tapped very often; died.

a five per cent, carbolic solution. Recovered and Summary: cyst has not refilled.

November 19, 1885, Mrs. M. Oophorectomy,

right ovary and tube; recovered.

November 24, 1885, Mrs. W. Double ovariotomy, large cysts, bad adhesions, patient very anæmic and feeble, had been tapped often; recovered from operation, but died from peri-nephritic abscess three months afterwards.

salpinx; recovered.

ovary and tube; recovered.

April 3, 1886, Mrs. N. Oöphorectomy, both ovaing a week after operation, coma, death.

to dig the ovary and tube out of a mass of adhesions; bad case; recovered.

This list of thirty one abdominal sections are all I I used 212 per cent, carbolic solution over the in- this country as abroad. strument. Long ago I quit this and have used no within a year or eighteen months from the time the mentality, "The Other Ovary.". disease begins, and without having been tapped. trocar has been previously introduced into the cyst.

large cysts, and in one case a supra vaginal hysterwhen she was brought in on a stretcher.

ovariotomy was also done for large cysts. Of these an actual fact, 117, or about one-third, did bear chilcases three recovered and three died.

covered.

The intestinal resection was not lost through the operation. The removal of the uterine appendages June 27, 1885, Miss H. Both ovaries and tubes shows a mortality of two cases; one was due to operation, I think the other was not.

I am sure that, as we gain experience in further extensive adhesions, came in a dying condition, had operative work and exercise more care in rejecting cases with bad kidneys, our results here will compare November 18, 1885, Mrs. B. Ovariotomy, incom-favorably with others. Thus far we have refused no plete small cyst, size of cocoanut. As it was impos- patient willing to enter the list for operation, and I sible to remove the cyst on account of adhesions, it am sure that no operator. East or West, is likely to was emptied, dried out, and lining well mopped with meet with worse cases than are contained in this list.

Ovariotomies, McDowell operations	13
Oophorectomies, Hegar-Tait operations	Š
Laparotomy for pelvic abscess, Tait operation	I
Resection of intestine.	I
Removal of large solid sarcoma of ovary	1
Supra-vaginal amputation of uterus and both ovaries.	6
Exploratory incision	1
Removal of sub-peritoneal fibroid of uterus	1

(One case is counted twice, first as an ovariotomy January 9, 1886, Miss N. G. Oophorectomy, pyo. for large cysts complicated with supra-vaginal amputation for fibro-cyst of uterus; second, as a supra-March 23, 1886, Mrs. R. Oophorectomy, right vaginal amputation of uterus complicated by ovariotomy.)

In looking over my ovariotomy cases who have ries and tubes; kidneys contracted, uræmic poison- recovered during the last ten years, I find that eight children have been born to them. My last laparot-October 1, 1883, Miss S. Oöphorectomy, right omy (46th) for all diseases yet attacked by operaovary and tube, chronic ovaritis and salpingitis; had tion, by me, was a large parovarian cyst, with both ovaries cystic. The cyst and both ovaries were removed through a two inch incision, the dressing November 20, 1886, Mrs. N. Double ovarioto- completed, and the woman in bed, in thirty minutes, my, removed large parovarian cyst and cystic ovary without any haste. She has taken no drugs, not a on left side and cystic ovary on right side; recovered, drop of anything.

This life of these and cystic ovary on right side; recovered. was normal and the pulse 76. Wound completely have made in my private hospital during the three healed. Experience with honest precautions, coupled years of its existence. I have never used spray over to a possibility of earlier operations and a discontina wound, and only occasionally in my earlier cases unnee of tapping, will result in as good statistics in

Dr. H. A. Kelly remarked that Dr. Sutton's acchemical during the operations. After closing the count of his cases is very interesting, and in many wound I dress it with iodoform gauze. Our wounds particulars instructive, and better results for general all heal by first intention. A great many of these pa- work, handling all classes of cases without selection, tients have neither health, strength, or money when certainly can not be found in our country. He, Dr. they come to us. Rich or poor, all have had the Kelly, called especial attention to the note by Dr. same chance for life. All the provisions of cleanli. Sutton, that his ovariotomy patients have borne eight ness known to science and art are practiced in my babies within the past ten years. This fact is signiinstitution. With our present good condition, I be- ficant as deciding a question which has been dislieve we can save 98 per cent, of ovariotomies sent cussed in terms of vague generalization and senti-

About a year ago, when writing a paper upon We never lose a case if in fair condition, and if no ovarian cysts of large size, Dr. Kelly found facts in Sir Spencer Wells's table which determined this ques-In this list there were thirteen ovariotomies for tion for him upon a solid scientific basis. Of Sir Spencer Wells's 1000 cases, 768 recovered; and deectomy was also done. Of these thirteen cases two ducting from these 343 over 40 years of age, as bedied, one of the two three months after operation, youd the child bearing period, we have left 371; and the other was in the last stages of exhaustion again deducting twenty more, which was about the number of double ovariotomies, under 40 years, re-Of the cases of supra-vaginal amputation of the covered, we have left about 351 women survivors uterus and both ovaries, there were six. In one an with one ovary and in a child-hearing condition. As dren to the number of 228, or a fertility of about 65 The Tait operation for large pelvic abscess re- per cent, to the total number of survivors. This is

then clearly the advantage of leaving one ovary in tion be felt that, with one exception, he had nothing 351 women, to-wit: 228 children. Now what are the to regret, but he did regret that he had not introdisadvantages? Obviously a return of the tumor in duced a drainage tube. His reason for not using it

was necessary, and one of the seven died of a tumor, whenever there have been adhesions to separate;

doubtfully uterine.

first operation, against two hundred and twenty-eight covered. children born!

case under his own observation in which typhoid fe-now in common use. ver of distinct character followed close upon a surgical operation.

pox.

Dr. Joseph Price reported a case of

HYSTERECTOMY FOR MYOMA.

account of menorrhagia, with hypogastrie discomfort. a long nozzle uterine syringe. When all discharge Uterus about the size of a three months' gravid ute- has ceased, provided it has been but sweet, clean rus. She became very much prostrated, and suffered serum, he withdraws the tube, and running the shot from sciatica in the right leg. The tumor grew rapid down on the two unused sutures, closes the wound ly, and seven months after first seeing her the tumor perfectly, leaving only a linear cicatrix instead of a was found to extend from the umbilicus to the per- deep pit at the lower angle to be filled up by granuineum, resembling in shape and position the gravid lations and a large plug of scar tissue; this is also uterus at seven months. Two inches below the um- safe after suppuration, provided all suppuration has bilicus and to the left a bruit was distinctly heard, entirely ceased. Fœtal heart-sounds could apparently be distinctly heard beating 125 per minute, but they were syn- used by Dr. Price in this case, and considers it far cronous with the patient's pulse. The lower portion more dangerous, in every way, than the elastic ligaof the tumor extended into the vagina almost to the ture. Sanger's device, just announced, combining an perineum, and resembled very much a foetal head extra- and intra-peritoneal treatment, promises much, surrounded by a small quantity of fluid. The os and is certainly destined to repeated trial. uteri could be felt, only with the utmost difficulty, behind the centre of the os pubis.

hypodermically. and increased frequency of pulse. Peritonitis de- been used in his case. veloped and the patient died at 7 A.M., about thirtyone hours after the operation. Post-mortem exam- whatever of the drainage tube, and thought it might peritoneal cavity.

the other ovary, and death from the second operation, was the complete absence of bloody stain in the last In seven of these 351 women a second operation abdominal washings; but it is his rule to use a drain he had three tubes in use in other patients at that Here, then, is the status of "the one ovary" case, very time. He feels assured that if he had used a One doubtful death of a woman seven years after her drainage-tube in this case the woman would have re-

Dr. H. A. Kelly considered the important error Dr. Kelly could not accept the diagnosis of death in this case was the neglect to insert a drainage-tube, from typhoid fever in a surgical case within three and gladly made this subject the text of a few reweeks of operation, in the absence of careful post- marks. Operators at large should by this time have mortem examination. The typhoid condition is so reached a common understanding as to just how and common in all cases of peritonitis tending to a lethal when the drainage-tube should be used. In the first end, and true typhoid fever so extraordinarily rare, place: whenever there is any denuded area as large that he rejected the diagnosis not subsequently con- as the palm of the hand, or smaller if there be a firmed. It savors too much of the many cases of tendency to weep, a tube should be introduced, and women coming to my office week after week who sometimes when least expected several ounces of tell me they "have never been well since their last serum will well up through the tube daily, and the confinement, when they had typhoid fever." Dr. absorptive powers be saved a severe tax. Second: Sutton, however, does not himself make this assertion. Whenever in doubt, use the tube; no harmever comes Dr. Coffee, of Pittsburgh, drew attention to a from it when guarded with the antiseptic precautions

His own plan is as follows: Pass all the silkworm sutures as if the whole length of the incision was Dr. M. Price spoke of a case in which typhoid about to be closed, slip in the drainage-tube (he prefever followed immediately after an attack of small- fers a straight glass one under ordinary circumstances), and run down the shot and close the wound to the tube, but the two sutures passing through the track of the tube are left long, to be used after the removal of the tube. He then, once or twice a day, draws The patient had applied to Dr. J. R. Haynes on out all serum accumulated in the pelvis by means of

He does not like Koeberle's clamp, which had been

DR. MONTGOMERY thought the case one of extreme interest in point of diagnosis and treatment. The November 19 Dr. J. Price performed abdominal pressure of the tumor on the ureters causes changes section; before operation her pulse was 150 and tem- in them, and also sacculation of the kidneys. He perature 100°. Six syringefuls of brandy were given had operated in a similar case some years ago, and The operation lasted about an subsequent examination revealed sacculated kidneys, hour. The patient slept well that night and im- and pus in one; even if no knife had been used, the proved in condition for a few hours, after which vom- patient would have died from the ether. He thinks, iting occurred, followed by great restlessness, pain, with Dr. Price, that the drainage-tube should have

Dr. Joseph Price remarked that he had no fear ination showed nearly a pint of bloody serum in the be used in every case. Tait's rule: "When in doubt, use the tube," was a good one. Dr. Price made some Dr. Price remarked that in reviewing the opera- remarks upon his methods of using drainage-tubes of the tubes, using a sucking bulb with gum tubing to had used iron as a styptic. draw out fluid accumulations, and introducing a smaller gum tube through the glass one before withdrawing the latter.

Dr. M. Price exhibited specimens from a case of

PYOSALPINX OF GONORRHICAL ORIGIN.

Is pyosalpinx not generally or always the result of gonorrheea? His cases have, without exception, followed attacks of gonorrheea. Can such a sequel be anticipated and prevented?

Dr. Montgomery remarked that Dr. Noeggerath initiated the idea of latent gonorrhoea as the cause

of salpingitis and pelvic peritonitis.

Dr. M. Price remarked that his patients had been in robust health; they were generally women who had borne but one child, and the labor had been followed by repeated attacks of peritonitis.

Dr. Longaker read a report of a case of

LAPAROTOMY FOR PYOSALPINGITIS.

Maggie T., aged 33, was admitted to Lying-in Charity Hospital November 13, 1886. She had one child eighteen years before, after a difficult and prolonged labor. Unmarried, and has a history of specific disease. During the last four years her periods tumor, and the ovary, a fluctuating mass the size of improvement." a walnut, were easily removed; a small amount of free from pain.

the fact that the tube was cut by the ligature. He age that the greatest number of deaths was noted. thought it important to tie straight across the tube it right to trust to sponges and hot water.

glass, using cotton wick in some cases to remove ac- from adhesions to the bowels, large sinuses being cumulations of serum and to clear the openings of laid open and pouring out blood. In several cases he

> Dr. Longaker explained that the hæmorrhage came from the opening up of the broad ligament.

DR. H. A. Kelly read a paper embracing

NOTES ON PALPATION OF THE FEMALE URETERS, .

which will be published in full with diagrams.

Dr. Joseph Price read an interesting letter from Dr. Joseph Eastman, summarizing the features of McDowell's early operations, showing how perfectly antiseptic his work was.

Dr. Coffee spoke of Dr. Sutton's work as being pioneer work. He gave up good practice and went to Europe to work up this field.

DOMESTIC CORRESPONDENCE

LETTER FROM NEW YORK.

(FROM OUR OWN CORRESPONDENT.)

Antiseptic Treatment of Summer Diarrhaa—Officers of the Academy—Hospital Saturday and Sunday

At the last meeting of the Academy of Medicine have been accompanied by intense suffering, and in Dr. L. Emmett Holt read a paper on the "Antiseptic the intervals she was never free from distressing aches. Treatment of Summer Diarrhoea," which seems likely in the pelvis. Lately she had used opium to some to have a marked effect upon the manner of dealing extent. In addition to the evident enlargement of with this affection in the future. As he truthfully rethe appendages on both sides, the patient has a per- marked, an examination of even the most recent inco-recto-vaginal fistula and a stricture of the lower text-books on the diseases of children will show that end of the rectum. A diagnosis of pelvic cellulitis practically the same methods of treatment are inculwas made by him in this case two years ago. Oper cated which were in vogue fifty years ago; so that ation November 18. The left tube, a sausage-shaped there would certainly appear to be some "room for

Dr. Holt said that he made use of the term sumpus escaped from the end after ligation, but this was mer diarrheea as designating an affection with which arrested by pressure forceps. The ligature was nec- all were familiar, but which did not involve any points essarily passed over the uterus, but owing to friability of pathology about which there might be differences of tissues, troublesome oozing continued and delayed of opinion. While acknowledging the prime imporclosure of the abdomen. On the right side the ovary tance of suitable hyygienic conditions in the treatand tube formed a large abscess the size of a goose- ment, it did not come within his province on the egg. It was unpossible to separate and remove this present occasion to discuss these. With the excepwithout rupture. It was filled with pus and altered tion of instances of pure cholera infantum, all cases blood. Adhesions were dense and firm. There was of summer diarrheea are, in his opinion, due to feralso some oozing on this side, but it gave rise to com- mentation or putrefaction in the intestinal tract. paratively little trouble. The peritoneal cavity was. Among the factors entering into the causation of the irrigated with hot water; 1 to 5,000 bichloride solutrouble he mentioned heat, improper feeding, and tion sponges. Abdominal walls sutured with silk over bad hygienic surroundings. The affection was eviwhich was placed an impervious coat of iodoform dently not due to heat alone, or else we should find collodion. Convalescence uneventful. She is now the greatest mortality among infants under six months of age; which was not the case. During the first six Dr. M. Price inquired about the source of hem-months a much larger proportion of infants were wetorrhage. He had seen severe hemorrhages due to nursed than at a later period, and it was after this

In treating of the influence of heat he spoke of its and not obliquely. He ligates by double ligature effect not only upon the child, but upon its food, and and ties back. He considers it right to open up at referred to an instance at the New York Infant Asyonce if hemorrhage is at all free; he does not think him in which no less than twenty three children became affected with diarrhoa from the use of tainted. Dr. Joseph Price had seen very free hemorrhage milk. In tenement-houses all the conditions were especially favorable to the contamination of this arti-that all the drugs which had hitherto-proved of sercle of food, and it was only a wonder that more chil-vice in the treatment of summer diarrhoea, with the dren did not suffer from this cause than was actually exception of opinm (in regard to which there had the case. In this connection he spoke of the devel-been much discussion), were of a more or less antiopment of poisonous ptomaines from food, and als septic nature. He then proceeded to give a roumê luded particularly to the investigations of Professor of the history of the use of antiseptic remedies proper Vaughan, of the Michigan State Board of Health, in in this affection, from the year 1846, when creosote regard to the principle which he had designated tyro was first employed for its relief. toxicon. Brunton's researches had also, he thought, furnished the solution of many hitherto insoluble New York institutions, Dr. Holt has written to the problems. Cerebral symptoms had been generally physicians of fourteen of these, including the Nursery supposed to be due to the sudden stoppage of the and Child's Hospital, the Foundling Asylum, St. diarrhea; but Huchard had shown that poisonous Mary's Hospital for Children, the Demilt Dispensary, ptomaines were evolved from human faces even in a and a number of other prominent hospitals and disstate of health, and this was the case to a much more pensaries, in which upwards of 40,000 children —

the large intestine. A specific microbe having a with paregoric and astringents, in quite a number, causative relation to the disease had not as yet been castor-oil as a preliminary medication in six, castordemonstrated; though numerous bacteria, of various oil emulsion, with equal parts of the oil and of parekinds, were always found in connection with it. The goric, in three, calomel in three, ipecac in three, pepsin indications for treatment were as follows: t, clear in one, iodoform in one, morphia and atropia hypoout the bowels; 2, stop decomposition; 3, restore dermically in one, and astringent injections in three. healthy action to the bowels; 4, treat the consequential lesions.

men would complete the cure. In cases in which the cient remedy; and next to this comes naphthaline. passages, consisting of pure serum, were odorless and

action to the bowels, the most efficient agent that he of giving this remedy in doses of from 1 to 3 grains, had met with was salicylate of sodium. If there was in aqueous solution, every two hours; and recommuch vomiting, it was better to withhold food alto-mended that it should be administered with the food gether for from ten to twenty-four hours; employing or drink. It did not produce vomiting, but, on the carbonic acid water, or thin barley water, for allaying contrary, often allayed irritability of the stomach, thirst. In children under 2 years of age no milk Naphthaline could be given in closes of from 12 grain whatever should be allowed; though peptonized milk to 5 grains, and resorcin in doses of from ½ grain to was less likely to do harm than either condensed or 2 grains. Bichloride of mercury, which should be ordinary cow's milk. He had known many relapses given in doses of from $\frac{1}{120}$ to $\frac{1}{100}$ of a grain, was to be brought on by the use of milk.

fourth point considered, consisted in, 1, appropriate in other forms of diarrhea. of soda and nitrate of silver. It was a fact, he said, and not simply at its effects.

In order to find out what is the present practice in marked extent in such diseases as summer diarrhea. 25,000 of them for diarrheal diseases—are treated In this affection, Dr. Holt went on to say, the in- annually. He ascertained, among other facts, that flammatory changes are almost entirely confined to opium was used in all, bismuth in all, chalk mixture,

In his own experience Dr. Holt found that with the use of opium, bismuth and astringents, 50 per In the first place, it was necessary to clear out the cent. of cases are cured, and 7 per cent. died; the bowels for the same reason that the surgeon thor- remainder being classified as improved and unimoughly cleanses a wound before applying his antisep- proved. A year ago last summer he first commenced tics. In nearly all cases, Dr. Holt said, he began his the use of salicylate of sodium. In about two thirds treatment with a cathartic, in order to remove the of the cases in which he employed it he gave castoraltered secretions; and if the stomach was not very oil as a preliminary to the treatment, and out of 81 irritable, there was no purgative which was to be cases, 60 were cured, 14 improved, 6 unimproved, compared to castor-oil for this purpose. If the stom- and 1 died. He also treated 44 cases with naphthaach was irritable, he was in the habit of using large line, 22 with resorcin, and 28 with bichloride of merinjections of water by means of a fountain syringe, cury. The comparative results of the different reme-By experiment he has found that it takes almost a dies were as follows: Cured by opium, bismuth and pint of fluid to reach the ileo cocal valve, and at astringents, 50 per cent.; cured by saliculate of soleast this quantity, he thinks, should be used. In dium, 84 per cent.; cured by naphthaline, 67 per many cases the castor oil was all the medicine that cent.; cured by resorcin, 55 per cent. He, therewas required, as a suitable dietetic and hygienic regi- fore, considers the salicylate of sodium the most effi-

Having related an illustrative case in which the alkaline in reaction, no preliminary cathartic was re-sodium salicylate, administered after a preliminary dose of castor-oil, had effected a cure in an appar-In order to arrest decomposition and restore healthy ently hopeless case, he stated that he is in the habit sometimes apt to produce vomiting. Dr. Holt said The treatment of the consequential lesions, the that he did not undervalue the efficiency of opium

dietetic treatment; 2, the continuation of the anti- In conclusion, he stated that the use of evacuants septic; and 3, the washing out of the whole large constituted an essential part of the antiseptic treatintestine every day with pure water or a weak anti- ment of summer diarrhoea, and that he considered septic or astringent solution. The medicinal agents the latter especially valuable because it was aimed which he preferred for these injections were benzoate at the cause of the trouble in the intestinal canal,

paper Dr. Wilcox related his experience with naph- under his care at the New York Hospital, and in thaline in the treatment of diarrhea; stating that he several instances the disease had apparently been had employed it in thirty-two cases, though nearly all aborted by the remedy. He referred particularly to of them were in adults. In his hands it had proved a case which came under treatment on the second so efficient that he had come to regard it of the same day of the disease. By the thirteenth day the fever value in diarrheen as mercury in syphilis, or quinine was gone and convalescence was established, although in malarial trouble. In order to secure its full effect, the patient had had the usual prodromal symptoms of the patient should take at least 60 grains a day, and typhoid, and the characteristic eruption and enlargein some cases as much as 120 grains was required. He gives it chiefly in starch capsules, with some oil cases of typhoid fever, he said, were given a prelimof bergamot to conceal its odor. Occasionally he inary full dose of calomel. In conclusion, he menhas found that the urine becomes smoky under its tioned some obstinate cases of chronic diarrhoea use, but he has never been able to detect any albu- which had been promptly cured by the use of men or casts in it. In one case of twenty four years' naphthaline. standing, in a map 61 years of age, a cure was effected by the use of 90 grains a day. In two cases he has stated that Dr. Caldwell, who had expected to be employed it successfully in the diarrhæa of typhoid fever. The patients were in the third week of the success in twenty cases of the diarrhea of phthisis. disease, and took from 60 to 90 grains a day; which reduced the stools to two in the twenty-four hours, emy were elected: President, Dr. A. Jacobi; Viceand rendered them perfectly odorless. Naphthaline President, Dr. Wm. H. Draper; Treasurer, Dr. W. has also an antipyretic effect in these cases, and Dr. F. Cushman; Member of the Board of Trustees, Dr. Wilcox regards it as quite as safe as antipyrin, thal-| Everett Herrick. lin, or any of the other agents of this class now in use. He has also tried resorcin to some extent, but: Saturday and Sunday Hospital collection is about with very indifferent results.

Dr. Andrew H. Smith remarked that it had been grand total will exceed that of last year. his idea for some time that the cause of summer diarrhoea could be best treated by the aid of antiseptics. The essential oils which were in common use in domestic practice were really antiseptics, and the same was true of the pennyroyal, spearmint and peppermint teas so often resorted to in the country.

Dr. Van Santyoord said that Dr. Holt was no doubt correct in considering the disease primarily dyspeptic in character. He thought bismuth was of service not simply from its mechanical effect, but because it was a true antiseptic. The inflammatory, changes were largely located in the large intestine, and he was in the habit of employing large astringent injections, in which he combined an alkali with the astringent, in order to remove the mucus which cov-

ered the parts.

agreed with Dr. Holt as to the antiseptic character. of remedies long in use. As regards bismuth, which his own country, and in Germany, Prof. Miller is he never considered simply as an inert mechanical well known through his writings, not only concerning substance, he had published an article twelve years, dentistry, but also concerning those microörganisms ago in which he distinctly claimed that it was an which represent the lowest forms of life, and which antifermentative. He also agreed with Dr. Holt as are so near the border line that biologists had much to the importance of appropriate dietetic treatment, discussion whether they should be classed in the vegand particularly in regard to the danger from milk, etable or the animal kingdom. which it was often necessary to withdraw for a nummixed with barley water.

plaints. For some time past he had been using it in Finkler and Prior to cholera nostras, yet was so re-

In the discussion which followed the reading of the all the earlier cases of typhoid fever which came ment of the spleen had been well marked. All his

In bringing the discussion to a close Dr. Holt present, had used salicylate of sodium with much

At this meeting the following officers of the Acad-

The amount thus far reported from the annual \$40,000, and there is reason to suppose that the

BOOK REVIEWS.

Wörterbuch der Bacterienkunde. Bearbeitet von Dr. W. D. MILLER, Professor am Zahnärztlichen Institut der Universität Berlin. Stuttgart: Verlag von Ferdinand Enke. 1886.

DICTIONARY OF BACTERIOLOGICAL SCIENCE. By Dr. W. D. MILLER, Professor in the Dental Department of the University of Berlin. Sm. 8vo. Stuttgart: Ferdinand Enke. 1886.

To Professor Miller the Profession in general and bacteriologists in particular should be grateful for The President, Dr. Jacobi, said that he quite this Dictionary of Bacteriological Science, which he has so carefully and laboriously compiled. In this,

Prof. Miller is the first and only American who has ber of days. For twenty-five years, he said, he had been raised by the German Government to the hontaught that the disease could not be cured unless orable position of Professor in the University of milk was given up as a food; but there were plenty Berlin. He has discovered, described and named of things which could be temporarily substituted for several microorganisms, perhaps the most important it. He himself generally used the white of egg, raw, of which are those which cause dental caries, and the Miller bacillus. The latter is a comma bacillus found Dr. Peabody said that he had come to look upon in the human mouth, and which, though for a long naphthaline as a very valuable addition to our thera-time recognized as morphologically similar to that peutical resources in a number of intestinal come ascribed by Koch to cholera Asiatica, and to that by

sistant of isolation by the efforts of all bacteriologists,

tures of it only after repeated attempts.

different kinds of microorganisms carefully selected and excretion of waste products, relieving internal scattered through the different modern languages, tion. but also the various technical expressions which have been recently coined to meet the needs of the bacture, description and source of those microorganisms—tion is to be avoided. with which he may chance to be less familiar, and the latter can obtain ready reference to the bacteriologicourse of his general reading.

It may be expected that an edition in English will

soon appear.

MILK ANALYSIS AND INFANT FEEDING. By A. V. Meigs, M.D. 8vo, pp. 102. Philadelphia: P. Blakiston, Son & Co. 1886. Chicago: W. T.

the great majority of analyses of human milk made by various chemists are wrong. He claims to have inquiry issued by the Collective Investigation Comdiscovered that the caseine of human milk amounts mittee of the British Medical Association. In only to seldom more than one per cent.

Dr. Meigs has evidently undertaken to work in a field where he is not at home. This subject has been least reached nearly the age of one hundred, the inthoroughly discussed years ago, and by men who are formant, in each case, being competent to estimate well known as thoroughly trained chemists. Their the value of the evidence, and in most of the cases conclusions do not agree with those of Dr. Meigs.

In the part of the book relating to infant feeding, the author presents a number of practical observations from the experience of himself and others, and makes suggestions as to what is the proper food for infants of different ages.

MISCELLANEOUS.

HOT SPRINGS WATER.—A circular recently issued by the War Department says, in regard to the water ried, eleven had large families, and eight married beof the Hot Springs of Arkansas: Relief may reasonably be expected from the use of the Hot Springs of the centenarians were members of large families, water in the following classes of diseases, viz., gout there being but two designated as only children. and rheumatism in their various forms, after the acute or inflammatory stage has passed; neuralgia, were first children. The parents of one centenarian peripheral or central, especially when depending upon gout, rheumatism, specific infection, or metallic organic; locomotor ataxia, or tubes, if not in advanced stages, and especially if traceable to specific infection; Bright's disease of the kidneys, only in the sleepers, of placid temperament, and good intelliearly stages; diseases of the bladder and urinary organs; functional diseases of the liver; dyspepsia; alcohol and animal food, although one man always chronic diarrhea and catarrhal diseases generally; did and "always will" drink to his utmost capability. chronic skin diseases, especially of the squamous or scaly forms; chronic conditions, resulting immediately eight in comfortable circumstances. from specific infection, either syphilitic or malarial; chronic alcoholism.

In general terms, it may be stated that the Hot that it remained for Prof. Miller to obtain pure cul. Springs water acts by stimulating all secretions and organic functions, increasing appetite, promoting The Dictionary describes not only a long series of digestion and assimilation; favoring tissue change from the great mass of literature on this subject, and congestions, and stimulating the blood-making func-

In the following classes of diseases the use of the Hot Springs water is contraindicated: All acute, teriologist, who, together with the practicing physi- inflammatory diseases; tuberculosis; organic discian, has appreciated the want of just such a work, eases of the heart and brain; aneurism; cancer; The former will look herein to find the nomencla- and all diseases in which stimulation of the circula-

Collective Investigation on Centenarians.-cal names and expressions which appear in the The late Dr. Farr has shown, in his "March of an English Generation through Life," that one million children born in England live forty million, eight hundred and fifty-eight thousand, one hundred and eightyfour years, that two hundred and twenty-three live to the age of one hundred, and that finally at the age of one hundred and eight, one solitary life dies.

In the supplement to the British Medical Journal of December 11, Prof. Humphry has analyzed the In this little book Dr. Meigs attempts to show that returns from reliable medical men regarding fifty-two centenarians tabulated from the results of a form of eleven was the age confirmed by any official record, but the others were naturally assumed to have at being intimately acquainted with the individual.

> In eleven the intellect is stated to have been high, and low in only five; twenty were reported strong, sixteen of average strength and twelve feeble. Thirtysix were women, sixteen men—a fact explained by Mr. Humphry partly by the fewer exposures of women, notwithstanding the dangers incidental to childbearing and the diseases associated with the varying demands made at different periods upon the organs connected with that process; and partly also by the greater inherent vitality in the female.

> Of the thirty-six women, twenty six had been marfore they were 20, one at 16 and two at 17. Many Forty-one of the fifty-two had been married. Twelve were first cousins.

The average centenarian qualities were a good poisoning; paralysis, if not recent, progressive, or family history, a well-made frame of average stature, spare rather than stout, robust, with good health, appetite, and digestion, capable of exertion, good gence, with little need of, and little consumption, of

Three were affluent, nineteen poor, and twenty-

Twenty-four of the centenarians had no teeth, and the average number retained was only four or five. one was deaf.

The majority were moderate or small eaters, but maintained an average pulse of 70 and respiration of 22-a fact explained by the diminished elasticity of the circulatory and respiratory apparatus. The arteries had become less capable of accelerating the blood-stream, and the vital capacity of the chest was much reduced, as shown in the slight difference in the chest girth between the state of inspiration and that of expiration. The hours of sleep averaged nearly nine, the extremes being twelve and four.

The brain held out as well as the other organs. perhaps better; two only were demented. The weak-

equal in the several great organs.

The majority had suffered little from illness at former periods, vet some had recovered from severe diseases. The habits of life were generally such as conduce to health, necessitated in a measure, at least, hol, twenty-two took little, eight drank moderately. one drank to excess, on festive occasions, one was a 13, 1887.

since the year 1841. It has been lately brought for- get there! ward in France as a disinfectant, and Dr. Huppe (Contrach, f. d. Med. Wiss., No. 50, 1886), has made experiments with it, which have led him to the opinion that it possesses advantages entitling it to rank beside carbolic acid and bichloride of mercury. Commercial aseptol is a syrupy liquid, having a faint odor of carbolic acid. It is soluble in all proportions in water, alcohol, and glycerine, and even in a 10 per cent, solution has no caustic action upon the skin. Such a solution kills spores of anthrax in thirty minutes, whilst a 5 per cent, carbolic acid solution requires at least twenty-four hours to produce the same effect. A 3 or 5 per cent, solution of Major Harvey E. Bi wn, Surgeon, granted leave of absence for aseptol is a true disinfectant for spore-free microorganisms, or for such as do not form endogenous spores. A 3 per cent, solution was found quite sufficient to disinfect the (previously cleansed) hands. Solutions of aseptol in alcohol, glycerine or oil in the list named no permanent solution takes place showed no disinfectant power. By heat it is changed into the corresponding para combination.

DEATH OF DR. JOHN SCOTT.-John Scott, M.D., First Lieut, Geo. F. Wilson, Asst. Surgeon, leave of absence M.R.C.S.L. of San Francisco, died of acute pericarditis on December 24. He was born in Ireland. and was about \$8 years of age at the time of his death. In his carly professional life he was in India for a number of years. When he came to New York in 1805 he spent several months in the study of

Ewenty-eight used glasses, but thirty-five, including gynecology under Dr. Emmet, and afterwards went many who used glasses, were reported to have been to San Francisco and organized the California State in the enjoyment of good sight. Hearing was good Woman's Hospital, of which he was chief surgeon. in twenty-two, indifferent in seventeen, bad in nine. Though not a voluminous he was a good writer, a genial companion, and a honor to his profession.

> Mississippi Valley Medical Association.—The next meeting of this Society will be held at Crab Orchard Springs, Ky., in July, 1887. There is every prospect of a large attendance, and the papers to be presented give promise of being of unusual value. Physicians having cases to report should communicate with Dr. J. L. Gray, corner Wabash Avenue and Sixteenth Street, Chicago.

THE INDIANA STATE BOARD OF HEALTH.—The Governor of Indiana says in his annual message: The State Board of Health recommends several ness or failing, generally, seemed to have been about amendments to the present law to increase its efficiency, to extend its jurisdiction over diseases of domestic animals, and to create the office of State Veterinarian. The Board states that as the people become more familiar with the operations of the various organizations, and the objects to be attained, the by some from their occupations. Thirty two did not more popular the law becomes, and the more readily use tobacco; twelve were total abstainers from alco-the rules and regulations of the Board are observed.

PORT PHYSICIAN OF PHILADELPHIA.—The Sanifree beer-drinker, and one "drank like a fish all his tart Netes says: A lively scramble is being made life" when he could, but said also that he could not by Philadelphia politicians for the position of Health get much. - Boston Med. and Surg. Jour., January Officer of the port, which is an office in the gift of the new governor. A singular and noteworthy fact is that not a solitary name has been suggested for ASERTOL: A NEW DISINFECTANT.—This substance the position which stands for a samitary worker. is orthophenol-sulphuric acid, and has been known. They are all political workers. May none of them

> SANITARY ASSOCIATION IN MONTREAL.-A much needed Sanitary Association, with 125 members, has been organized in Montreal.

> OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM JANUARY 7, 1887, TO JANUARY 14, 1887

Lt.-Col Jos. C. Baily, Asst. Medical Purveyor, ordered from Dept. East to New York City, to take charge of the medical purveying dept in that city, relieving Capt. Henry Johnson, Medical Storekeeper, from duty as acting assistant medical purveyor. S. O. g. A. G. O., Jan. 12, 1887.

six months, on surgeon's certificate of disability, with permission to leave the Div. of the Missouri. S. O. 9, A. G. O., Jan. 12, 1887.

Capt. J. K. Corson, Asst. Surgeon, ordered to Ft. Coeur d'Alene, I. T

Capt. C. E. Munn, Asst. Surgeon, ordered to Ft. Canby, W. T. First Lieut, J. M. Banister, Asst. Surgeon, ordered to Ft. Coeur d'Alene, I. T. S. O. 227, Dept. Col., Dec. 31, 1886.

Capt. Richards Barnett, Asst. Surgeon, leave of absence further extended six months on account of sickness. S. O. 9, A. G. Θ., Jan. 12, 1887.

extended twenty days. S. O. g. A. G. O., Jan. 12, 1887.

First Lieut. H. I. Raymond, Asst. Surgeon, ordered for duty at Presidio of San Francisco, Cal. S. O. 127, Dept. Cal., Pec. 20, 1886.

First Lieut. F. J. Ives, Asst. Surgeon, granted one month's leave of absence, with permission to apply for twenty-three days extension. S. O. I. Dept. Platte, Jan. 3, 1887.

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ORIGINAL ARTICLES.

THE OSTEOPLASTIC RESECTION OF THE FOOT. as Devised by Wladimiroff and Miculicz.

Read in the Section on Surgery of the American Medical Association, May, 1886.

BY CHRISTIAN FENGER, M.D.,

PROFESSOR OF CLINICAL SURGERY IN THE COLLEGE OF PHYSICIANS AND SURGEONS, CHICAGO: SURGEON TO COOK COUNTY HOSPITAL, THE EMERGENCY HOSPITAL, CONSULTING SURGEON TO THE GERMAN HOSPITAL, FELLOW AMERICAN SURGICAL ASSOCIATION, AMBRICAN MEDICAL ASSOCIATION, OF THE GERMAN SURGICAL ASSOCIATION, OF THE BRITISH GYNECOLOGICAL SOCIETY, ETC., ETC.

One of the characteristics of aseptic surgery is conwhich, in certain cases, modern surgeons resort to member, and of obtaining a clean wound which would mutilating operations. At the present day joints are the following operation, which he carefully studied excised, partially or totally, and portions of the tar- and practised on the cadaver:1 He removed the been thought of.

and is destined still further to lessen, the number of operated March 2, 1871, and published the case on cases in which amputation of the foot above the mal- February 11, 1872. He stated that his patient, a boy leoli is called for. The operation is indicated when of 13, could walk without a cane, and that he walked the soft or osseous structures of the heel are destroyed well with a cane. As this case was published in the so extensively that there is not sufficient skin or bone. Russian language, it was almost as good as lost to left on which the weight of the body can rest. It will the medical profession in all countries except Russia. thus be had recourse to in certain cases in which Pirogoff's operation or Sédillot's evidement cannot be per- of Wladimiroff's case, devised an operation similar formed, e.g., where there is tuberculosis of the body to, or rather identical with that of the Russian surof the os calcis, with or without fistulous openings, or geon.2 As the profession became acquainted with where there is extensive loss of cutis on the heel. In the operation through Miculicz, his name has been such cases Pirogoff's operation is impracticable; for attached to it. At the Eighth International Conto be successful, the posterior half-inch or inch of the gress in Copenhagen, however, Professor Sklifossoffcalcaneum must necessarily be healthy, and the skin sky, of Moscow, stated that Miculic's operation had of the heel must be reasonably well preserved. Cica- been known in Russia for some years past, and that tricial tissue, as is known, is of low vitality; it is un-the idea of forming an artificial pes equinus was due able to endure the pressure and friction incident to to Wladimiroff. Miculicz's case is as follows: walking; it is thinned by "usure," becomes necrotic, and the omnipresent pus microbes gain admittance to ulcer which, destroying the skin, had extended from the denuded tissue.

the operation leaves large cavities, in a patient older foot remained intact. Miculicz incised the ankle than 10 years, the cavities will, as a rule, never fill joint, removed the astragalus and os calcis with the with hone. If the greater part of the spongy sub- integument, and sawed a disc off the scaphoid and stance of the calcaneum be removed with a gonge; if, as Sédillot says, a mere shell of bone be left, the calcaneum will, in many instances, be unfit to walk a decrease of the calcaneum will, in many instances, be unfit to walk a decrease of the calcaneum will, in many instances, be unfit to walk a decrease of the calcaneum will, in many instances, be unfit to walk a decrease of the calcaneum will, in many instances, be unfit to walk a decrease of the calcaneum will be removed with a gonge; and the calcane

upon; it is too weak, its spongy substance is but imperfectly reproduced. In such cases the only operation by which, formerly, the patient could be relieved, was amputation above the malleoli,

In 1872 a Russian surgeon, Władimiroff, read before the Medical Society of Kasan, Russia, a paper on several new osteoplastic operations which he had performed on the lower extremity. Among them he described an operation by which he formed, according to his phraseology, an artificial pes equinus. He had had a case where there was chronic destructive disease of the astragalus and calcancum, with loss of skin on both sides of the lower astragalus joint. The cuboid, scaphoid and remaining bones of the foot were sound. Being desirous of having the patient servatism; this is especially seen in the hesitancy with walk on his foot, of preserving the sound parts of the amputations, and in their endeavors to devise less be likely to heal by first intention, he conceived of sus or carpus are removed in cases where, in former astragalus and calcaneum with the skin covering the days, nothing short of an amputation would have heel, and united the cut surfaces of the scaphoid and cuboid bones with the tibia and fibula; the last two The osteoplastic resection of the foot has lessened, bones he cut just above the malleoii. Wladimiroff

In 1881 Miculicz, of Vienna, having no knowledge

A man of 22 years suffered from a serpi_inous the malleoli around the heel to the anterior half of Sédillot's evidement also has its limitations. Where the sole of the foot. The skin on the dorsum of the

follows: An incision was made across the sole of rendered patient an invalid for three years. The the foot from the tuberosity of the scaphoid to a point wound again healed, and swelling and tenderness dia little posterior to the tuberosity of the fifth meta-minished so far as to enable patient to wear a boot tarsal bone. From the ends of this incision he cut and to walk without suffering much pain. Six months upwards and backwards on both sides of the foot as later a sinus showed itself, through which a probe far as the mallcoli, and made a fourth incision be-could be passed into the bone. This sinus closed tween these two points posteriorly to the joint. He after several months. Patient then came to America. then disarticulated at the ankle, cutting from behind, He had been here but five months when again a fisand brought the foot into dorsal flexion; the astraga-tula began to discharge. In 1883 he was admitted lus and os calcis were detached from the soft parts to the Cook County Hospital, where the sinus and a on the dorsum of the foot and Chopart's joint opened cavity which was found in the posterior part of the from above. Having obtained with a saw out sur- os calcis, were scraped with a sharp spoon and gouge. faces at the ends of the tibia and fibula above the In three months the cavity filled and the wound malleoli, and cut surfaces at the posterior parts of closed. Patient was discharged in November, 1883. the cuboid and scaphoid bones, he brought these He was able to walk some, but movements of the surfaces into apposition, and thus placed the foot in foot were limited and painful. Swelling and tenderthe position of a pes equinus. The wound healed ness remained. In the spring of 1884 he returned to in two months. In four months his patient walked the hospital with a running sinus. Dr. Verity re-A few weeks later he walked without the boot and united the skin over the remainder of the bone. The

In order to illustrate the operation I will give the history of my case, and later I will discuss the indications for the operation, the method of performing it, and its results:

Synopsis.—Traumatic injury to the right heel resulting in chronic progressive osteo myelitis and periostitis of the os calcis and the talus of ten years' duration. Osseous ankylosis of posterior talus joint. On the posterior and inferior surfaces of the heel and of Chopart's joints, fibrous ankylosis of ankle- there was an adherent cicatrix, roundish in shape joint. Ulcerative destruction of the skin on the pos and about 11/2 inches in diameter. The centre of terior surface of the heel. Repeated local operations this cicatrix presented a granulating spot where a on the calcaneum without permanent benefit. Ab- probe could be passed to the roughened surface of seess and subsequent intractable fistulas on the dor- the calcaneum. The soft parts around the ankle and sal side of the talus, leading to diseased bone in the on the dorsum of the foot were swollen and indurasinus tarsi. Osteoplastic resection of the foot in ac- ted. An abscess on the dorsal side of the astragalus cordance with Miculicz's description. Consolidation was opened and about a tablespoonful of pus evacof the foot in good condition. No relapse of the dis- uated. The probe discovered roughened surfaces of ease in the hone; forcible extension of the toes into bone in the sinus tarsi. I drained the abscess, placthe equinus position. Rupture of skin at the base ing a tube transversely behind the flexor tendons; of the first phalanx of the hallux. Subsequent in scraped the granulating spot on the heel and applied tlammation of the scar. Excision of the scar and an iodoform dressing. The wound was treated for transplantation of skin from the planta pedis. Heal four months with injections of tineture of iodine and out cane, and can bear the whole weight of his body remained the same it became necessary to decide on right foot.

patient followed the occupation of a sailor. On board ber 31, 1884. ship he received an injury in his right heel from a

cuboid bones. The steps of the operation were as tenderness around the os calcis and its articulations. without a cane in a boot constructed for the purpose. moved part of the os calcis, excised the cicatrix and was able to bear his whole weight on the resected wound did not heal; six months after the operation an abscess formed on the dorsum of the foot over the astragalus.

Patient now passed into my care. I found him pale and poorly nourished; lungs, heart and abdominal organs healthy; urine normal. The right foot was fixed in plantar flexion at an angle of about 30°. There appeared to be complete ankylosis in all the joints from the ankle to Chopart's articulation. ing by first intention. Patient is able to walk with of a solution of iodoform in other. As the condition whether the foot should be amputated above the Christian Jebsen, et. 28, laborer, gives the follow: ankle or resected according to the method of Micuing history: His father was troubled for many years liez. The loss of skin on the heel and the diseased with annually recurring attacks of facial erysipelas; condition of the bone put Pirogoff's operation out of his mother suffered from a chronic pulmonary dis the question. As the patient wished to retain as ease and varicose ulcers of the left leg. Patient's much of his foot as possible, I determined on Micuhealth was good up to his 18th year. At that time liez's operation, which I performed upon him Decem-

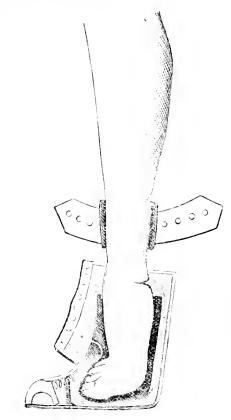
After thorough disinfection of the foot and leg as pointed iron rod which was thrown at him by the high up as the knee, patient was anæthetized, turned captain of the vessel. The point of the rod entered over on his stomach, and Esmarch's elastic bandage the os calcis posteriorly and passed forward and applied. As there had been an abscess on the dorsal downward for about one half inch. The wound sup-purated one year, during which time patient was in erable infiltration of the tissues around the flexor poor health. He was confined to his bed most of tendons and in the neighborhood of the arteria dorthe time. Two months after closure of the wound salis pedis, I dared not rely upon this artery alone the cicatrix opened; this, together with swelling and for the blood-supply of the foot. I desired to pre-

serve the posterior tibial artery as far down as I pos- foot was perfect; after removal of the elastic conthe internal and external plantar arteries. I was peripheral side of the wound. consequently compelled to make my incisions some-From this point I curved my knife, cutting down to caused no further trouble. the bone, backwards and upwards over the internal surface of the os calcis, below the sustentaculum tali, to the inner border of the tendo Achillis; thence npwards along the tendon to a point posterior to the ankle joint. In making my external incision 1 commenced one inch behind the tuberosity of the fifth metatarsal bone in the margin of the foot; I then cut upwards and a little backwards, running the incision half an inch anterior external malleolus, over the external surfaces of the processes anterior calcanei and the body of the astragalus to the ankle joint. Between the upper and lower ends of these incisions 1 made transverse incisions across the sole and behind the ankle joint respectively, cutting down to the bones. The superior transverse incision dividing the tendo Achillis, gave a ready access to the ankle joint. The soft parts of the dorsal flap were detached from the subjacent bones with a periosteal! elevator, which was kept between the periosteum and bone in order to avoid injuring the vessels. The disarticulation at the ankle joint was accomplished with some difficulty, as a complete osseo-fibrous ankylosis was found to exist between the astragalus and the tibia. Having disarticulated, I pushed the heel downwards and further detached, with the periosteal elevator, the anterior soft parts from the astragalus. From inactivity and the proximity of a suppurative inflammation, the bones had undergone fatty atrophy (adipose osteoporosis); they were so friable as to break in or near Chopart's joint, which was completely ankylosed. The posterior parts of the scaphoid and cuboid bones were now gouged away as far as diseased; after healthy bone was reached a thin disc was sawed off each bone in order to obtain even and smooth bony surfaces. The ends of the tibia and and the necessary drainage was provided for. The contracted. plaster of Paris bandages.

urally formed a bulky mass. I preferred to leave tures of skin were irrigated with an antiseptic soluthis and to allow it to undergo atrophy in the future. tion and packed with iodoform gauze. An extenlosing important branches of the posterior tibial ar of the toes maintained by a plaster cast. These tery. The circulation in the distal portion of the small wounds healed in about a month. Patient was

sibly could; at all events down to its division into strictor blood was seen to ooze from all parts of the

The wound healed (definitively) in four months. what different from those made by Miculicz. I began. During this time a few small abscesses formed in the my internal incision in the planta, three-fourths inch just-mentioned mass of soft parts on the inner side from the inner margin of the sole, and three fourths of the foot. One also appeared behind the tibia. inch posterior to the tuberosity of the scaphoid. These abscesses being promptly opened and drained,



MICULICZ S BOOT.

As the toes of the foot were fixed in semiflexion, fibula were sawed off half an inch above the joint. and as they possessed but little mobility, it became The sinuses that existed in the dorsal flap were necessary to effect their complete dorsal flexion in scraped with the sharp spoon. Esmarch's bandage order to enable the patient to walk on the balls of was now taken off and the hæmorrhage stopped, the first phalanges. Two months after the opera-After this the cut surfaces of the scaphoid and cuboid tion, in June, 1885, the patient was again anæsthetwere brought into apposition with the corresponding ized and the toes were forcibly extended, i.e., flexed surfaces of the tibia and fibula, and held in place by on the dorsum of the foot. The flexor tendons, as . means of two silver wire sutures. The wound was well as the metatarso-phalangeal joints had (from lightly dusted over with iodoform, the soft parts were non-use) almost entirely lost their mobility; the skin united with deep catgut and superficial silk sutures, covering the plantar surfaces of the joints was As a consequence of this condition foot and leg, half way up the thigh, were enveloped the skin gave way beneath the first and secin an iodoform-Lister dressing and immobilized with ond metatarso-phalangeal joints, and the first pha-Ianx of the great toe was fractured just anterior The soft tissues on the inner side of the foot nat- to the joint. The wounds resulting from these rup-By diminishing its size I should have run the risk of sive Lister dressing was put on and the dorsal flexion

TABLE OF OPERATIONS.

e Diesari	100	Agr	E.—SEX.	Disease.	Course.	Деати.	RESULT.
Ž.	-	2					
i Wladimir (t).	1171	lioy	15.	Tuberculous caries of talus and cal- cancus, tuberculous ulcers on both			After 12 months walked well with a cane, able to walk with-
2 Miculiez	1880	Man.	22.	sides of the joint Serpigin us ulcer syphilis; on ealf of leg, on heel and posterior half of plantar surface of foot. Bones and joints healthy	months.		out cane. Lengthening, In 4 months walks without cane and without boot. In 6 months does hard work: can walk one hour. Lengthening 1½ ctm.
3 Socia. Reported by Burchart	1881 (Girl	22.	Cartes	Healed rapidly.		In 2 months walks with cane; later she works in the field; 2 years later no fistula. Lengthening 1/2 ctm.
4 Miculiez	1351	Woma	ın, 27.	Inherenhouse of posterior astragalo- calcaneal articulation. Evidement and removal of a sequestrum of no avail	tention.	6 mos, later, of tub, pul.	In 2 months commenced to walk. Lengthening 11/2 to 2
5 Sklifossoffsky (Moscow)	19823	30.		Caries,	Recovery.		When reported in 1882 did not walk very well,
Clummiczer Reported by Haberern).	1882 I	Воу.	18.	Tuberculosis of the talus, calcaneus, and malleoli and the joints from an the to Chopart's articulation. Fistulæ and fungous ulcers on the skin of the heel. Syme's and Pirogoft's operations of the state of the property of the state of the	culosin in the wound,		Amputation above the malleo- li; recovery 5 mouths after the operation.
7 Miculiez.	r883 l	Boy.	τ6,	tions impossible. Tuberculosis, traumatic, of the posterior astragalo-calcaneal articulation. Numerous fistulous openings through skin of heel. Evidement of cuboid and scaphoid bone at the operation.	tention under two dressings.		In 4 months walks with boot and cane fairly well. In 6 months solid ankylosis. Can walk without boot, but must use cane. Can walk in boot without the cane. Lengthening 1½ ctm.
8 Lauenstein.	1883	Woma	in. 32.	Tuberculosis of the talus, calcanens—upper posterior part—and internal malleolus. Evidement. Relapse in ankle and posterior astragalo-calcaneal articulation.	three months.		The stump was painless and could bear some weight.
9 Lauenstein.	1883 I	Man.	25.	Tuberculosis in posterior astragalo- calcancel articulation. Evidement. Relapse in ankle-joint, Abscess in plantar side of foot,	one-half months.		In 2 months can walk without pain. In 3 months works as a plasterer, in boot. Lengthening 3 ctm. Five months later
10 Miculiez,	1883 1	Man	50. *	Tuberculosis of talus and calcaneus.	Healing.		walks 4 hours without pain. Walks fairly well with cane; no difference in length visible when he walks.
11 K. Roser. 12 Küminel.	1883 1883	Woma	un. 38,	·	relapse four months later, removal of the rest of the tarsus, part of the metatar- sus, and an addition al piece of tibia and		Good functional result. In 7 months after last operation can walk with a plaster cast. Lengthening 6 ctm.
13 Schattauer.	1884 (Girl.	10.	Tuberculosis of ankle-joint and swelling of posterior part of the foot, fix tulus below the external malleolus. Tuberculosis pulmonum meipidus;	tention.		In 5 weeks walks in plaster cast. In 5 months walks in a common shoe for hours without pain, both legs of equal length.
14 Schattauer	1884 1	Boy.	9.	fever; emacration. Tuberculosis of ankle and posterior astragalo-calcancal articulation and			Amputation above the malle- oli. Recovery,
15 G. Uischer.	1884 (Girl.	18.		losis after 8 months, Removal of cuboid and 2d and 3d cine-		Six months after last opera- tion; can walk slowly without boot. Walks well with boot and cane. Mounts stairs.
16 Kanke, (reported by W. Kenssen)	1584			Cicatricial contraction of the foot in the position of equino-valgus, subse- quent to a badly treated suppurating			7^{1} , months after the operation walks very well with boot. The leg-operated upon is 3^{1} , ctm.
17 Sordina,	1895	Man.	20.	fracture above the malleoli. Caries of the tarshs involving the an-			shorter than the other, Amputation above the malle-
r ² Sordina.	1885	Girl.	11	kle joint Cares of the talus. Evidement, Re- lapse in the talus and calcaneus. Tuberbulosis around the extensor tendons.			oh. Recovery. In 7 weeks able to walk with- out cane; walks almost with- out limping.
19 Chr. Fenger	1855	Man.	28.	Chronic traumatic osteo-mychits for ten years. Ankylosis of the joints from ankle to Chopart's articulation. Fistulas leading to suppurating lone in the smus tars. Ulcerating crea- trix on posterior and lower surface of the heel. Evidement and plaster op-	months, In 6 months toes dorsalflexed; 12 months after the op- tration plastic trans- plant of skin from		Fifteen months after the opera- tion can walk without boot and cane, and bear the whole weight on the foot. Solid an- kylosis. Lengthening 5 ctm.

Miculiez, and discharged from the hospital.

foot. But the cicatrix on the plantar surface of the parts which was left on the inner surface of the foot, great toe, where the skin had broken in making dor- has undergone almost complete atrophy. The susal flexion, soon began to ulcerate; either because perficial tissues lie almost as close to the bones as patient's boot did not lit, or because the cicatrix was on the fibular side of the foot. The external malleinsufficient to bear his weight in walking. In Janu- olus is replaced by a small process of bone; about ary, 1886, he had an attack of facial erysipelas, for one inch posterior to this, and half an inch inferior the treatment of which he returned to the hospital, to it, the tuberosity of the fifth metatarsal bone may After his recovery from the crysipelas I ordered him be noticed. disinfected for the final trifling operation which the case required. I had his whole body shaved and of the foot almost to a right angle; the third and sponged with a weak sublimate solution. I then ex-fourth toes are flexed in the same manner, but to a cised the cicatrix beneath the metatarso-phalangeal less degree. We must remember that the cast was joint of the great toe, and transplanted to the wound taken white patient was lying in bed; when he is in a flap of skin from the sole of the foot. The dimenthe upright position the flexion of the toes exceeds sions of the cicatrix were one inch transversely and that seen in the cast. three-fourths inch antero-posteriorly; those of the flap were three inches by one and one-half inches, the cut surfaces of the bones. The foot still pos-The flap, which had been loosened from the plantar sesses some active and passive mobility in the refascia, and to which the adipose tissue was left ad-maining joints of the tarsus and in the joints beherent, was united to the skin of the great toe. The tween the tarsus and the metatarsal bones. This wound remaining in the place from which the flap had mobility, however, is so limited as not to impair the been cut, was packed with iodoform gauze and left necessary stability of the foot. The toes move acto cicatrize. A cicatrix thus situated could do no tively, the first, second and third toe through an angle harm, as it would be one and one half inches above of 25°; passively the great toe can be moved through the ball of the great toe, on which the patient must an angle of 40, and the second and third toes rest his weight. The flap grew to its new surround-through one of 80°. The circumference of the walkings in two weeks, and by this time patient is begin- ing surface of the foot, the toes included is 101/2 ning to walk in his Miculicz boot.

tion through the astragalus and os calcis presents a of the great toe on the right side. complete osseous ankylosis between the two bones, disc of the tibia, from which subsequently an addi disabled the member. tional disc was sawed off.

an extreme pes equinus. The dorsum of this artificiation on the heel.3 ficial pes equinus is slightly convex; the planta is -

then allowed to step on the foot. He was furnished face of the calf. In place of the internal malleolus with a boot made according to the plan designed by a bony prominence has formed, which closely resembles the malleolus; it probably grew from the He gradually learned to bear some weight on the periosteum of the malleolus. The mass of soft

The first and second toes are flexed on the dorsum

A solid osseous union has taken place between inches. Across the foot this surface is three inches The parts which I removed by the operation were wide, and from before backwards, beginning at the exhibited at a meeting of the Chicago Medical So-bases of the toes, it is 112 inches. The active mociety. The specimen shows the following points: bility of the toes gives a certain degree of elasticity On the skin covering the calcaneum is seen a cica- to the gait. Measurements of the two extremities trix about two inches long and between one-half inch show that the limb operated upon has been lengthto an inch wide; it curves around the heel from be- ened by two inches. The measurements were made low upwards and backwards, half of it being situated from the anterior superior spine of the ileum to the inferiorly and half of it posteriorly. A sagittal sec-lowest point of the heel on the left, and to the ball

Indications for the Operation.—The operation is which are separated only by the sinus tarsi. On the indicated in cases in which there is an extensive loss tibial surface of the astragalus the cartilage has dis- of substance or an intractable disease of the bones appeared and a rough osseous surface is seen, which and skin of the heel. In Miculicz's first case there had been united with the tibia by osseous ankylosis. was extensive destruction of the skin only. In four The bone is found to be in the same condition on cases out of the nineteen cases published there exthe anterior surface of the head of the astragalus and isted tuberculous ulcers of the skin together with on the anterior process of the os caleis. Osseous disease of either the calcaneum or astragalus. Of ankylosis here also existed (at the time of the oper- the remaining cases, in but one was the operation ation) between these portions of the two bones and done for widespread destruction of bone with implithe scaphoid and cuboid bones respectively. The cation of one or more of the joints between the latter two bones, as 1 stated above, were partially ankle and Chopart's articulation. In Ranke's case removed with gouge and saw. The other piece of the bones and joints were sound, but a cicatricial the specimen shows the malleoli united by a thin contraction of the skin and malformation of the foot

Miculicz enumerates the indications as follows: I furthermore called the attention of the Society 1. Extensive injuries of the heel and the parts surto two plaster casts which had been taken of the foot rounding it. 2. Caries, i. e., tuberculosis of the asafter patient had recovered. The shortened foot is tragalus and os calcis with implication of a neighborseen to be in the axis of the leg, in the position of ing joint. 3. Extensive destructive ulceration of the

³ Miculiez. Zvei Falle von osteoplastischer Fuss-resectionnach eigeflat and almost in direct continuation with the sur- ner. Methode, 1883, pp. 36, 37. Centrally tur Chrargie, No. 1, 1884, p 12.

the operation, as far as we know, has not as yet been openings, hard induration, and infiltration of the soft performed in a case of acute traumatic injury of the tissues surrounding the anterior tibial artery. That heel.

the operation; it being present in thirteen out of the operation, gangrene of the foot necessitated its amnineteen cases reported. As the skin of the heel putation. It is, therefore, necessary to preserve some was intact in these cases, the question arises whether branches of the posterior tibial artery. This can be it would not have been preferable to make an exten- done by altering the incisions of the operation in the sive atypical resection of the tarsus. The latter oper-following manner: ation does not alter the position of the foot, it allows the patient to walk on the planta. Opinions differ rior transverse incision may be begun three-fourths in regard to this question. Most of the older writ- inch external to the tibial border of the foot. The ers, as Hueter, Koenig, Czerny and Billroth, advise tibial incision may then be made from this point, not against resection of the tarsus. Lately, however, upwards to the internal malleolus, but almost hori-Kappeler in Germany and Connor in America have zontally backwards over the tibial surface of the os taken up and, in able papers, revised the subject of calcis, below the sustentaculum tali, to a point one resection of the tarsus; both come to the conclusion inch posterior to the sustentaculum; then it may be that a good functional result may be obtained after continued upwards along the tibial border of the removal of the tarsus, even when the operation is tendo Achillis to the posterior side of the ankle joint. combined with a resection of the ankle joint, i.e., By this incision we may hope to save the internal with a removal of the lower ends of the tibia and plantar artery, whose assistance in supplying the foot fibula. It may thus be doubted whether such cases with blood seems essential. This low incision is as the thirteen mentioned call for Miculicz's opera-somewhat inconvenient to the operator; he meets tion, and whether his second indication is not better with greater difficulties in getting at the ankle joint met by a partial, or even a total resection of the and Chopart's articulation than he does when Micu-

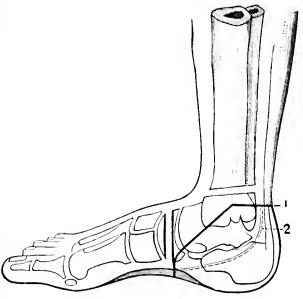
as appears to me, must be indisputably accepted as osteally from the calcaneum and astragalus with a good. Where there is extensive ulceration of the periosteal elevator (flat gouge), partly by bringing skin covering the heel, nothing but a cicatrix will the external or fibular incision more upward toward form, and a cicatrix under the heel cannot bear the the dorsum of the foot, so as to have it terminate weight of the body, and will always ulcerate under about one-fourth inch anterior to the external malthe pressure it is subjected to in walking. As both leolus. This incision does not imperil the safety Syme's and Pirogoft's operations require that the skin of the anterior tibial artery. The upper and lower on the posterior flap be healthy, the osteoplastic retransverse incisions will be about of the same lengths section of the foot is the only operation by which a as they are when Miculicz's directions are followed; supra-malleolar amputation can be avoided.

If, in the course of time, the osteoplastic resection joints. of the foot should prove superior to excision of the tarsus, to Syme's and to Pirogoff's operations, in its functional results, the indications for the operation will be viewed in a different light.

Steps of the Operation—1. Incisions. — Miculicz | made a transverse incision across the sole from the tuberosity of the scaphoid to a point a little behind the tuberosity of the fifth metatarsal bone. Schattauer cut one fourth to three-fourths inch anterior to this, running his incision over the cunciform and cuboid bones. From the ends of the transverse cut incisions were made on the tibial and fibular sides of the foot, upwards and backwards as far as the malleoli, between which two points the knife was carried around the ankle joint posteriorly. The tibial incision from the tuberosity of the scaphold to the internal malleolus inevitably divides the posterior tibial artery, or rather its plantar branches. This leaves but the anterior tibial artery to supply the foot with blood. Miculicz, before he did his first operation, doubted that the blood-supply of the foot would be sufficient. He was, however, relieved of his anxiety when, after the removal of Esmarch's bandage, he saw the cut ends of the plantar arteries bleed freely. As I said above, I likewise feared for the safety of

As to the first indication it is to be remarked that my patient's foot, in which there existed fistulous such apprehension was well founded may be seen The second indication has most frequently led to from Sordina's case, in which, four days after the

Instead of cutting clear across the planta, the antelicz's incision is made. This difficulty, however, is Miculicz's third indication is the only one which, overcome partly by separating the soft parts subperithere will be sufficient working space to get at the



1. Miculicz's line of incision, 2. My line of incision.

under the neck of the calcaneum.

walking by rendering the gait more elastic.

4. Next, the ligaments of the calcaneo-cuboid and

above, and the heel is removed.

in which there was a relapse of the tuberculosis, was time is saved and a secondary operation avoided. compelled to remove the remainder of the tarsal bones, part of the bases of the metatarsal bones and like mine, tenotomy in the planta will prevent rupadditional pieces of the tibia and fibula. In all of ture of the skin, or even a fracture through the base

case 14).

the foot and to facilitate bony union, Haberern pro- ings, but because the cicatrix will be so situated as to posed suturing of the bones. Examining the speci- be subject to greater pressure in walking than any men of Lümniczer's case, in which the foot was other part of the walking surface. The cicatrix will amputated five months after the operation, he had ulcerate, and this will necessitate transplanting of skin found the foot dislocated forwards and rotated out- from the planta, lest the foot be useless. Such an wards, and one third only of the cut osseous surface operation should, of course, be avoided. in contact with each other. Sklifossoffsky united the bones with silk; Fischer with catgut; Kümmel used the toes beyond the knee, a light plaster cast should silk and a steel nail; in my case silver wire was embe applied. This should include the knee to insure ployed.

out bone suture is proved by one of Miculicz's cases splints have been used for the same purpose. In (No. 7), where he made evidement of the cuboid and cases where there is danger of gangrene, splints may scaphoid and consequently had irregular osseous sur- be preferable during the first week, on account of the faces. Nevertheless, the bone suture or the nail must 'ease with which they are removed, for in such cases be regarded as valuable helps in holding the bones in the foot should be inspected daily. exact apposition and in bringing about osseous union.

in these cases, a peculiarity which must be mentioned. says that such displacements can be corrected as late

2. Disarticulation. -- The disarticulation at the Where a considerable amount of bone is removed, the ankle had better be done first. Whadimiroff disar-dorsal flap is so long that a large fold is formed when ticulated first at Chopart's joint. By beginning at the foot is brought up to the tibia. A similar folding the ankle we gain more room for separating the dor- and bunching occurs at the tibial side of the wound sal flap, with the extensor tendons and anterior tibial in cases where the internal incision is made horizonartery, from the neck of the astragalus. Besides, distably to save the posterior tibral artery, as in Sordina's articulation of Chopart's joint is more readily accom- case (No. 18), and in mine (No. 19). In order to plished from above than from below, on account of prevent the formation of dead spaces in this abundant the process of bone which, at the posterior tibial ex-tissue and separation of the coapted bones in cases tremity, projects from the inferior surface of the cuboid where no sutures are used, Miculicz employs deeply placed quilled sutures or Plattenvahte. These quilled 3. The step in the operation following disarticular sutures are undoubtedly of service in cases like Laution at the ankle joint, should be the separation of the enstein's first case (No. 8), where he was obliged to dorsal flap from the astragalus. This should be done go as high as 7 centimetres above the ankle. In subperiosteally with a periosteal elevator. By keep- ordinary cases, however, the terraced catgut suture, ing close to the bone, all injury to the anterior tibial which is left in place for absorption, serves equally artery and to the extensor tendons is avoidable, well; besides, it is less apt to interfere with the circu-Preservation of the extensor tendons is of impor- lation than is the quilled suture. The superabundant tance, because active mobility of the toes facilitates tissue in the anterior flap gradually disappears; it atrophics from non-use.

8. Subcutaneous tenotomy of the flexor tendons talo scaphoid articulations are cut through from of the sole was resorted to by Micuhez in order to facilitate the backward flexing of the toes. If, as in 5. After this the malleoli, the articular surface of Fischer's case, the toes, before the operation, are the tibia and the articular surfaces of the cuboid and sufficiently movable, tenotomy is, self-evidently, scaphoid bones are taken off with a saw. If the cut superfluous. In most of these cases, however, the surfaces should be found to be diseased, more of the toes will be found to be tlexed and rigid, probably bone must be removed. Miculicz (case 17) made from non use. As such a foot requires that the toes evidement of the cuboid and scaphoid bones; Fischer be flexed dorsally at least to a right angle with the (case 15) removed the cuboid and the second and foot, an operation to obtain this position must be third cuneiform bones. Kümmel, in one of his cases done, and it had better be done at once, as thereby

It is doubtful whether, in cases of long standing these cases the functional results were satisfactory, of the first phalanx. The latter accident was due, In case the tuberculosis extends along the sheaths probably, more to stiffness of the metatarso-phalanof the tendons, these should be scraped with the geal joint than to retraction of the tendon. In the sharp spoon; or, better, the sheaths should be disnext case which comes into my hands, I shall perform sected out with scissors and forceps (Schattauer, tenotomy and then either extend the toes at once, or, at a later date, after the wound has healed, try gradual, The cut surfaces of the cuboid and scaphoid are elastic extension. It is of importance to avoid rupture brought into apposition with the cut surfaces of the of the skin and fracture of a bone; not because this lattibia and fibula. In order to prevent dislocation of ter wound does not heal readily under antiseptic dress-

9. Over a heavy antiseptic dressing extending from perfect immobility of the foot. Posterior (Lauen-That a solid osseous union may be obtained with- stein, Fischer) and anterior (W. Reussen, Ranke)

After-Treatment.—The foot is liable to be dis-7. The soft parts are united and drainage is pro-placed in any direction, especially in cases where the vided for in the usual manner. There is, however, bones are not held together by sutures. Miculicz

do not compromise the final result. sheaths of the tendons. good, is learned by Kummel's case. Four months operations were not respectively indicated. after a typical Miculicz operation, Kummel took away pieces of the tibia and fibula. The wound healed by conclusions: first intention. In five weeks his patient was able to pain. In Fischer's case the tuberculosis returned results superior to those of supramalleolar amputation. eight months after the operation. He removed what remained of the cuboid and the second and third indisputable indication for its performance. cuneiform bones. His patient walked in a boot, with

15, 16), six to seven months. Prognosis and Results.—As yet there has been no final functional results. death attributable to the operation. Two patients died of pulmonary tuberculosis, one six and one eight between the osteoplastic resection and the operations months after the operation (cases 4 and 8). Both of mentioned, for the purpose of determining its value these patients had walked on the foot, and, conse- as compared with that of the older operations. quently, the operation may be said to have been successful. Three of the operations published were failures, as amputation above the malleoli became necessary. In two of these cases the disease relapsed (6 and 1.4), and in one gangrene of the foot set in (17). The patients, however, did not die.

It is thus seen that the osteoplastic resection of the foot is not attended by greater danger than the other operations in this locality. As the nineteen operations published were done with antiseptic precautions, it would, of course, be rash to conlude that the excision of the tarsus, or of Pirogoff's or Syme's operations. The statistics of the latter operation unloubtedly owe their death-rate to pre-antiseptic

It cannot be said that the final, functional result of the operation has, as yet, been well ascertained; most of the cases were published a relatively short time after recovery from the operation, and Fischer rightly remarks that we cannot judge of its value before we have a large number of cases before us. The object of the operation is to enable the patient to walk on his foot without any pain; to enable him to bear the whole weight of his body on the walking-surface. This object was accomplished to perfection in three cases (2, 3, 13), and fairly well in nine. In this respect the results of the operation are far superior to those of supramalleolar amputations. It is Fischer's opinion that Miculicz's operation gives better results than Pirogoff's, because after the former the walking surface is at least one-third larger than after the lat-

as four or six weeks after the operation, and that they ter, and because the toes give a certain "elasticity" to the gait. Closer comparison of the results of the A far more serious occurrence, during the after- two operations is as yet needed to confirm the cortreatment, is a relapse of the tuberculosis, either in rectness of this opinion. Miculicz did not intend the bones or in the soft parts, but especially in the his operation to take the place of Pirogoff's or The tuberculous tissue must Syme's, although it seems that in some of the nineat once be removed. That an extensive secondary teen cases reported the question might have arisen operation may be done and the final result still be whether excision of the tarsus, or Pirogoff's or Syme's

From the facts which I have collected and stated the tarsus, part of the metatarsus, and additional above I think it is justifiable to draw the following

- 1. The osteoplastic resection of the foot, as dewalk in a plaster cast, and in five further weeks he vised by Wladimiroff and Miculicz, has a legitimate walked in a shoe for four hours without suffering any place in the surgery of the foot. It gives functional
 - 2. Destruction of the soft parts of the heel is an
- 3. In tuberculosis of the ankle joint with tarsus the aid of a cane, in six months. It is also stated atypical excisions may be done, as advised by Conthat he could walk up and down stairs. The dura- nor and Kappeler, or Pirogoff's or Syme's operations. tion of the after-treatment in the different cases, from It is doubtful whether these operations, in cases perthe time of the operation to the time when the pa- mitting the choice, should be abandoned in favor of tients began to walk, was as follows: In one (13), the osteoplastic resection. This question can be five weeks; one (17), seven weeks; three (2, 4, 9), answered only after further observations have been two months; three (2, 7, 19), four months; three (12, made as to the permanent cure of the disease by the operation, the duration of its after-treatment and its
 - 4. The results so far recorded allow of a choice

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THE ETIOLOGY AND CURE OF ASTHMA.

Read before the Chicago Medical Society, January 3, 1887. BY EDWIN J. KUH, M.D.,

SPROBON TO THE MICHAEL REESE HOSPITAL, CHICAGO

The work of Wilhelm Hack on the radical treatment of migraine, asthma, hay fever and other neuroses, has received very inadequate recognition in this country. By writers on hay fever he is frequently quoted in an offhand manner together with a string of other authors; so that one derives the impression that few of those who quote him have read him. And if his specialistic colleagues do not do him justice, the large class of general practitioners ignore him almost altogether. His work is-taken altogetherof even greater interest to the physician than to the specialist, and it is a deplorable consequence of specialistic exclusiveness, that the results of his work have not yet received wider recognition among us. He teaches us that the rhinoscope must forthwith be as indispensable an instrument for all physicians as or by bulbar irritation, or by exudative bronchiolitis. the thermometer and stethoscope.

The value of Hack's discovery, that asthma nervosum is a reflex disease with, usually, the nose as a starting-point, can best be appreciated by one who himself, for many years, struggled against the disease and fumed at the utter impotence of medical art to stave off the attacks. If I, therefore, in the course of this paper, class myself among my own patients. I shall do so with the view of bringing the subject within closer range. It is foreign to my subject to consider the isolated publications, from Voltolini downward, on the dependence of asthma upon polypous growths in the nose. Such cases are infrequent enough to be almost considered curiosities (Michel, for instance, reports 135 cases of polypus without asthma); and as Hack shows, polypi have rather a tendency to prevent asthma than to cause it. It will also simplify our subject, if we omit hay fever from this were the case, he reasoned, then perhaps the imour consideration.

The form of asthma of which I wish to treat exclusively is that perennial form which is more or less independent of the seasons, namely: asthma nervosum, or "Essentielles Asthma" of the Germans. Some persons never get beyond a slight hint of asthma. without palpitation, or of sudden drowsiness, or dream heavily at night and complain of dulness, lassitude only of a fleeting, leaden heaviness in the limbs amounting almost to pain; the same sensation of which so many true asthmatics complain after an asthmatic night. The typical asthma nervosum is known to us all as a neurosis occurring in paroxysms.

The patient may or may not feel an aura. He will generally, towards evening, or when he lies down, or awakes in the night, begin to wheeze. This wheezing may be associated with itching in the nose, or sneezing, or coughing; the attacks last an indefinite time, and generally end with the expectoration of a transparent glassy mucus. Such patients are often free from asthma during the day. Physical and chemical irritants, such as dust, sudden changes in temperature, the inhalation of certain gases, and a long series of idiosyncrasies which we find enumerated in textbooks, can induce an attack. But the recumbent position is the most uniform exciting cause of the single paroxysms. Such patients may be free from chronic bronchitis, chronic emphysema, heart-, kidney-, intestinal- and uterine disease: hence the term "Essentielles Asthma."

When we read authors whose contributions to the study of asthma antedate the last few years, we are struck by the uniformity with which they cling to a pet theory, each of which seems to give satisfaction to its upholder. It is merely an evasion to say that asthmatic paroxysms are induced by bronchial spasms, or by hyperæmia of the bronchial lining, or by the presence of Leyden's crystals, or by phrenic spasm, For any one of these presumable causes would demand a first cause, in order to merit etiological dignity.

A true etiology of asthma had therefore to be discovered, and Hack did it in the following manner: He knew, of course, of the occasional rôle of nasal neoplasms. Schäffer and B. Fränkel had also indicated that the sensibility of the nasal lining could be so heightened through chronic catarrhal conditions, as to be a starting point for reflex disturbances. Then Hack found that he could experimentally produce glottis-spasm by touching the turbinated bodies of a sensitive individual with a probe. He then reasoned as follows: A nasal mucous membrane which shows merely slight affection, and which is not deadened in its sensibility by thickening and hypertrophy, is perhaps a better surface for exciting reflexes than one which shows evident signs of disease. And if portance of nasal reflexes had been formerly overlooked just because of the insignificant abnormities of such a sensitive nose.

The very frequency of certain conditions may have given rise to an under-estimation of their significance. And so Hack systematically examined the nose of They will from time to time make a heaving, sighing every patient who, for whatever ailing, came within motion, or complain of praccordial fulness with or his reach. He learned to make one distinction very rapidly, namely: that what is usually termed hypertrophic nasal catarrh is a twofold condition, which in and headache in the morning. This latter condition its effects is quite opposite. In the anatomically true has many gradations, the culmination of which is rhinitis hypertrophica the mucous membrane is really nightmare. In the future we must, therefore, learn thickened, hypertrophied through chronic inflammato distinguish between an incubus of gastric and of tion. Pressure with a probe meets with a certain

pointed out. It is that transitory swelling of the cavernous tissue of the inferior and middle turbinated which is now known to arise from nasal disorder. bodies, which has of late been so often described that no value.

mulators for reflexes, store them up, as it were, and severest attacks. then transmit them to other parts. A destruction of the masal swelling removes the reflexes. The experi- with Hack's writings were comparatively easy ones, ences of numerous writers since 1883 corroborate the because the inhalation of Kidder's asthma pastilles correctness of Hack's discovery.

my own person. Twenty years ago, when I was 8 rence for the next hours. years of age, I became subject to so called colds in the head and on the chest. They increased in sever ity and frequency from year to year, so that my surroundings were often puzzled to find an explanation for each outbreak. Presently nightly dyspacea began to set in, in the following manner: During the day touched the pillow, the first wheeze set in; the paroxexpectoration of glassy mucus.

unyielding resistance, and there is a purulent, crusty cept when occasioned by laughter. Laughter would secretion. This form does not give rise to reflex infallibly cause itching under the chin and between the scapulæ, then I would cough convulsively and But there is another form, a pseudo-hypertrophy, the attack was upon me. But the recumbent posithe importance of which it is Hack's ment to have tion was the surest exciting cause. During the first years I also suffered from that form of conjunctivitis

I must give Dr. Abram Jacobi, of New York, under I spare you a repetition. In this form the nose may whose treatment I was at the time, credit for having either have a very dry, itchy sensation, or show copi- already then, even without the use of the nasal specuous watery secretion. Compression with a probe lum, laid stress upon a nasal trouble. But the aggragives the air pillow reaction. Such individuals show vation of my troubles which followed upon the introfleeting alternate or synchronous obstruction of the duction of weak nitrate of silver solutions into my nasal cavities. Often, when examining the nose of nose, made the memory of him a less pleasant one patients, we notice sudden engorgements and col- in those years than it is at present. The greater part lapse, so that Hack's term erectility is not an exag- of 1870 to 1875 I spent in the Swiss mountains, where geration. These cavernous bodies with their fre- I was entirely well. The attacks ceased from the day quently amemic covering form a link in certain on which I reached the mountains, and infallibly remorbid reflexes, and when this link is destroyed turned on the very day I left them. Once during through operative intervention, the reflexes cease. harvest season in Bavaria (1872), while I sat in a No symptom is more frequently overlooked by pa- meadow, I was suddenly overtaken with convulsive tients than transitory has all obstruction. Most patients sneezing, coughing and asthma. It lasted hours bewill positively deny its existence, until it is demon- fore I could reach the neighboring village. During strated to them. Therefore the assurance of an asth- that same period I developed a peculiar idiosyncrasy matic that his nose has always appeared healthy is of towards dinner. In the midst of the meal I would invariably for weeks be seized with a convulsive Other asthmatics, if conscious of nasal trouble, cough, so severe that it threw me to the ground. consider it simply concomitant with their asthma, and Asthma was never absent in these attacks. Then, at it is characteristic of them that they will often resist other times, one or two or three sneezes would initithe inquiries of the physician who attaches so much ate an asthmatic attack; or sometimes, especially importance to rhinoscopic examination and nasal after traveling, I would sneeze sixty or seventy times symptoms, when all their trouble seems located in without intermission. In those years I had the senthe chest. It is interesting to observe how such peo-sation as if the asthma were brought on by a swellple become gradually convinced, and how uniformly ing, which seemed to begin above and behind the they marvel at having forgotten or overlooked most palate (it was associated with intense itching, which constant symptoms. Only recently 1 succeeded in 1 attempted to relieve by rubbing my tongue against showing an asthmatic half a dozen rapid openings the hard palate), and traveled downward to the posand closings within barely more than a minute or two terior pharynx, then seemed to skip the larynx and The theory of Hack is a simple one, and although continued from the trachea downward. This pheit does not cover all the ground, is a very satisfactory | nomenon lasted a few seconds, and then the attack one. He says that the turbinated bodies become began. Railroad travel would invariably cause a engorged through various irritants, and that this vaso night of asthma. One hotel, at which I was fredilatatory disturbance is transmitted to the bronchial quently obliged to stop in Germany, adjoined a statubes in asthma. The turbinated bodies act as accu-ble, and was regularly the cause of some of the

The few years which antedated my acquaintance -the only palliative I ever used successfully—gave By way of illustration I could not, I believe, select me very great relief. They not only immediately a better type of asthma of long standing than that of terminated an attack, but also prevented their occur-

As soon as I became acquainted with Hack's articles in the Berliner klin. Wechenschrift, of 1882, and with his monograph in 1883, I commenced stricter self-observation, and found the following:

As soon as I lay down my nose would become obstructed. The occlusion corresponded to the side my respiration was quite free, but as soon as my head on which I lay. By turning over, the occluded side would open and the other close. To have any part ysms were very severe. They ceased, after lasting of the nasal mucous membrane touched by a probe throughout the night, in the morning, with the usual gave such intense pain that I could not suppress an outcry. I could bring on an attack of asthma by During the day there was never any difficulty, ex- rubbing my ala nasi against the septum.

Never did I feel the slightest dysphoea when hasal in the course of years, when the true etiology of resobstructed but what I felt asthmatic distress.

Under these circumstances there could be no hese regulation of sewerage. itation; Dr. Jefferson Bettman (now of New York). and Dr. Henry Gradle, performed the galvano caustic recept the asthmatic trouble and the more pronounced "destruction" of both inferior turbinated swellings, the nasal symptoms, the better the prognosis. When When I say galvano caustic "destruction," I should complicated with chronic bronchitis and chronic emlike to put the word destruction in quotation marks; physema, the outlook is generally bad. A most for I have found the radical obliteration of the entire thorough examination of heart, lungs, kidneys and inferior turbinated bodies almost an impossibility, intestines should precede any operative interference. Hack demands, and my experience confirms the cor. In cases of cardiac and nephritic asthma with nasal rectness of his view, that the radical cure of asthma complications, I have never cauterized. Firstly, bedemands the radical destruction of the cavernous cause it has seemed to me irrational; and secondly, erection. But a longer and closer observation of because I feel so much gravitude towards Hack's dissuch patients in whom the extirpation seems com- covery, that I shun any risk which might discredit it. plete will almost invariably show relapses, which must again be subjected to operative interference.

described by Hack, have not succeeded in permahave, to my unspeakable relief, ceased. Sleep is now is sometimes successful, but generally it is unsuca function of which I have lost all dread. But dur- cessful. ing the daily occurring fleeting occlusions, there is a feeling of heaviness on the chest and of excessive stant and has lost its paroxysmal nature, give a doubtfatigue in the limbs, which do not pass away until ful prognosis. It has been a matter of experience the nose is free.

so many corroborative observations of intelligent patients, that I can make these positive statements:

the position of the head.

It is furthermore influenced by the temperature, and probably much more so by artificial warmth than minority, who seemingly offer a good prognosis, but cold; an overheated room will almost invariably with whom, for unknown reasons, the operation will cause swelling in such patients. But the most dan-fail. There can now be no doubt that there are gerous and permanent cause of nasal obstruction is other starting points for reflexes in the respiratory the inhalation of dust.

on the etiology of respiratory diseases will undergo pharynx to this list. a radical change. The superstition of catching cold—The bronchial tubes themselves can act as a start-has lived too long. The light which mycological reing point, as 1 can demonstrate on myself when 1 that suppuration in the respiratory tract is as imposmate the applicability of his discovery. sible without the presence of micro-organisms, as it entrance-way of disease generators. It is as impos- advise. sible to contract an acute bronchitis through temperature influences alone, as it is to contract tuber culosis through a cold.

asthmatics that as perfect an avoidance of dust in traumatic infection. I insufflate iodoform or iodol halation as is possible in our contaminated surround- upon the wound, introduce a pledget of cotton for a ings is necessary to prevent a recurrence of their a few days, and keep my instruments aseptic. trouble. Not only the dust in the streets, but also that in our houses, is to be avoided as much as pos-ing. Asthma of many years' standing is sometimes dust; and a strict regulation of street sprinkling will patients are relieved and many cured in the strict

respiration was free, and never was basal respiration piratory diseases will have been recognized, be considered as important a municipal regulation as the

When are we to operate on asthmatics? The more

In some cases it is very difficult to decide whether an operation should be performed or not. For in-In my own case fourteen cauterizations, performed - stance, in cases of long-standing, say fifteen or twenty with both a flat and furrow electrode in the manner years, in which in the first years the nasal symptoms were very pronounced, but in later years have almost nently clearing the nose. The asthmatic attacks or entirely disappeared, in such cases cauterization

Cases in which the asthma is more or less conwith me, that those patients to whom the inhalation What is it that causes nasal occlusion? I have of Kidder's pastilles, or the application of cocaine to observed myself so closely in this regard, and have the nose (four per cent. solution on cotton), gives relief, afford a much better prognosis than others.

In asthmatics in which coughing precedes the at-Firstly, the fullness of the turbinated bodies is reg-tack and all nasal symptoms are missing, nasal cauularly influenced by gravitation, and corresponds to terization will cure, if the cough is a so called masal cough.

There are a number of asthmatics, fortunately a tract, besides the nose. The works of Trautmann The time is, I hope, not far distant when our views, and Tornwaldt have already added the vault of the

search has thrown on the etiology of most infective walk against a piercing wind, or inhale vapors of suldiseases must soon influence us toward a conviction phurous acid with my nose plugged. So that, as that respiratory diseases are inhaled, not caught, and. Hack himself warningly says, we must not over esti-

We must accuse the nose per exclusionem. Exis on a wound. The superstition of "catching cold" amine every patient thoroughly in every direction, is so pernicious because it diverts attention from the and examine the nose last, is what I should like to

About the operation itself, little is to be said. It is, as far as we know, absolutely harmless. I have performed many hundred cauterizations without any It is therefore of the utmost importance to warn noteworthy complications. I have never had any

The results are, on the whole, extremely gratifysible. Carpets and curtains are great receptacles of broken after the very first cauterization. Almost all parts.

sure, not soon forgotten.

A CASE OF ANTE-PARTUM HÆMORRHAGE AT TERM. RECOVERY.

Read before the Chicago Medical Society, January 3, 1887.

BY AUGUSTUS V. PARK, M.D.,

OF CHICAGO.

MEMBER OF THE AMERICAN MEDICAL ASSOCIATION, ETC.

see Mrs. S., age 37 years, a large and powerfully- brim of the pelvis; the edges of the os thinned; the built American born Irish woman, cultured and in-cervix rigid with each pain; there was no bag of telligent for one in her station of life; she gave me water to act as a cushion. 12, 1 and 2 o'clock the this history:

This was her ninth confinement, she had also sufher family physician, was compelled to use instru- pulsive effort accomplished but little. ments on one occasion; the child was large and cle of hæmorrhage during the night.

effor's during the past hour, but she was again quite, hemorrhage ceased, ergot was given and gentle

sense of the word. Some have relapses, which ad- easy and free from severe pain. I again examined ditional canterization will remove. Others again the os and found it more soft and was enabled to inmay relapse with a new reflex sensitiveness in other sinuate my index finger, and by careful pressure with my left hand over the fundus uteri I could distin-But on the whole the subject, still so new, still so guish the head presenting. To satisfy myself as to capable of growth, broadening and development, is the true character of the pains I remained at the one of the most pleasing contributions to medical bedside; the pains were irregular, sometimes severe, knowledge, and the name of Hack will be, I am again they would be but slight. I examined the condition of the os uteri during the period of the pain, and found that the pains had no effect upon the cervix which remained undilated and flaccid, and the membranes did not become prominent or tense. The bowels had moved early in the day and a light meal taken at 12 M. Advised the continuance of the anodyne at once and again in two hours. This would control the severity of the pains and would lessen the rigidity of the os.

11 P.M.—Found the patient suffering true labor pains, pain in the back, the os soft and dilated to the On the morning of August 5, 1886, I was called to size of a twenty-five cent piece; the head at the labor was much the same, and was what would be termed a tedious labor; the liquor amnii having all fered six miscarriages. Professor Daniel T. Nelson, escaped with the so-called hæmorrhage and each ex-

2:30 A.M.—The pains are more regular, the patient healthy and she made a good recovery; she had re- is warm and perspiring; the face is flushed and the ceived no falls or injuries since carrying this child, to carotids stand out round and full with each parturiher knowledge. There was no history or evidence ent effort; everything seemed favorable for an early of specific disease. Before I finished questioning termination of labor. Soon I noticed that the pains she remembered a few evenings since of running were not as propulsive, yet they were equally as against some obstruction in the back-yard; this gave painful; complained of great thirst, constantly callher a slight shock just at the time, but she paid no ing for water; she became uneasy and restless, the attention to it. The evening previous to my call, face losing its ruddy color and the lips bleached; just as she had retired for the night, she said she was the pulse feeble, rapid and easily compressible. taken with a severe hiemorrhage which lasted for For the first time in nearly four years of active obsome time, and the amount of blood frightened her, stetric practice I was brought to the full realization and she called in a physician. The hæmorrhage of the great danger of concealed or ante-partum soon stopped and her pains were nothing to speak of. hemorrhage. There was but one thing to be thought There had been some propulsive efforts throughout of, and that was to deliver at once and in the shortthe night, and in the morning they were simply teas- est time practicable. I placed the patient across the ing and prevented her from securing any rest. She bed, the head and shoulders without bolsters, the suffered no real or hard labor pains and not a partinates drawn forward over the edge of the bed, the knees well flexed and held by assistants. With the I made a careful examination of the bedding and first pain I ruptured the membranes; this was folof the soiled clothing which had been removed the lowed with a gush of blood, a small amount however. evening before, and found them wet and heavy and I applied the forceps; the head was at the superior blood stained, but was unable to find clots of arterial straight, and with the second pain 1 made gentle and blood or any evidence of a severe or continued careful traction, observing the well-known law which uterine hemorrhage. The pulse was regular, the governs the obstetricians in the high forceps operavolume and strength good, respiration and temperation, and delivered a still born child which bore all ture normal; vaginal examination revealed a rigid os the evidences of having been dead at least six hours; uteri and situated high in the pelvis, and directed back gave child to the nurse and applied my left hand ward so it pointed toward the cavity of the sacrum; over the fundus uteri and made gentle presthe os uteri in this situation would have escaped any sure; soon the uterus commenced to contract and ordinary examination; there was no dilatation. I expel its contents; the blood and blood clots that was satisfied that the pains were not true labor pains were thus forced out filled a common wash basin. and I gave tinctura opii deodarata in fifteen minim. The placenta was high up and normally situated on doses, and to repeat in an hour or two if necessary, the posterior wall; with my left hand still on the 3 F.M.-1 was sent for in great baste, and upon fundus I experienced no trouble in reaching and remy arrival found that there had been expulsive moving the placenta; with this accomplished, all

pressure continued over the fundus uteri for a short, it should be to compress the uterine walls externally period, stimulants given and patient made as com-during the act of delivery. fortable as possible; pulse 140 to 145, weak and compressible, thirst continued for a few hours.

prolapse of rectum and during the real labor pains it lost, judging by its effect. If the patient be in was nearly impossible to retain the haemorrhoids danger of sinking, and the os uteri dilatable but the within the sphincters; after delivery they were head within the uterus, there can be no doubt that cleansed and returned with the replaced bowel within we must deliver by turning; but if the loss be modthe sphincters and retained with a T bandage and erate we may perhaps afford to wait until the head compress; suppositories of opium and tanic acid descends into the cavity of the pelvis, and in all gave quick relief.—Patient made a rapid and easy re-cases where it is within reach of the forceps they covery; was sitting up on the tenth day after con-should be used for immediate delivery, if the case be finement.

the hæmorrhage was caused from a partial separation mode of delivery as it is lost in almost every case of of a normally situated placenta. I also believe that extreme hæmorrhage." the head of the child acted very like a ball valve to delivery. There must have been a rupture of the and much more so than in placenta prævia.5 membranes high up and out of reach that allowed the escape of all the liquor amnii, for the membranes were intact, at least those presenting as far as they could be reached by a digital examination previous to delivery.

From statistics published by Churchill I find that out of 218 cases of accidental hæmorrhage thirty-two proved fatal, or one in six.1

I quote from Lusk's third and last edition: "The circumstances under which concealed hæmorrhage (a) When the placenta is centrally detached and the blood accumulates in the cul-desac formed by the firm adhesion of its margins to the uterine wall. (b) When the placenta is so detached that the blood escapes into the uterine cavity behind the memruptured near the detached placenta and the effused the uterine cavity, and yet both mother and child survived. In my own case to which I have referred, contract vigorously.

"The serious symptoms set in after the membranes were ruptured and compelled me to deliver first dilate, and, after rupture of the membranes should avail myself of a skilled assistant, whose duty

"In case of internal hiemorrhage occurring during the progress of the labor the treatment will depend Complicating this case we had hemorrhoids with upon the stage of the labor and the amount of blood mechanically suitable. But little hesitation need be From all the phenomena observed I believe that felt on account of the child in deciding upon the

We know from experience that a diagnosis of this and prevented the escape of the blood externally, condition is not easily made, yet the symptoms are I further believe that the blood or a portion of it so evident that one can only think of an internal found its way within the amniotic cavity, this would hamorrhage. The prognosis for the child is very account for the amniotic fluid being colored with bad, because, as a rule, it dies unless delivery be blood, also for the slight hemorrhage that followed very speedily accomplished by nature or by art. the mechanical rupture of the membranes previous For the mother the prognosis also is unfavorable

No. 411 26th Street.

MEDICAL PROGRESS.

A Practical Hint for Tracheotomy.—Mr. W. Leonard Braddon says: The operator is usually recommended, standing preferably on the right side of his patient, after first determining the exact relatakes place are given by Goodell³ as follows: tion of parts, to fix the trachea with the left hand, the fingers on one side and the thumb on the other, at the same time stretching the skin at the site of incision. The direction is at least distinct, but the manipulation is usually in effect very different. In all of many cases which I call to mind, there has branes near the fundus. (c) When membranes are been a little (the only) trouble in the operation, and in some, considerable danger, delay, or anxiety, conblood mingles with the liquor amnii. (d) When the sequent upon the way in which the attempt is made presented part of the feetus so accurately plugs up to keep the windpipe steady, as customarily taught the maternal outlet that no existing hæmorrhage can and performed: Four fingers on the left side and escape externally. I have had a case where after the thumb upon the right side of the larynx, press labor I removed at least a basinful of firm clots from with more or less force immediately backwards to hold the organ in place, with the effect of considerably aggravating the dyspnœa (especially if an anæsthe Barnes dilator acted capitally, not only enabling thetic is not being employed), of flattening the pipe me to expand the cervix, but exciting the uterus to against the vertebral column to some extent, of in all cases increasing the depth at which the part to be incised can be reached, and frequently of failing to secure fixity of the larynx, which, likely to move with with forceps. In another case I should certainly the slightest change of pressure, is pushed still more out of reach by the increased pressure made to seshould chose version and speedy extraction, and cure it. Any or all of this inconvenience is the result of pressing backwards with the fingers placed upon the skin immediately on either side of the wind-

The suggestion I have to make, and which, I have

¹ Churchill's System of Midwifery, p. 454 ² Lusk, Science and Art of Midwifery, p. 590-600. ³ Goodell, on "Concealed Accidental Hemorrhage of the Gravid Uterus," (Am. Jour. of Obstect, Aug., 1880, p. 281) This paper serves as a mine from which most subsequent writers have drawn their data.

⁴ Churchill's System of Midwifery, p. 454. ⁵ Schroeder, Manual of Midwifery, p. 302.

or adopted, although hitherto I have never seen it most convenient for patient and operator. noticed, is so simple as to provoke a doubt as to its which is yet fairly stretched (an: l can be stretched difficulties, but even as a position of election. more tightly) over the site of incision, and lying by the older method 1 have seen the production of for cataract-extractions on the right side. For left undoubtedly a dangerons increase of dyspnea. I cataract, however, unless the operator actually prerelied on to secure that end, but, as I have tried to hand. show, they directly tend to increase the depth of the has shown itself marked sometimes by danger, often strained for Europeans. Primitive as it may seem, by inutility. As to the barbarity of the hook, is it not. I feel sure that any one who will give it a fair trial an insult to the fingers of the surgeon?—The Lancet, will find the position much more convenient than November 20, 1886.

NEW POSITION FOR OPHERALMIC OPERATIONS.— Me. G. M. Gilles, Indian Medical Service, says: The supme position is, as most must have felt, by no who has made a number of experiments on cultures means a convenient one for eye operations. It is, of pyogenic microörganisms, says that formic acid however, the only practicable one when chloroform is a specific against their success, and so may be conis used as an amosthetic. The discovery, however, sidered as an excellent disinfectant. of a local anaesthetic, in the shape of cocaine, leaves

no doubt, many surgeons have long ago thought of us free to adopt any position that may be found

For the last fifteen months I have been employed value, but any one who tries it will, I think, find it with an exploring party in the regions lying beyond so effectual in practice as to have no more doubt our North West Indian frontier. Transport difficulthan I have as to its advantage. Let the surgeon ties have rendered it necessary for us to fly very place his left hand, as widely expanded as possible, light. Hence, as may be well imagined, an operatover the neck of a child in the position for tracheoting couch formed no part of my equipment. A omy; then resting the fingers upon one and the good deal of surgery of all sorts came to my hands, thumb upon the other side firmly upon the skin, as much of it ophthalmic, and I was often at a loss how far to the side of the neck as they will reach, grad- to improvise a couch of some sort. Not unfreually draw in the thumb and fingers, and the skin quently even the low country bedstead was unob-(and loose tissue underneath) with them towards the tainable, so that one had to operate on the ground. median line; as the sides of the windpipe are ap- Now, even to operate on a low bed is most difficult proached, a little more pressure, made in a backward in ophthalmic cases, the surgeon's position being so direction, will place the ends of thumb and fingers in constrained that all steadiness of hand is lost. a position in which they almost meet behind the lar- Hence, after adopting cocaine, which I came to do ynx, which is thus firmly held by the encircling hand very early in our travels, I began to try various poin a position in which all the great blood vessels, etc. sitions with the view of finding one suitable to the (which have been wounded) and the vertebral bodies peculiar exigencies of camp life, and finally hit upon (which, it is recorded, have blunted a knife point) are the following position, which has been found so enfar out of harm's way, the windpipe itself starting for- tirely convenient that I feel sure it is well worth a ward and standing out prominently under the skin, trial, not only by such as have to operate under

The operator sits on an ordinary chair, with the both as superficially as could be desired and as per-knees well separated so that the patient may be able fectly under control as possible. Lastly, and this I to sit on the ground between his feet. The position think is not altogether unimportant, this procedure of the latter varies according to the nature of the may be adopted without producing more than the operation and the side operated on. In ordinary very slightest degree of discomfort in any ordinary cases, such as iridectomy, removal of pterygia, etc., child—the younger the more easily; and one is still he is seated with his back nearly to the operator, but able to make the skin as tight as possible; now, how- with the face turned slightly to the left for the left ever, the necessary pressure is distributed all round, eye, or to the right for the right. Seated thus, beinstead of acting directly backwards upon the tube tween the operator's feet, he throws back the head so as to flatten or displace it. I have even been so that the occiput rests firmly on the surgeon's able without much trouble to make the thumb and thigh; the left thigh in operations on the right eye, fingers feel each other behind it by this means; while and vice versa. This position answers equally well may have overrated the danger, or underrated the fers to use the left hand, the following modification is utility of the usual method of fixation, but it has al. necessary. Seated as before on the ground, between ways seemed to me to be the only difficulty in an the operator's feet, he faces quite to the surgeon's operation, which of course has none for experienced left, then throwing back his head, and turning it surgeons, but to others prescuts often some trouble, slightly so that the chin points to the surgeon's hipchiefly in consequence of the fact that the means joint, he rests the occiput firmly on the operator's adopted for fixing the part to be incised, being ill-right knee. With the patient in this posture, it will devised though time-honored, are not only not to be be found perfectly easy to operate with the right

The method is, no doubt, specially suited for dealwound of the trachea from the surface and the dis- ing with Orientals, who are accustomed to sit on the tress of the patient; and in all the accidents I have ground; but for the limited time required for an opread of, and some that I have witnessed, this method eration, I do not think it will be found too coneither an ordinary operating couch or a dental chair. —British Medical Journal, Dec. 11, 1886.

Formic Acid as a Disinfectant.—Dr. Voitoff,

PUBLISHED WEEKLY.

THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full , name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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CHICAGO, LILLINOIS,

SATURDAY, JANUARY 29, 1887.

PROPUYLACTIC MIDWIFERY.

John Jasper disputes the movement of the earth methods have been unsuccessful" about the sun. Those who, without any special knowledge of bacteriology and the etiology of dis- ask, why, in enumerating and commenting upon the ease, insist upon writing papers ridiculing more theories of puerperal fever Dr. Foster, after quoting recent methods of investigation and the principles of the masterly work of Lusk, should have wholly igantisepsis, should first learn that "antisepsis" is not nored his consideration of the "Nature of Puerperal synonymous with carbolic acid, with iodoform, cor- Fever as regarded from the Standpoint of modern rosive sublimate, or any drug or drugs; that Listerian Investigation?" He gives what he calls Semmelweis's principles may be strictly adhered to without the use theory, Fordyce Barker's theory, Pasteur's theory, of drugs.

that the antiseptic system is founded upon specula- lected and interpreted. Dr. Foster claims "distion pure and simple; and, furthermore, that this tinctly that in epidemics of puerperal fever there are antiseptic system, as a routine practice, is, in its es- occult epidemic constituents of atmosphere, either

sary and frequently harmful to the lying-in woman." Journal of the American Medical Association. And "the facts upon which the argument is based are taken almost exclusively from writers who are, or have been, advocates of the antiseptic system." In opening the argument on this question he first proposes to consider the theories as to the essential nature of puerperal fever, each one of which, he says, "is a matter of unadulterated guess-work." He does not discuss the question from the stand-point of labor in hospitals, but in private homes; for he says: "There is no analogy whatever between puerperal fever in private practice and hospital experience as to the modes of infection and the necessity of prophylaxis." If this be true, why apply hospital statistics to those of private practice? Why reason in private practice from hospital experience? If filth can cause disease in a hospital it can do the same thing in a private house; if it cannot cause disease in a hospital it cannot in private practice. If, as Dr. Foster says, labor is a purely physiological process, it is as There still seems to be some who do not recognize much so in private practice as in a hospital, and the difference between a "Lister dressing" and "List vice versa. It need not be said that private homes terian principles." It does not seem sufficient to say are in better sanitary condition than hospitals; for if that the dressings may change but the principles can- antiseptic principles be unscientific then filth has not, as this has been repeatedly pointed out during nothing to do with the matter. If there be no analthe past four years, or more. Nor does it seem ogy between puerperal fever in hospitals and that in sufficient to say that all the principles of aseptic and private practice there can be none between amputaantiseptic surgery and medicine are comprehended tions, compound fractures, typhoid fever or any in the one word "cleanliness," as this has been re-other disease or affection in the two places. But to peatedly done, even by Sir Joseph Lister himself, refuse to admit hospital statistics in this question Again, there are many who, seemingly, cannot under-practically shuts out argument, and reduces the stand the value of circumstantial evidence in medi- whole matter to one of (simple individual opinions). cine; they insist upon proof-absolute and incontro- However, the author of the paper under consideravertible, and question the pathogenic influence of tion does not shrink from the task of attempting to dirt and germs in much the same way that the Rev. demonstrate that even in hospitals the antiseptic

Before witnessing this attempt it may be well to and Dr. Kinkead's theory of puerperal fever; but In the Transactions of the Medical Association of singularly enough he omits any mention of the facts Georgia, for 1886, is a paper entitled "A Review of contained in Lusk's work (Edition 1885, pp. 654-Modern Antiseptic Midwifery," by Dr. Eugene 668), in which all the evidence in the case has been Foster, of Augusta, who attempts to "demonstrate most carefully, and in a most masterly manner, colsential features, unscientific, unsuccessful, unneces- local or general, which produce these epidemics in recurring cycles." Where do these "occult constit- Obstetricians are familiar with the paper relating eruptions or a shower of meteors.

not tell us that "in the following 162 confinements 1-1000 (the solution recommended by Thomas). there were no deaths, and from October to July in- It is needless to follow this paper to its conclusion. clusive, of 400 patients confined, though many oper- Had the author used the word details instead of ations were performed, five died; but of these, only "system," "methods," and "principles," his paper three were from septic causes, and they, Dr. Gar- would not present such a prominent mark for legitirigues believes, were the results of the neglect of mate adverse criticism. Many good obstetricians, certain of the prescribed details." Lusk says (p. and many good surgeons, may be found who do not 693): "The great improvement in the condition of follow the minute details of antisepsis as laid down maternity patients in recent years has been due to by others, because they think they are unnecessary; the application of Lister's antiseptic principles in but those who have given the principles intelligent obstetric practice." He does not say that it has study and thought both believe and act upon them. been due to vaginal injections, to carbolic acid, to Furthermore, while all the intelligence of the profescorrosive sublimate, cheese-cloth, or iodoform, or to sion is not centred in those members who have hosthe application of Lister's details, but of his principital positions, it only needs a moment's reflection Philadelphia Hospital.

uents of atmosphere" come from; who has seen to this subject read by Dr. T. Gaillard Thomas bethem; have they been isolated, cultivated, injected fore the New York Academy of Medicine about into mice and produced symptoms and lesions iden- three years ago. This paper was admired and crititical with those of the original disease? If not, we cised by the leading obstetricians of the country at may as well attribute puerperal fever to volcanic the time; and Dr. Foster now takes up the rules therein laid down seriatim. He ridicules the propo-The attempt to prove "that even in hospitals the sition to disinfect the lying-in room before labor, for antiseptic methods have been unsuccessful" may be the remarkable reason that if there are any germs attributed to a confusion of terms; to the idea that they must have come from the atmosphere, and that antisepsis, or asepsis, consists in carbolic sprays and it is impossible to disinfect the atmosphere of an ocinjections of solutions of certain disinfectants or cupied room. With regard to the rule that nurses germicides. Where asepsis is complete antisepsis is and physicians should take care that all their clothunnecessary. Obstetricians will no doubt be sur- ing is free from exposure to the effluvia of septic inprised to learn that the author takes the statistics of fection, such as typhus fever, erysipelas, etc., Dr. the Rotunda Hospital and the Vienna Maternity to Foster says: "To this rule I have no objection, so prove that antiseptic methods are unsuccessful; but, far as it is intended to protect the lying-in woman on investigation, it is found that he does not recog- from zymotic diseases. If, however, it is intended nize that absolute cleanliness is the great antiseptic to contend or intimate that the poisons of scarlet precaution. He does not mention the fact that the fever, measles, variola, etc., can produce puerperal Rotunda Hospital is one of the best ventilated hosfever, I most unhesitatingly deny the proposition." pitals in the world; nor does he seem to realize that So far as the woman is concerned it is perhaps imgood ventilation is an antiseptic precaution. He material with her whether she die of puerperal fever declares that antisepsis has had nothing to do or scarlet fever; and the fact (if it be a fact) that with the good results at the Preston Retreat, scarlet fever cannot produce puerperal septicæmia is under Dr. Goodell, and then quotes Dr. Goodell: no argument against antiseptic precautions and "I am governed by four golden rules-clean principles. The rule which prescribes that the phyliness, ventilation, rotation, and isolation!" Are sician should wash his hands in soap and water and not these antiseptic precautions? As against anti-| scrape the nails, and afterwards use a solution of septic principles he quotes some statistics from the bichloride of mercury, is criticised by quoting the New York Maternity Hospital (from 1875 to 1882, experiments of Förster, which showed that solutions of inclusive). He then says that in the autumn of 1883 carbolic acid, boracic acid, zinc and iron chlorides do Dr. Garrigues overhauled the Maternity, and insti- not sterilize the hands; but in the same paragraph he tuted new antiseptic measures (which may be found quotes Forster to the effect that the hands were sterilin Lusk's Midwifery, p. 689, footnote); but he does ized by the use of a solution of corrosive sublimate of

ples. Certainly it is no argument to quote statistics to see that such men have the advantage of others of a hospital which used details and neglected first in experience. Intelligence without opportunity principles, as does Dr. Foster in the case of the will not show the usefulness or worthlessness of principles or details. The fact that an Indian woman

foot of Mt. Hood, does not have puerperal fever is Chicago. As it is very desirable to derive as much insufficient proof that a woman confined in the benefit from the expense and time already bestowed Vienna Maternity can not have it; nor does the fact in printing and distributing the collective investigathat a woman may be injured by repeated vaginal in-tion blanks, and equally desirable that the work in jections show that she cannot possibly contract this country should not prove a failure, we wish to puerperal fever when confined in a filthy room, at- add to the request of Prof. Jacobi by urging that all tended by a careless physician. Among other hon- those who have blanks with recorded memoranda ored members of the profession Sir Joseph Lister would return them as promptly as possible to the comes in for a large share of Dr. Foster's ridicule, address already given above. Lister's contribution to medicine does not lie in the fact that he invented a spray for throwing carbolic acid vapor; not in the fact that he once used cheesecloth; that he made a metallic case for keeping surgical needles in carbolized oil—but in his system, his principles, of antiscptic surgery; which principles, not details, have been successfully applied to midwifery. The truth of principles is not proved by any one set of details; but Lister's principles have been shown to be true because they hold good under any and all details in which the principles are adhered to. Even the once hated and despised, but now honored Semmelweis comes in for a share of the ridicule which Dr. Foster attempts to heap upon members of the profession who have worked, and are now working for the good of humanity.

INTERNATIONAL COLLECTIVE INVESTIGATION OF DISEASE.

During the session of the Eighth International Medical Congress in Copenhagen, 1884, an International Collective Investigation Committee was organized, composed of representatives of Sweden, Norway, Denmark, Finland, Russia, Germany, Austria-Hungary, Switzerland, France, Great Britain, India, the United States, and South America. The two representatives on the Committee for the United States were Professors A. Jacobi, of New York, and N. S. Davis, of Chicago. Under the personal supervision of Prof. Jacobi a large number of the blanks for making returns adopted by the International Committee were printed in a neat and convenient form, and distributed to members of the profession in different parts of this country. Those receiving them were requested to fill up the blanks in due form with such cases of the several diseases as should come under their observation, and return the same to Professor Jacobi, on or before the 1st of January, 1887. A few weeks since he gave notice, through the medical journals, that he had resigned his position on the

who is confined by the side of a purling brook at the Committee, N. S. Davis, M.D., 65 Randolph street,

PRESENTATION TO DR. N. S. DAVIS.

On Thursday, January 20, the fiftieth anniversary of the entrance of Dr. N. S. Davis into the medical profession, he was presented by the students of the Chicago Medical College with a magnificent arm chair and a valuable and beautiful revolving set of reference shelves. The presentation was made by Professor W. W. Jaggard, in behalf of the students, and Dr. Davis responded in a most graceful manner. It has been but a few weeks since Dr. Davis's seventieth birthday was celebrated at his house by a large number of his friends.

It is peculiarly fitting that the students of the College of which Dr. Davis is practically the founder, the College which represents the principles of higher medical education for which he did so much before its foundation, and has done so much since, should have taken some note of his fiftieth birthday into the profession. Indeed, the American Medical Association is the outgrowth of Dr. Davis's earnest endeavor to raise the standard of medical education in this country. Ε.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Stated Meeting, January 3, 1887.

THE PRESIDENT, EDMUND J. DOERING, M.D., IN THE CHAIR.

Dr. E. J. Kun read a paper on

THE ETIOLOGY AND CURE OF ASTHMA.

(See p. 121.)

Dr. J. A. Robison, in opening the discussion, The facts, which are indeed facts, that have been related in this paper are of interest not only to the specialist but to the general practitioner. It has been a fact long known to specialists that obstruction of the passage of air through the nares will give rise to asthma, and a great number of articles Committee, and requested those interested to make have been written on this subject. It has also been their returns to the other American member of the demonstrated that when operations have been perthat transitory swelling which takes place in the last year. turbinated bodies in cases of mild irritation. I prewith an acute corvoa and go to bed at night the flex asthma or something different? narium of the side on which we lie becomes obcurrence of the asthma.

very great extent. My experience, however, was the eschar. somewhat different from Dr. Kuh's as the cauterizathough once in a while I still suffer from coryza.

formed that cleared away these obstructions the re-decidedly polypus of the nose has caused asthma, liet from the asthmatic attacks was complete. This and where by the use of the polypus the asthma was can be easily demonstrated by any physician, cured. I can confirm what Dr. Kuh has said in re-Cases of nasal polypus are quite frequent and they gard to the effectiveness of the galvano-cautery. I do not always fall under the care of a specialist. had a case of a boy 12 years old, who had nearly all The operation is generally a very simple one, almost his lifetime had chronic eczema of the hands and any physician, without special training, can remove asthma. Believing that the asthma was in causal renasal polypi, and it is really wonderful to find how lation to the eczema, I referred the patient to Dr. many cases of asthma are thus cured. As to asthma Kuh for treatment of the former trouble, while I pre being due to other causes, I have no doubt of the scribed local applications for the hands. Very soon truth of the observation made by the author, that is both affections were cured and have remained so for

DR. H. N. Moyer asked what the author means sume we have all noticed that when we are affected by the term essential asthma, whether he means re-

Dr. Kuh, in closing the discussion, said: By esstructed, and if we turn over the other side will be-sential asthma. I, of course, mean, as I have been atcome obstructed. This is undoubtedly due to the tempting to explain all the evening reflex asthma; force of gravitation in a great many cases where the the same asthma which textbooks classify as idiomucous membrane is especially sensitive. There is pathic or nervous or essential asthma. In lieu of no doubt that in a great many cases by the irritation these clouded expressions we have now, fortunately, of a probe, or the inhalation of dust, coughing can a term by which we express an etiological meaning; be produced resulting in asthmatic attacks. There namely, nasal asthma. It teaches us again, that the fore this demonstrates that reflex irritation of the term neurosis always smacks of the hypothetical; nares is one of the causes of asthma, and it points and that when we speak of any pathological condiout very clearly the method of treatment which tion as a neurosis, we do so in order to cover ignorshould be instituted. The author has rendered a ance. An asthmatic individual is not necessarily a service in showing that there are such a large number "nervous" one, although I, of course, am not blind to of cases in which by destroying the turbinated bodies the fact that some unknown factor must come into we can prevent the occurrence of reflex asthma. play in order to affect disease through nasal reflex. It would have been an interesting question to solve. In regard to Dr. Zeisler's remarks on the connection whether, in the case of the author's personal experi- between polypi and asthma, I did not know that ence, a respirator worn over the nose so that the air Schnitzler, of Vienna, had published forty cases of could not pass through the nose unless filtered, nasal polypus with asthma. I am greatly surprised would have been of any benefit in preventing the re- that such a publication should have escaped my notice. I quoted Michel, of Berlin, as having re-Dr. H. MARTYN SCUDDER: About five years ported 135 cases of polypus without asthma. There ago, when practicing in India, where I had to ride is no doubt that sometimes nasal polypi cause on horseback a great deal in the sun and breathe a asthma, but as far as I am aware, only exceptionally great deal of dust, I suffered frequently from acute so. Hack found that when a patient had polypus attacks of coryza, accompanied occasionally by with asthma and he left the polypus untouched and bronchitis and slight asthma. The nose was not cauterized only the turbinated bodies, the asthma much obstructed, and when an attack of coryza disappeared, although the polypi remained in the came on fifteen minutes sleep would often cause it nose. I think there can be no better evidence of to pass away. Gradually the attacks became more the relative innocence of polypi than that experisevere and were accompanied and followed by some ment. I have been asked whether, if I had worn a obstruction. When in London more than three respirator, I would have been free from asthma in years ago, Dr. Mackenzie wanted to cauterize my traveling. I found that to be the case. For when nose, but it was before the days of cocaine and I I plugged my nose with cotton while traveling, I redecidedly objected as 1 thought the remedy worse mained free from asthma. Dr. Scudder said that than the disease. Since coming to Chicago I have nasal cauterization gave him trouble for weeks, been troubled less than when abroad. Quite re—This could only have been through wound complica cently I had my nose cauterized by Dr. E. Fletcher tion. An asthmatic may have very severe trouble Ingals, and it has certainly relieved the trouble to a for a week or less after cauterization, on account of

In order to show how careful one must be in diagtion gave me considerable trouble for a week or two, nosis I should like to interpolate the following de-It was followed by soreness and even by slight chills, scription: A patient with the mildest form of asthma, and it made me feel out of sorts for about a fortnight, namely, the occasional involuntary deep, sighing inbut it was successful in relieving the obstruction spiration, consulted me. The examination was negaand I have had no more asthma or bronchitis, all tive with the exception of slight tympanites (the abdomen should always be carefully examined in Dr. Josef Zeister said: Professor Schnitzler, of such cases) and slight swelling of the inferior turbi-Vienna, has published a number of cases in which nated bodies. I treated his mild constipation for

weeks, without any benefit to his respiratory trouble. Then I cauterized, also without effect. At last I discovered that his also has were so pliable that when he inhaled through the nose they collapsed and occhilded the nares. In regard to the claim that injections of boracic acid solution into the nose will refieve asthma, I should simply refer to the uniformly condemnatory verdick of all specialistic practioners against the use of the nasal douche in such cases.

Dr. Elbert Wing, Pathologist to Cook County Hospital, showed

A HEART SHOWING ATHEROMA AT THE BASE OF THE AORTA AND IN THE MITRAL VALVE,

and a condition described by the Germans as prior chronic endocarditis. The last mentioned lesion itself in the distribution of grayish streaks or patches. on the endocardial surface, lying irregularly distributed over it. When this lesion has proceeded far enough fatty degeneration follows, shown by patches which appear slightly yellowish to the eye. The patches upon the valves are upon the anterior segment of the mitral. They are simply interesting and would cause no symptoms whatever. I do not easy to discover the presence of a stone. When the know that such a case has any further interest than catheter was used, the stone was struck before any that these things very frequently exist, and in my experience more than a majority of cases present ing that the calculus lay close behind the prostate lesions of prior chronic endocarditis.

Dr. Wing also exhibited

A LUNG SHOWING ONE OF THE POINTS OF DIFFEREN TIAL DIAGNOSIS BETWEEN A CAVITY RESULTING FROM TUBERCULOSIS, AND ONE RESULTING SIMPLY FROM DILATATION OF A BRON-CHIAL TUBE IN BRONCHIECTASIS.

layers of the plenra over the lung.

DR. W. T. BELFIELD asked for a repetition of the seizing the stone was impossible. diagnosis distinction between cavities due to tuberculosis and bronchiectasis.

chiectasis has a smooth pyogenic membrane, and injuring the seminal ejaculatory apparatus, and also upon washing it, no stumps of these bands can be because of the supposed size of the stone, and its seen upon its floor, but in a cavity resulting from possibly encysted character, I determined to perform tuberculosis there are always some of these stumps the suprapubic operation. or bands present. Sometimes they are very short, are easily seen and demonstrated.

DR. A. V. PARK read a report of

A CASE OF ANTE-PARTUM HEMORRHAGE AT TERM. RECOVERY.

(See page 124.)

Dr. A. V. Park reported

A CASE OF PYELITIS OF NINETEEN YEARS' DURATION, CAUSED BY A RENAL CALCULUS. RECOVERY. (See No. 6, Vol. viii.)

PHILADELPHIA COUNTY MEDICAL SOCIETY,

Stated Meeting, January 12, 1887.

THE PRISIDENT, J. SOLIS COREN, M.D., IN THE

Dr. H. A. Wilson is ad on behalf of Dr. John B. Roberts the report of

A CASE OF SUPRAPURE TITHOTOMY, FOLLOWED BY DEATH FROM PERFORATING CICER OF THE

STOMACH.

The following case of removal of stone from the urinary bladder by the suprapuble or high operation, is reported as proving the position which I have so long insisted upon, that this operation is easily accomplished, and is free from many of the dangers of the lateral perincal operation.

C. H., aged 63, applied to me for relief from frequent urination, and other bladder symptoms, and was sent to the wards of the Pennsylvania Hospital. Upon the introduction of the lithotomy sound, it was mine was drawn from the bladder, apparently provgland. The patient was a very fat man, with poor circulation, and evidently a bad subject for etherization or operation. The urethra was large and easily distended. It therefore seemed to me proper to attempt the removal of the stone by the rapid crushing method.

With this object in view, I had him frequently dilated with large bougies, in order that the urethra and That point is the persistence of bands, or stumps of bladder might become tolerant to the contact of inbands, of the more resisting tissues which remain, struments. Subsequent to this preparatory treatsometimes passing across the cavity. As the fibrous ment, I made an attempt to crush the stone with a tissues are more resistant than the others in the lung lithotrite, expecting to evacuate the fragments by the they are the last to disappear in the necrotic process, ordinary method of Bigelow. Repeated efforts proved In this specimen there are a few cavities in the apex, the impossibility of seizing the stone, either because some of them large, and the tubercular infiltration it was too large to fall into the grasp of the blades extends entirely to the base of the lower lobe of the of the instrument, or because it was encysted behind right lung. There was extensive adhesion of the two the prostate gland. Even with a finger in the rectum, and with the jaws of the lithotrite turned downward,

As the man's perineum was deep, and as I believed that the perineal operation was inferior to the supra-Dr. Wing said: A cavity resulting from bron- public one, because of the liability of hæmorrhage, of

After etherization, a rubber bag, to which was atat other times long, and at times, as in this case, they tached a long tube, was placed in the rectum, and filled with about twelve ounces of warm water. The bladder was afterward filled with 6 or 8 ounces of a weak solution of bichloride of mercury. A three-inch incision was then made in the median line through the skin and a depth of nearly two inches of adipose tissue. The muscles were then separated, and the tissues torn through with my finger until I came upon the distended bladder. By means of a curved needle I passed a string through the top of the bladder, and brought both ends out of the wound to serve as a

handle by which the bladder could be held up close wound in the abdomen was almost closed. He had to the surface. A longitudinal incision of about an no trouble in urinating, and was very comfortable, inch in length was then made in the anterior wall of except for the epigastric pain and the great weakness. the bladder from above downward. The water imtroduction of my finger I felt a large flattened stone perforation of the walls of the stomach, and had lying in the lower portion of the organ, but not en-allowed its contents to escape into the peritoneal cysted. After some little difficulty the calculus was cavity. The cause of the vomiting of blood, of the seized in ordinary lithotomy forceps and drawn out impaired nutrition, and of the constant pain which of the bladder, the wound in which was then closed he suffered for many weeks before his death, was, brought together by buried sutures of catgut, and ent before the time of operation, but latent in regard the integument subsequently closed in the same man- to symptoms. ner. A drainage-tube was carried in at the middle tween the anterior wall of the bladder and the pubic rectum and bladder by the fluid forced into them prebone. The edges of the wound were finally sprin-kled with powdered iodoform, and the ordinary anti-septic dressing of gauze and corrosive sublimate bladder wound and early restoration of the functions applied. A hard-rubber catheter was left in the ure- of the bladder in regard to urination readily occur thra in order to drain the bladder. At the end of after the high operation for stone, and that wounding twenty-four hours it was found impossible to keep the of the peritoneum is easily avoided, make this method catheter in the bladder because of the pain which it of removing vesical calculi very satisfactory. The gave the patient. Accordingly, his urine was drawn unfortunate death of the patient from disease of the at frequent intervals by means of a catheter similar stomach does not in any way vitiate the results of to that originally introduced, but it was very difficult the operation; for, although the patient had not reto keep the dressings properly applied and avoid covered sufficiently to be discharged from treatment, their becoming soiled by the urine.

Three days after the operation the wound seemed sought. well united along the surface, and a couple of days later the drainage tube and two of the sutures were removed. Dribbling of the urine soon began to occur through the opening left by the withdrawal of the tube. This continued until eight days after the operation, upon which day the last suture was removed. sutures of silkworm gut and shot.

a dull, uncomfortable feeling of pain in the epigastric and one of the palatine folds. region, and a total want of appetite. I was unable to make any definite diagnosis as to the meaning of is the physical resemblance of these patches to the these symptoms. Disease of the liver or stomach desquamated epidermis in scarlatina. were the suggestions which came to mind.

Two months after the operation he suddenly suffered intense pain in the epigastrium, and immediately went into a condition of profound shock, from which he never reacted. A few days before this time

The post-mortem examination showed a large gasmediately escaped from the bladder, and on the in-tric ulcer the size of a silver dollar, which had caused with interrupted catgut sutures. The muscles were therefore, shown to be a gastric ulcer, probably pres-

The ease with which the suprapubic operation can of the incision, and pushed down into the space be- be performed, due largely to the distension of the still the operation had effected the results which I

THE PRESIDENT presented

A SERIES OF THREE EPITHELIAL OR PSEUDO MEMBRAN-OUS CASTS OF THE TONSILS AND PALATINE FOLDS OF A CASE OF DIPHTHERIA.

The patient is an adult, and has exhibited no symp-On the evening of the same day the patient vomited toms of a constitutional infection. The local disease about six ounces of blood, and during the straining was limited to the tonsils and palate; one tonsil beof the vomiting on that day, or on account of the came parenchymatously enlarged and underwent supsitting up in bed a few days later, the wound became puration. The abscess was opened twice. At present gaping throughout its entire length. The edges of there is an additional abscess in the upper portion of this reopened wound were again brought together by the palate. There has been no complication in the case except from difficulty in deglutition, so great that From this time forward the man's general condition for forty-eight hours the patient had to be nonrished was bad, although the wound gradually closed, except mainly by the rectum. Two days ago there was superficially, and all dribbling of urine from the wound brought to me a thin sheet of false membrane, which ceased. In fact, he seemed to have recovered from was an accurate mould of the tonsil and palatine the local effects of the operation, and to have left fold. Yesterday a similar mass of desquamation, merely the deep wound through the skin and superfi- having much the same shape, was brought; and this cial fascia. Here the granulations were sluggish, and morning a third mould has been thrown off. The the repair of the opening in the fatty tissues and skin appearance of the second cast closely resembles a very inactive. He was, however, able to pass his east of the interior of the larynx and trachea, and urine normally through the penis, and, so far as urin- could readily have been mistaken therefor had there ary symptoms were concerned, was in a very com- been any laryngeal complication. Manipulation, fortable condition. There persisted, however, nausea, however, demonstrates that it has sheathed the tonsil

The point to which particular attention is called,

Dr. J. H. Brinton made some remarks

ON THE USE OF WHALEBONE BOUGIES IN THE TREAT-MENT OF URETHRAL STRICTURES.

I propose, for a few moments, to ask the attention he had been sitting up in a chair every day, and the of the Society to some points in the application of

filiform bongies to the treatment of urethral stricture, a small matter, but, in fact, the harmonious action of although it is not my purpose to institute any com- the guide bougie and its metallic companion has parison between other modes of treatment and that much to do in effecting a ready passage of a stricof which I shall speak. I wish merely to refer to the tured point. [The speaker here illustrated the proprocess of rapid dilatation, effected in the course of cess of constructing the bougie.] After using one of a few minutes, by the introduction of stretching in-these instruments, should the neck become bent or struments, the employment of which is preceded and twisted, I place it for a moment in hot water, and accompanied by the use of filiform bougies. When then press it between the leaves of a book. these latter were first introduced they were warmly . In endeavoring to pass a stricture I make the first welcomed, but I think that of late some disappoint- attempt with a single whalebone; if it passes, well ment has been felt in regard to their efficiency, a dis- and good. If it does not go through, I follow it appointment which, however, I do not share. I with others, perhaps five or six, until the follicles or believe that in these instruments we have an efficient folds of the mucous membrane near the stricture are mode of treating stricture, provided they be properly occupied. Then by patiently essaying the inserted constructed, and skilfully manipulated.

bone filiforms of the shops. I have for some years very rarely, and in non-urgent cases, if great diffibeen in the habit of making my own, and with these culty be encountered at the first trial, and the pa-I have experienced comparatively little difficulty in tient be frightened and irritable, it may be advisable treating stricture, and in relieving obstinate cases of to desist for the day, and to make a subsequent secorganic urethral strictures of non traumatic origin are the rule, if the instruments be well made, and the efpervious to the filiform bougie, patiently and system- forts be gentle. There is, however, a caution to be atically essayed, and this is the essential and start- observed as to the time of making use of filiform in-

ing-point in the treatment which I prefer.

a dealer in New York. These long, slender, rounded pect to succeed with them if they have been preceded whalebones of various thicknesses are articles of on the same day by the attempted introduction of commerce and are used for many purposes in the round-ended instruments, the tendency of which unarts. They are rounded through a drawplate, and doubtedly is to obscure or close in some way the come in lengths of twenty-seven to twenty-eight narrow opening of a resisting stricture, and thus to inches, costing about two dollars a gross. Each render its detection more than usually difficult. 1 piece will make two bougies. In preparing them I may add here that I always use the straight filiform. first cut off the end transversely, so as to get rid of any tendency to split. I then round the end by rub- a guide to the metallic catheter, or stretching instrubing it lightly on a sheet of emery-paper gummed ment. This may be the tunnelled catheter, or any upon a board. I then make the extremity bulb- of the various forms of ditators or divulsors; prefershaped. I am told that the bulb is usually produced ably, I think, that of Sir Henry Thompson, followed by the action of a file. This, I think, is objection- by the powerful and most efficient instrument deable, as it impairs the fibre of the bone, and renders signed by Professor S. W. Gross, and which registers it liable to break or cut when metallic instruments from 16 to 40 of the French scale. are slid down over it. I make the bulb extremity by placing the end of the whalebone in a groove on the the filiforms, there is one point to which, I think, atboard, and shave or scrape it from the end with a tention has not been directed. We are ordinarily very sharp knife. I then shave down the shank and told to slide the metallic instrument over the whaleneck in like manner in the opposite direction, until bone through the stricture into the bladder; in so I have formed a conical neck from three to four doing, the whalebone may be cut at the seat of stricinches long and of almost capillary thickness as it ture. I have often heard of this accident, and I approaches the bulb. The shaping of the bulbar end have seen it happen. I avoid it in this manner: demands some dexterity in handling the knife, and to Having passed the whalebone into the bladder, I insure accuracy I do this under a lens of low power. carry the metallic instrument—threaded on it, as it Having shaped the filiform with the knife, it may, if were-down until I reach the stricture, the point of desired, be yet more smoothed by being rubbed later-resistance. I then cease to push the metallic instrually on the emery board. In case cylindrical whale- ment along the filiform, but slightly withdrawing the bone cannot be obtained from the manufacturers, the latter to gain a little by its conicity, I grasp firmly irregular strips may be readily rounded by being both instruments between my thumb and finger, and passed through a watchmaker's drawplate, or wire carry them on together. In this way I am almost gauge. As the filiform bougie is the guide upon or certain to pass the resisting point, and, if the stricover which metallic instruments are to be passed, ture be single, to reach the bladder. I speak on this each one should be carefully fitted. This can be matter somewhat positively, since I have used these done by frequently passing it upward and downward instruments largely, and cannot, for many years, rethrough the tunnelled perforation in the beak or ex- call a case which I have failed to pass in the manner tremity of each and every instrument in conjunction described. with which it may in future be used. This may seem In employing the stretching instrument, I usually

filiforms, I almost always succeed in getting beyond As I have never been quite satisfied with the whale- the stricture at the first sitting. Someting, although My experience has convinced me that all ond attempt. Success at the first trial is, however, struments. Their application in cases of tight stric-In making my bougies I purchase the material from ture should be primary—I mean that one cannot ex-

The whalehone, when once introduced, serves as

In using metallic instruments in conjunction with

separate the blades as far as No. 30 or No. 35 of the steel bougie of about the same calibre, to see that it is always well after passing the coarctation and reall is right and that the urethra is clear. The bougie heving the retention, to bring the urethra up to a is then removed and is not reintroduced until the certain calibre, and that is another point in the treatthird or fourth day. The after-treatment consists in ment of stricture. How shall we know to what exthe hypodermic use of morphia, etc., full doses of tent we shall divulse or excise a stricture? The opquinine, and in a milk diet.

stricture, not readily overcome by the catheter, I that of a young man from a distance. He was etherhave often succeeded by simply passing a whalebone ized, and in order to determine to what extent the into the bladder and leaving it in situ. The urine stricture should be cut or dilated, I introduced into will readily pass along the filiform by capillary action, the urethra the urethrometer, with which we can and the steady dribbling thus established will in a measure the capacity of the urethra. In this case short time empty the bladder. The presence of the there were two strictures. Immediately in front of whalebone serves also to render the stricture less the first, which was six and one fourth inches from tight, and so facilitates the after-passage of metallic the meatus, the urethra had a capacity of No. 31.

has confined his remarks to the treatment of very No. 34 or 35, to allow for the subsequent contraction. tight strictures. I think that the younger members of the profession, who are not much accustomed to I had made more particularly for the purpose for the use of filiform bougies, ought to be told not to which he has used it. At the time that I invented put too much confidence in them. The filiform bou- this instrument, I was a rather firm believer in the gie does not pass with a great degree of readiness treatment of stricture by divulsion. I do not employ through a small stricture, or even through a large this method now, although I would use it in a case one in all cases. I differ from the speaker in regard of retention of urine. It is no more dangerous than to the usefulness of the twisted bougies. In the great cutting, and cutting is no more dangerous than dimajority of strictures the orifice is eccentric. A vulsion. The cutting can be more accurately limited twisted bougte will often pass after we have failed to than the divulsion. With the latter method we tear pass a straight bougie, although the urethra has been not only the stricture, but also the mucous mempacked with them.

of traumatism, the obstruction does not arise from divulsion was employed, there were no less than nine the organic stricture itself. A man may have been rents in the mucous membrane, and the rent in the suffering with stricture for some time, and the calibre stricture was oblique and had not gone completely of the urethra have been gradually narrowing until through the stricture. This method will do in superthe stream of urine becomes very small. In this conficial strictures, but in hard fibrous strictures we have dition he exposes himself to cold and wet, and in the to supplement this operation with urethrotomy. It course of a few hours is unable to pass urine. In is for this reason that I have given up divulsion for such a case the obstruction is not due directly to the internal arethrotomy, and I do not resort to this latorganic stricture, but there is a superadded spasm of ter operation so frequently as I formerly did. When the muscles of the urethra, and it is spasm which we the patient is within convenient distance, I much have to overcome rather than the coarctation itself. prefer, in ordinary cases of inflammatory stricture, In such a case, the patient being under the influence, and in recent cases more particularly, to resort to of an amesthetic, I carry a medium-sized instrument, gradual dilatation. I have reached the firm convicsay one whose shaft measures No. 16 and whose tion that the cases in which radical cure is produced point is No. 13 of the French scale, down to the by divulsion, internal incision, or external incision, stricture, supporting, if necessary, the curve of the are so rare that it is rarely worth while to resort to the instrument with the finger on the perineum or in these operations. the rectum. In the majority of cases gentle pressure whalebone bougies through this tube.

strips up the whalebone. Care should be taken to getting into the bladder with a filiform bougie. see that the opening is well rounded.

In the operation described by Dr. Brinton, which French scale, and on its withdrawal, introduce a is the one to be used if it is so desired in these cases, eration described to night is really that of divulsion. In retention dependent upon tight and irritable 1 had to day at my clinic a case in point. It was instruments, should their use be considered desirable. In such a case, as the stricture always shows a ten-DR. S. W. Gross said: I take it that Dr. Brinton deney to contract, it is well to cut or rupture it to

The instrument to which Dr. Brinton has referred, brane at some distance in front of and behind the We know that in cases of stricture not the result stricture. In a specimen in my possession where

DR. CHARLES B. NANCREDE said: While agreeing for a few minutes will enable the instrument to pass with most of that which has been advanced by Dr. into the bladder. I have succeeded in this way in Brinton, I am rather more in accord with the last cases where I have failed to introduce a filiform bou-speaker. When I intend to do any radical operation, gie. A convenient way of passing the filiform bou- I prefer incision, for then I know exactly what I am gies is first to pass into the urethra to the seat of doing. My experience teaches me that filiform boustricture a short metallic tube, and then carry the gies are not always easily passed through a stricture, even when it is of comparatively large size. Where I have met with the difficulties referred to in the I have failed to pass the filiform bougie, I have fremanufacture of the whalebone bougie. The cutting quently succeeded with a metallic instrument of fair of the bougie is often due to the instrument which size. I have never had to tap a bladder for retenpasses over it. The eye is at times so sharp that it tion, but have always succeeded, sooner or later, in

Although well aware of the eccentric position of

ago, in a case of organic stricture in which the ure-physicians. thra had ruptured. Dr. Packard had made several the larger part of the urine was passed through an medicines. opening at one side of the root of the penis. I tried, on a number of occasions, to pass filiform and other tion and sale of drugs, medicines and poisons properly bougies, but always failed. I then called a consultabelong, known as apothecaries, chemists and drugtion, intending to perform external urethrotomy. Under ether, I again failed to pass any instrument. I asked Dr. Packard to try. Passing the bougie in all of its relations; therefore, down to the stricture, he carried it transversely to the left, at a right angle to the course of the urethra, passed it in this direction for about half an inch, and then again by a right-angled turn passed the instrument on in the normal direction of the arethra through the stricture, which was not tight. The instrument State of Nebraska a Board to be styled the Nebraska was tied in, and the patient eventually recovered. like manner, a twisted filiform bougie may do good the Attorney General, Secretary of State and Auditor: service in a tight stricture. I do not think that the filiform instrument is entirely free from danger in the aminers or secretaries who shall be skilful retail hands of a tyro. There are cases in which the ex- apothecaries of seven years' practical experience, tremity has been caught in a crypt behind the stricture, a false passage made, and this erroneous ronte has been followed up with other instruments. Whalebone filiform bougies are, however, of the utmost for, and in the performance of any of its duties. value when skilfully used, and I should feel completely lost without them to fall back upon in a diffiction of five dollars per day for each days service cult case. Like Dr. Brinton, I have found it necessary to make them myself. I heartily endorse his method sary expenses, as shall be audited and found just and has entered the stricture, and have for years resorted thereof to it myself, with invariable success.

made only show that every surgeon operates according to the habit of his own mind and hand. While all moneys received in excess of said per diem allow-I do not claim that the method which I have described ance, and other expenses above provided for shall is better than that of others, I can only say that it is be paid into the State Treasury at the end of each one which I have followed for many years, which has year, and so much thereof as shall be necessary to yielded me great success in the past, and to which I meet the current expenses of said Board shall be sublook forward with confidence in the future. I believe, ject to the order thereof, if, in any year the receipts too, that uniform success in this procedure can only of said Board shall not be equal to its expenses. be secured by the use of properly constructed fili. The Board shall make an annual report and render forms, and by the observance of the cantions to which account to the State Auditor and to the Nebraska

I have referred.

STATE MEDICINE.

A PROPOSED PHARMACY LAW, Adopted by the Legislative Committee of the Nebraska State Pharmaceutical Association.

AN ACT

To Regulate the Practice of Pharmacy and Sale of Poisons, and to Prevent Adulterations in Drugs and Medicinal Preparations in the State of Nebraska.

by want of care in the sale of poisons, whether to be entitled to the same under the provisions of this Act;

the orifice of most strictures, I was particularly struck—used as such for legitimate purposes, or employed as with the usefulness of recognizing this fact some years medicines, and dispensed on the prescriptions of

And Whereas, The ability of physicians to overincisions to relieve the infiltration of urine, and when come disease depends greatly upon their obtaining the patient was turned over to me as a hospital case, good and unadulterated drugs and properly prepared

> And Whereas, The persons to whom the preparagists, or pharmacists, should possess a practical knowledge of the business and science of pharmacy

> Be it enacted by the Senate and House of Repesentatives, of the State of Nebraska, and it is hereby enacted by the authority of the same:

SECTION 1. That there shall be established in the In State Board of Pharmacy, said Board shall consist of And said Board shall appoint and choose three exactually engaged in said business in the State of Nebraska; and said Secretaries shall assist said Board in conducting all examinations hereinafter provided

Each of said Secretaries shall receive a compensaactually and necessarily performed, and such necesof procedure after the tunnelled catheter or sound reasonable by said Board for attending the meetings

Provided, that all such services and expenses, and Dr. Brinton said: The remarks which have been all the necessary expenses of said Board shall be paid out of the moneys received by said Board for fees, State Pharmaceutical Association, of all moneys received and disbursed by it pursuant to this Act. And the State of Nebraska shall in no case be liable for any such compensation or expenses.

> And Provided further that said Board shall have the power to discharge any of said Secretaries at any time and to fill any vacancy in the position of Secretary whenever from any cause such vacancy exists.

SEC. 2. The said Board shall within thirty days after its appointment, meet, and organize by the election of a President and Secretary, from its own members, who shall be elected for the term of one year, and until their successors are elected, and shall perform the duties prescribed by the Board. It shall be the duty of the Board to examine all applications for registration submitted in proper form; to grant WHEREAS. The safety of the public is endangered certificates of registration to such persons as may be

tion of all persons violating its provisions; to report more in the practice of pharmacy, but such certifiannually to the Governor and to the Nebraska State cates shall not entitle the holder to engage in such Pharmacentical Association upon the condition of business on his own account, or to take charge of or Pharmacy in the State, which said report shall also act as manager of a pharmacy or drug store. furnish a record of the proceedings of the said Board for the year, and also the names of all Pharmacists assistant, who desires to continue the practice of his duly registered under this Act; the Board shall hold profession, shall annually, after the expiration of the meetings for the examination of applicants for regis- first year of his registration, during the time he shall tration, and the transaction of such other business as continue in such practice, on such date as the Board shall pertain to its duties, at least once in four may determine, pay to the said Board a registration months, said meeting to be held on the first Tuesdays fee to be fixed by the Board, but which shall not exof March, July and November in each year; and eeed one dollar for a pharmacist, or fifty cents for an shall make By-laws for the proper fulfilment of its assistant, for which he shall receive a renewal of said duties under this Act, and shall keep a book of regis-registration. Every person receiving a certificate tration in which shall be entered the names and under this Act shall keep the same conspicuously explaces of business of all persons registered under posed in his place of business. Every registered this Act, which book shall also specify such facts as pharmacist, or assistant, shall, after changing his said persons shall claim to justify their registration. place of business or employment, as designated by

his affidavit, that he was engaged in the business of a mailed to him by the Secretary of said Board. Dispensing Pharmaeist on his own account in this | Sec. 7. All or any registrations obtained through more as a Pharmacist in the compounding of physi-properly held. cians' prescriptions, and was at said time so employed licentiate in pharmacy hereinafter described.

other Boards of Pharmacy as it may deem proper, discretion of the court. upon payment of a fee of two dollars.

to investigate complaints and to cause the prosecu- and have been employed or engaged two years or

Sec. 6. Every registered pharmacist, or registered The record of said Board or a copy of any part his certificate, notify the Secretary of the Board of thereof, certified by the Secretary to be a true copy, his new place of business. If any pharmacist or attested by the Seal of the Board, shall be accepted registered assistant shall fail or neglect to procure his as competent evidence in all Courts of the State, annual registration, or to comply with the other pro-Two members of said Board shall constitute a quorum, visions of this section, his right to act as such phar-Sec. 3. Every person who shall, within three macist or assistant shall cease at the expiration of ten months after this Act takes effect, forward to the days from the time notice of such failure to comply Board of Pharmacy satisfactory proof, supported by with the provisions of this section shall have been

State at the time this Act takes effect, in the prepar-false representations shall be void, and the Board of ation of physicians' prescriptions, or that at such time. Pharmacy may hear complaints and evidence, and he had been employed or engaged three years or may revoke such certificates as it may deem im-

Sec. 8. Any proprietor of a pharmacy who, not in this State, shall, upon the payment to the Board a being a registered pharmacist, shall, ninety days after fee of two dollars, be granted the certificate of Reg-this Act takes effect, fail or neglect to place in charge istered Pharmacist: Provided, that in case of failure of such pharmacy a registered pharmacist, or any or neglect to register as herein provided, then such such proprietor who shall by himself, or any other person shall, in order to be registered, comply with person, permit the compounding or dispensing of the requirements provided for registration as a prescriptions, or the vending of drugs, medicines, or poisons, in his store or place of business, except by, Sec. 4. No person other than a licentiate in pharmacist, a registered pharmacist or registered assistant; or except as provided in section three. Licentiates in any person, not being a registered pharmacist, who pharmacy shall be such persons not less than 18 years shall take charge of or act as manager of such pharof age, who shall have passed a satisfactory examina- macy or store, or who, not being a registered phartion touching their competency before the Board of macist or registered assistant, shall retail, compound, Pharmacy. Every such person shall, before an ex-dispense drugs, medicines or poisons, or any person amination is granted, furnish satisfactory evidence violating any other provision of this act to which no that he is of temperate habits, and pay to the Board other penalty is herein attached, shall be deemed a fee of three dollars. Provided, that in case of the guilty of a misdemeanor, and for every such offense, failure of any applicant to pass a satisfactory exam-upon conviction thereof, shall be punished by a fine ination, the money shall be held to his credit for a of not less than ten nor more than one hundred dolsecond examination at any time within one year. Iars, and in default of payment thereof, shall be im-The said Board may grant certificates of registration prisoned not less than ten days, nor more than ninety without further examination to the licentiates of such days, or both such fine and imprisonment, in the

Sec. 9. Nothing in this Act shall apply to the busi-Sec. 5. The said Board may grant, under such ness of any retail dealer engaged in business at a rules and regulations as it may deem proper, at a fee distance of not less than five miles from the limits of not exceeding one dollar, the certificate of registered any incorporated village or city, except physicians' assistant, to clerks or assistants in pharmacy, not less prescriptions, or with the vending of the patent or than 18 years of age, who at the time this Act takes proprietary medicines by any retail dealer, nor with effect shall be engaged in such service in the State, the selling of, by any person, of drugs, medicines,

chemicals, essential oils or finetures which are put up violating the provisions of this Act, upon proper in bottles, boxes or packages, bearing labels securely complaint being made to him. affixed, which labels shall bear the name of the pharmacist or druggist putting up the same, the dose ing and compounding medicines, registered under that may be administered to persons 3 months, 6 this Act, shall be exempt and free from all jury duty months, or 1 year, 3 years, 5 years, 10 years, 15 in the courts of this State, years and 21 years of age, and if a poison, the name — Sec. 13. All acts and p or names of the most common antidotes; of coperas, the provisions of this Act are hereby repealed. borax, blue vitrol, saltpetre, pepper, sulplur, brimstone, Paris green, licorice, sage, senna leaves, castor oil, sweet oil, spirits of turpentine, glycerine, glauber salts, cream tartar, bi carbonate of soda, sugar of lead, and such acids as are used in coloring and tanning, nor with the selling of paregoric, essence of peppermint, essence of ginger, essence of cinnamon, hive syrup, syrup of ipecac, tincture of arnica, syrup of tulu, syrup of squills, spirits of camphor number six, sweet spirits of nitre, laudanum, quinine, and all a report of Professor von Frisch, of Vienna, on the other preparations of cinchona bark, tincture of aconite, and tineture of iron, compound cathartic pills, or quinine pills, when such cathartic or quinine pills ject is of the highest importance, I reproduce here are compounded by, or put up in bottles or boxes the conclusions of the Vienna Professor, giving the bearing the label of registered pharmacist, with the results of his own researches: name of article and directions for its use on each bottle or box, nor with the exclusively wholesale exists in its most concentrated form in the central business of any dealer. Nothing in this Act shall nervous system (brain and spinal marrow). 2. Small prevent a physician from compounding his own quantities of the cerebro spinal substance of animals prescriptions.

any drug, medicine, chemical, pharmaceutical prep- disease in animals infected after a latent period of aration, any ingredient or material for the purpose from fourteen to twenty-one days, which disease may of adulteration or substitution, which shall deterio be transmitted from these to other animals. 3. The rate the quality, commercial value or medicinal effect, same disease, with the same symptoms and after the or which shall alter the nature or composition of such same period of incubation, may be produced in anidrug, medicine, chemical, or pharmaceutical prepar mals by intra-cranial injection with particles of the ation, so that it will not correspond to the recognized spinal marrow of human beings who have died of tests of identity or purity. Any person who shall rabies, thus proving the identity of the affection in thus wilfully adulterate or alter, or cause to be adult man and in the lower animals. 4. By the subcutaneterated or altered, or shall sell, or offer for sale any ous injection of the cerebro-spinal subtance, infection such drug, medicine, chemical, or pharmaceutical is less sure, and the period of incubation longer, than preparation, or any person who shall substitute, or by intra-cranial infection. 5. The quantity of virus cause to be substituted, one material for another, with injected under the skin appears to be in an inverse the intention to defraud or deceive the purchaser, relation with the duration of the period of incubashall be guilty of a misdemeanor, and be liable to tion: the less the quantity injected, the longer is the prosecution under this Act. If convicted he shall period of incubation. 6. By the continual intrabe liable to all the costs of the action, and for the cranial transmission of the rabic virus contained in first offense be liable to a fine of not less than ten the cerebro-spinal substance of rabbits, one obtains, dollars nor more than one hundred dollars, and for after a series of generations, a shortening of the each subsequent offense, a fine of not less than twen- period of incubation, irregular at first, but more regty-five dollars nor more than one hundred and fifty ular and always increasing later on. 7. The "fixed dollars. On complaint being entered, the Board of virus" of a period of incubation of seven days, which Pharmacy is hereby empowered to employ an analyst M. Pasteur obtains by inoculation from rabbit to rabor chemist, whose duty it shall be to examine into the bit in from forty to fifty generations, surpasses, in inso-called adulteration, substitution or alteration, and tensity, the virus of "street rabies," not only by the report upon the result of this investigation; and if more precocious appearance of the disease, but also said report shall be deemed to justify such action, the because the animals, without exception, die from Board shall duly cause the prosecution of the offen rabies, as well after the subcutaneous injection as der, as provided in this Act.

Sec. 12. The pharmacist of every house dispens-

Sec. 13. All acts and parts of acts in conflict with

FOREIGN CORRESPONDENCE

LETTER FROM PARIS.

(FROM OUR OWN COFRESPONDENT,)

Frisch's Report on Pasteur's Method.

La Sémaine Médicale, of January 1, has published researches of M. Pasteur on the rabic virus and his method of prophylaxy against rabies, and as the sub-

1. In animals which have died from rabies the virus which have died from rabies, injected under the dura Sec. 10. No person shall add to or remove from mater by trephining, provoke with certainty the same by inoculation under the dura mater. 8. The fixed Sec. 11. All suits for the recovery of the several virus does not seem to undergo by ulterior transmispenalties prescribed in this Act shall be prosecuted in sions a notable shortening of the period of incubathe name of the people of the State of Nebraska, in tion, the malady sometimes commencing after six any court having jurisdiction, and it shall be the duty days. On the other hand the period of incubation of the prosecuting attorney of the county where such of seven days is not constant, as it is sometimes prooffense has been committed, to prosecute all persons longed to eight, ten, and even twelve days. One may also obtain a period of incubation of from eight to twelve days, and consequently a virus of the same virulence as that of the fixed virus, by the transmission of street rabies, and that occasionally from the second or the third generation. 9. The procedure indicated by M. Pasteur to obtain a fixed virus of a use of injections of cocaine in minor surgery, for period of incubation of seven days, is perhaps not producing complete local anæsthesia by injecting the only one, as the said virus may sometimes be into the part, through a fine needle, one or two drops obtained much earlier, independently of the trans- of a four per cent, solution of cocaine. For this missions, and this virus is constant in its effects and purpose I use the thinnest steel needle procurable in its period of incubation. 10. The virulence of a very delicate needle sold by Tiemann & Co., which portions of the spinal marrow diminishes from one they bill as "Green's." day to another by dessication at 20° centigrade over. My experience leads me to think that some of the caustic potash, and is completely destroyed after a surgeons using cocaine for local anæsthesia inject dessication of twelve or fourteen days. 11. Animals more than is necessary. Its local action, as I have that have been subjected to subcutaneous injections observed it, is anæsthetic and anæmic. When inof a series of attenuated inoculations (by more or jected it causes much more local congestion and irless lengthened dessication), are rendered refractory ritation of the integument than morphine. It greatly to the stronger virus by the previous inoculations aids morphine to relieve any form of neuralgia, eswith the weaker virus, if the stronger virus have not pecially facial, and migraine. Is it the hydrochloric been used in too rapid succession. 12. Animals acid that chiefly causes the local irritation? Is the which have been inoculated subcutaneously during plain drug cocaine less irritating than the hydrochloten days with virus of progressive virulence (spinal rate, benzoate, etc.? I cannot answer from expemarrow from ten days to one day) have not been rience. A full dose hypodermically-gr. ss-j, often refractory to infection with the fresh virus of "street much less-will cause quite free sweating, and frerables," and have only exceptionally escaped after quently a momentary sense of painless dilatation of intra-cranial infection. 13. Rabbits and dogs infected the heart, a peculiar feeling, like that sometimes felt after trephining with the virus of street rabies of six- in the beginning of syncope. I believe its effects teen days' incubation have, without exception, suc- are toxic in most cases when more than one-half cumbed, notwithstanding the preventive treatment grain is given hypodermatically, although the dose, already described. 14. M. Pasteur attributed to the as of other drugs, varies in effect according to temmethod of slow vaccinations the unsatisfactory results perament, use, state of system, etc. obtained previously by M. von Frisch, and recommended a more rapid procedure. The experiments on my own person, for the relief of intense neuralgic animals died of rabies. 15. These experiments have medicine being injected under the skin, as usual. not confer the same certainty of immunity against peared to be quite devoid of sensibility. the stronger ones of a series of dogs and rabbits, to in the preceding paragraph, and in which the rapid finger, which he had pricked slightly, with a needle, process was carried out without previous infection, during an amputation of a gangrenous finger the day most of the animals died of rabies. 16. Most of the before. It was decided to incise the finger, freely, animals which were submitted to the preventive to the bone, to relieve tension, and he sat there incubation was thirty-four days.

M. von Frisch asserts that these experiments show to try it. that M. Pasteur's method of rendering animals refractory to rabies is, as yet, not quite certain. There is of the finger, into the skin only, two drops of the not yet a sufficient scientific basis for the application cocaine and morphine solution. A moment later in man of a preventive treatment after the bite of a the doctor deliberately plunged his bistoury down rabid animal. Moreover, it is quite possible that by through the periosteum and cut outwards, making a the preventive treatment itself, at any rate by the gash in the skin eight lines in length. He cut as derapid procedure recently recommended by M. Pasteur, the malady itself may be transmitted. In taking instead of himself, never wincing in the least, and a glance over what precedes, it will be seen that the exultingly exclaimed that it did not hurt at all. conclusions 1, 2, 4, 5, 6, 7, and 10 only concord with those of M. Pasteur.

DOMESTIC CORRESPONDENCE

COCAINE IN MINOR SURGERY.

Dear Sir:—I desire to give my experience in the

During the last half year I have several times used, carried out conformably to M. Pasteur's instructions pain, Magendie's solution of morphine, to which a have given no favorable results whatever; all the four per cent, solution of cocaine was added, the demonstrated a very important fact: that is, that by For five minutes or so after each injection an area the rapid procedure, the weaker spinal marrows do of two to four inches surrounding the puncture ap-

On January 2 my partner, Dr. W. A. Cottle, was which have served as a control experiment, referred suffering agonizing pain and inflammation of his foretreatment after subcutaneous inoculation with street dreading the knife, as doctors do, yet too proud to rabies, died of the disease, even when the period of inhale ether. I suggested cocaine, only to be laughed at, but on mentioning my experience was permitted

Accordingly I injected, near the centre of the ball liberately as he could have if I had been the victim

With the fine implement above named scarcely any pain is caused by the puncture, which may go through the skin or into it, so that it reach the absorbent vessels. The opening of abscesses and telons, too often postponed from sheer dread of the knife, may thus small member may be amputated painlessly, without the says: "It is my pleasure to call your attention to general amesthesia, by injecting cocaine in two or this important and steadily growing valuable branch

the gums has been generally voted a failure. I would two county boards of health, besides securing to each suggest a trial of it by injecting a drop or two into- of the large towns in the State an efficient municipal the gum on each side of the tooth, believing it will health board, thus bringing the people of the entire greatly diminish the pain. Use only the very thin State practically under the most intelligent sanitary needle named above, for one might as well suffer the supervision and administration, which contemplates operation as the use of such crow bars as I have seen the remedy, if possible, of all those causes which physicians employ.

generally used in this way.

Very respectfully,

Almon Clarke, M.D.

Sheboygan, Wis., January 6, 1887.

LOCAL ANÆSTHESIA.

tober reference is made to a suggestion of Dr. Besides which the Board has issued monthly a 'Bul-Franklin H. Martin, of Chicago, who utilizes the letin' giving the influence of climate upon diseases, properties of the galvanic current discovered by together with the prevailing diseases of the State, Haertner, who ascertained the valuable fact that month by month, and the death-rate per 1000 popuparticles in solution would, under the influence of a lation so far as under existing law it can do so. In galvanic current, pass through permeable bodies from this connection it is not inappropriate to suggest that the positive toward the negative pole of the battery. there is no law in our State now looking to the con-This important fact caused the writer to experiment tinuance and proper connection and preservation of on the best mode of applying it so as to produce the 'vital statistics' of Tennessee. This Board of local anæsthesia and other influences. I think my Health has done, and is calculated to do, much sciplan superior to that adopted by Dr. Martin, although entific and practical good, and is most efficient as it the same principle is involved in both.

I draw on the part to be experimented upon a hard-rubber cup of any size, under which I put a current turned on.

J. W. HARVEY, M.D. Very truly yours,

Indianapolis, Ind., December 20, 1886.

MISCELLANEOUS.

be relieved of its terror. It is now known that a the State Board of Health. In his annual message three places around the limb near the line of incision. of the State service. During the past two years, un-For relief in extracting teeth, cocaine applied to der its auspices, there have been organized eightyproduce human sickness, and which intensify and fa-I venture the hope that cocaine may soon be more cilitate the ravages of all epidemic diseases. Through instructive circulars, which have from time to time been extensively circulated over the State, the State Board of Health has offered to the people valuable suggestions and advice, based upon the latest devel opments of science, regarding the most approved methods of preventing or restricting the spread of those domestic plagues which in the past have an-Dear Sir:—In an article in The Journal of Octunally left desolate so many homes in Tennessee. is now organized."

TOOTH POWDERS.—Prophylactic medicine is of piece of light rubber cloth, pierced by a small brass greater value to the public than curative, although wire, to which is attached, on the under surface, a they are slow to give it its due; hence the subject of brass button. Around this I wind cotton wool, which, tooth powders may be of some interest. The necesbeing saturated with a 14 per cent, solution of murissity of keeping the teeth clean, with a view to the ate of cocaine, I place under the cup, and on pro- prevention of future trouble, is overlooked by too ducing suction the whole appliance is drawn to the many, even in the higher classes, sometimes from The rubber cloth, being held by the rim of the carelessness, sometimes from ignorance. Now, cancup, makes a nice pressure upon the part to which it not the medical attendant do a great deal to combat is applied. The blood is drawn to it by the suction, this state of things? The dental surgeon is often and the tissue is thereby made more permeable, asked, "How soon should the first tooth-brush be The wire is united with the negative pole and the used?" "As soon as there are teeth to use it upon" should be the reply. An ideal tooth powder should I have in this way produced the most satisfactory be alkaline, since acids dissolve the tooth substance; results, and at the same time most permanent. Air finely pulverized, that it may not mechanically abrade; being excluded from the solution, no evaporation antiseptic, to prevent decomposition of food lodged takes place. The appliance is hard to explain with- between the teeth, and perhaps to destroy the miout diagrams, but I trust my suggestion will be suffice crobes which are always found choking the tubules ciently explicit for those who may wish to utilize it, of carious dentine; it should contain nothing irritat-The cup and rubber appliance referred to can be ing to the gums; and, lastly, it should be pleasant to used in many ways in local and surface medication. the taste, or it will not be used. Fluid dentifrices do not, as a rule, clean the teeth effectually, unless they contain some ingredient which acts upon the enamel itself; and those preparations which are eulogized as making teeth white or preventing the deposit of tartar, should be avoided. Charcoal was at one time a very popular form of dentifrice, and is even now largely used, but from the amount of silica it con-TENNESSEE STATE BOARD OF HEALTH.—The Gov- tains it will rapidly wear away teeth that are not of ernor of Tennessee pays a well deserved tribute to exceptional hardness; and, moreover, the gums in

said to make the gums spongy. Precipitated chalk forms the best basis for a tooth powder, to the base of which may be added pulv. saponis and ol. eucalypt., a drachm of each; and, if there is no objection to the taste, half a drachm of carbolic acid.—Lancet, January 1, 1887.

Necrological.—The members of the Council of the New York State Medical Association, while humbly submitting to the decrees of Providence, realize with much grief that the year now closing is made notably sad in the loss by death of so many of their Fellows whose labors have largely contributed to the honor, dignity and usefulness of the medical profession. They now mourn the loss of the second Pres- of hysterical attitude. ident, Dr. John Perdue Gray, whose aid, wise councils, and personal work have been of such signal sociation, and with the medical profession at large, they sorrow for the death of one who had rendered himself so useful to the State in the guidance of the Dr. Philip T. Harvey, U. S. Army, has been apcharitable work in the department of medicine in pointed to fill the vacancy. which he had become a shining light. The Council, therefore, resolved, that the above be published in the forthcoming volume of the Transactions of the Association, and in the medical journals, and that a copy thereof be transmitted to the family of the deceased, more than eight hundred items. E. D. Ferguson, Secretary.

January, 1887.

DISINFECTION OF CABS.—At the meeting of the Society of Medical Officers of Health, on Nov. 19, the Council advised the following method of disinfection: The cushion and as much of the internal fittings as are movable should be taken out of the cab and put in a disinfecting oven, where such is available; if there is no disinfecting chamber, the cushions, after having been taken out, if movable, them on end so as to expose both surfaces to the action of the chlorine gas which is subsequently used. All exposed woodwork on the inside of the cab should be washed with carbolic acid soap; and carbolized oil should be smeared over the metal work, with the view of disinfecting it, and protecting it from the action of the chlorine. Chlorine gas should be evolved inside the cab, and the cab shut up and kept exposed to the fumes for one hour.—British Medical Journal, Jan. 1, 1887.

Dr. Charcot.—George Augustus Sala says: Dr. Charcot is surely one of the most ingenious of medical mankind. He is a specialist in hysteric and hypnotic cases, and I read that, having satisfied himself

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM JANUARY 15, 1887, TO JANUARY 21, 1887 notic cases, and I read that, having satisfied himself as to the practicability of transferring paralysis, ner- Major W. H. Forwood, Surgeon, ordered for duty at Ft. Meade, your contractions, and cataleptic symptoms from one patient to another, he is now about to extend his experiments to hysteric dumbness. "A female patient affected in this manner was placed back to back with a women who had been for a long time cataleptic. By means of the magnet the dumbness was transferred from one patient to the other with the same

some instances become tattooed in a curious manner regularity as marked the experiments in paralysis. from absorption of minute particles. Pumice pow- By continuing these tests, Dr. Charcot hopes to be der, again, is too gritty; and camphorated chalk is able completely to restore speech to tongue-tied patients." The mention of Dr. Charcot's name reminds me that he has written an editorial preface to a book which, artistically, is one of the most extraordinary on which I have ever set my eyes. You know what Sir Charles Bell, what Lebrun, what Darwin and Lavater have done in delineating the passions and emotions of the face; but for a series of terrific pictures illustrating the passions of the body, let me commend you to the "Etudes Cliniques sur l'Hystérie-Epilepsie ou Grand Hysteric," by Dr. Paul Richer, one of Dr. Charcot's pupils. Dr. Richer is an accomplished draughtsman, and his bulky and most appalling volume is embellished with a large number of etchings and woodcuts portraying every conceivable variety

Dr. Thomas E. McArdle has been compelled, service. In common with all the Fellows of the As- on account of ill health, to resign the position of Professor of Surgery in the Medical Department of the National University, Washington, D. C., and

> Russia and Patent Medicines.—The Russiau Government will prohibit the importation of patent medicines, and the published prohibited list contains

Reporting of Contagious Diseases. — The Mayor of Columbus, Ohio, has given notice that for every violation of the law requiring physicians to report contagious diseases he will fine and imprison the offender.

Weekly Medical Review.—Dr. B. J. Primm succeeds Dr. Robert Luedeking as associate editor of this journal.

The Building of the College of Physicians well beaten and dusted, should be replaced, putting AND SURGEONS, New York, has been sold to an icecream firm.

> An Italian Hospital.—The wealthy Italian residents of New York are raising funds for establishing a hospital for Italians.

> Dr. RAYNER, in the London *Times*, advocates the treatment of mental diseases at general hospitals.

> The University of Bologna will celebrate its seventh hundred anniversary in the spring.

Dak. Ter. S. O. 5, Dept. Dak., Jan. 14, 1887.

Major John Brooke, Surgeon, ordered for duty as Post Surgeon at Ft. Monroe, Va. S. O. 10, Div. Atlantic, Jan. 14, 1887. Major W. H. Gardner, Surgeon, ordered for duty as Post Surgeon at Ft. McHenry, Md. S. O. 10, Div. Atlantic, Jan. 14. IS57.

Major B. F. Pope, Surgeon, ordered for duty at Ft. Clark, Texas. S. O. 15, A. G. O., Jan. 19, 1887.

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No. 6.

ORIGINAL ARTICLES.

FRACTURE OF THE ANATOMICAL NECK OF THE SCAPULA.

BY H. B. HEMENWAY; A.M., M.D.,

OF KALAMAZOO, MICH.

aged 51 years, lympho-sanguineous temperament, five process with the toes of my right foot. First alone, feet seven inches in height, and weighing 200 pounds. and then with the aid of a neighboring gentleman, head and right hip.

from the tip of the acromion process. I passed my carried in a sling. finger down the spine of the scapula without discovhumerus.

I first tried to reduce the dislocation by manipula- in the morning, relieved by sneezing. tion, but without success. Since the patient was well

cipated some little difficulty in the reduction of the dislocation. I accordingly placed him upon a lounge. To protect him from the cold while we were working at him, I drew his flannel undershirt over the shoulder. I am now sorry that I did this, for it hid the shoulder from view, so that I did not know when the dislocation was reduced.

I next placed my left foot against the side of his Early in the evening of December 28, 1885, I was chest, below the shoulder, as a counterbrace. I afcalled in haste to see Dr. R. J., American, temperate, terwards assisted this foot by grasping the acromion A few minutes before, the doctor had started out of I made side extension upon the arm, at right angles his house to walk down town. He was eating an to the body. I did not hear nor feel the slightest apple at the time, which perhaps tended to make him thud or jerk, so familiar in the reduction of dislocamore careless. In his right hand he carried a heavy tions. Then I changed and put my heel in the axwalking stick. He was hardly off from his front steps illa. I made downward traction on his arm, and, before he slipped upon the sidewalk. He tried to using my foot as a fulcrum, I passed the lower end regain his equilibrium. After stumbling along a few of the humerus gently but firmly toward the patient's feet he fell, striking his left arm, just below the chest. Again meeting with no apparent success, I shoulder, heavily upon the edge of the raised side-announced that I must give an aniesthetic. Before walk. His body was twisted, for in the fall he hit his proceeding to do so, however, I examined the shoulder. To my surprise, there was no cavity under the When I arrived at his residence I found him seated acromion. I removed the covering and made a carein a chair, holding his arm so that the elbow was ful examination of the shoulder, both by touch and about five inches from the side of the body. He sight. I could discover no abnormality of shape or stated that that was the most comfortable position he position. Though voluntary motion was in a degree had found. Upon removing his clothing it was easy lost, the left arm could be placed in any position to see that the head of the humerus was absent from into which the right one could. The motions of the its usual place. On account of the thick clothing arm revealed no sign of fracture. Now, however, I which he wore at the time of the accident, there was found what I had not found before, namely: that no indication of bruise apparent. I made no meas-pressure just below the end of the coracoid process urements, but I thought the injured arm was slightly gave crepitus. Pressure upon the coracoid process longer than normal. The acromion and coracoid did not produce crepitus. I therefore changed my processes were very prominent. Under them was a diagnosis from simple dislocation to fracture of the cavity. The upper extremity of the humerus did not anatomical neck of the scapula, and directed that the stand out further than, if as far as, a perpendicular elbow be bound to the chest and that the forearm be

That night the arm was not bound to the chest as ering any abnormality. The clavicle was in place directed. In the morning the patient found his and entire. I could feel the head of the humerus in shoulder not quite so easy, but thought it not strange, the axilla. There was no tumor under the coracoid 11e thought in the night during his sleep he turned process, nor under the spine of the scapula. I could and lay for a time towards his injured side. He had find no crepitus anywhere. Though the elbow did a dim memory of something of the kind. After getnot stand out prominently, and though it could be ting up he happened to sneeze, and at that time he brought to the chest, I diagnosticated the case as one felt a slight jar of the shoulder. Immediately thereof simple subglenoid dislocation of the head of the after his joint became more comfortable. Two days later he had a repetition of the uncomfortable feeling

January 14. 1886.—I found some ecchymosis of and strong and not relaxed by drug or drink, I anti- the left arm and chest. Arm doing well. The head

of the humerus seemed to me a very little forward and below its natural position. No special soreness in the shoulder joint. Pressure towards the body upon the head of the humerus did not produce pain. Pressure below the tip of the coracoid did produce pain. Voluntary motion was returning. The doctor reported that it was improving rapidly. When the was not greatly restricted. elbow was raised to the level of the shoulder, pain was felt along the track of the musculo-spiral nerve. and not under the coracoid process.

Fracture of the anatomical neck of the scapula is very rare. Gray, in his "Anatomy," does not mention the possibility. Stephen Smith in his "Operative Surgery," Hamilton in his "Surgery," Ranney in his "Surgical Diagnosis," do not mention it. F. Hamilton, in his work on "Fractures and Dislocations," says that it is very rare. Its existence "uncomplicated scapula. by comminuted fracture of the glenoid cavity is denied by Sir Astley Cooper, South, Erichsen, and others." No specimen is in any of the museums of London, and Hamilton has not been able to find one scapula, because: in any of the museums in America. Gross, in his work on "Surgery," says: "It is not improbable that together, with the scapula, and not with the humerus. the edges of the glenoid cavity may occasionally be violent propulsion of the head of the humerus. remarkable, however, that the existence of such a lesion has never been demonstrated by dissection." The "International Encyclopædia of Surgery" men-\tendency towards a return of the deformity. tions the case reported by Assaky to the Société glenoid cavity was found, but that was accompanied the scapula, for that was entire so far as I could dis with other fractures.

Such being the opinions of our distinguished surgeons, men recognized as authorities on the subject, surgical necks of the humerus, because: it is incumbent upon me to give my reasons for diagnosticating the case as I did. When the accident occurred, I did not think of the case being unique, or I should have called on other surgeons to verify my diagnosis. I give, therefore, my argument.1

The case was not one of simple subluxation, because:

- humerus, instead of being more prominent, was less prominent. A ruler laid along the external border of the arm, while the elbow was by the side of the chest, would touch the acromion process.
 - Reduction by manipulation did not occur. 3. Crepitus was discovered after reduction.
- 4. The head of the humerus could be felt in the axilla.
 - 5. There was no "thud" on reduction.

It was not a simple subglenoid luxation of the head of the humerus, because:

- Crepitus was present.
- 2. The elbow did not stand out prominently from the thorax, but the axis of the arm was nearly parallel to the chest wall.
- 3. Of the case with which it was reduced by traction.
 - 4. Of the absence of the "thud" on reduction.
- It was not a subclavicular nor a subcoracoid luxation, because:
- ⁴ This paper was read to the patient, in order to make sure that it contains no errors of fact

- 1. Crepitus was present.
- 2. The elbow could touch the chest.
- 3. The elbow was not drawn backward.
- 4. It was reduced easily.
- 5. The arm was slightly lengthened.
- 6. Communicated motion forwards and outwards
- 7. The head of the humerus was felt in the axilla,
- 8. The coracoid process was prominent.
- 9. No "thud" was heard or felt on reduction.
- It was not a subspinous dislocation, because:
- 1. There was crepitus.
- The depth of the shoulder was not increased.
- The tumor was felt in the axilla and not on the
 - 4. The elbow could touch the chest.
 - 5. No "thud" was heard on reduction.

It was not a fracture of the surgical neck of the

- 1. The acromion and coracoid processes moved
- 2. There was a marked depression and space, bebroken off, either by direct force, or by sudden and tween the acromion and coracoid processes above, It is and the humerus below.
 - I could discover no crepitus before reduction.
 - 4. When reduced there was no great or marked
- 5. Pressure on the scapula posteriorly did not pro-Anatomique, in which a stellated fracture of the duce pain. Nor was the break through the spine of cover by palpation.

It was not a fracture of either the anatomical nor

- 1. The limb was lengthened rather than shortened.
- 2. Movements of the humerus at no time produced crepitus.
- 3. The acromion was very prominent, and the depression below it deep.
 - Reduction was permanent.

I do not think there was a comminuted fracture of 1. Before reduction the upper extremity of the the glenoid cavity, because, in that case, there would be a greater tendency towards the return of the deformity after reduction. With a comminuted fracture of the head of the scapula there would be too little resistance to the sinking in of the head of the humerus. Moreover, pressure from the side upon the shoulder would tend to separate the fragments, and would therefore produce greater pain than was present in this case. The greatest pain upon pressure in this case was caused by pressure backwards just below the coracoid process. Further, in a fracture into the joint, we should expect more indications of synovitis than were present in this case.

The fracture may have entered the glenoid cavity. The slight change in the shape of the shoulder after reduction may be due to such a fracture, but not necessarily so. If the fracture did enter the glenoid cavity I think it must have been a simple fracture, and by far the greatest portion of the head must have been broken off. A study of the shape of the scapula strengthened by the ligaments will indicate that probably if much of the head is broken off, the frac-

ture would be one of the anatomical neck.

anatomical neck of the scapula?

- 1. There would be downward dislocation, with possibly dislocation either forward or back. dislocation would be caused by the blow received, tion to see another case, the record of which I will and when once displaced the broken bone would catch in the muscles. The coracoid and acromion processes would stand out distinct. There would be quested by my friend, Dr. W. H. Schaberg, to go a cavity below the acromion.
- 2. In proportion to the amount of dislocation it of the shoulder joint. would be difficult to obtain crepitus.
- the side on the shoulder.
- 4. The arm might be slightly lengthened, though not reduced for a week. not as much so as in the simple subglenoid luxation.
- broken head of the scapula, and the latter would be to witness a sham battle. The long ride and excitecaught in the muscular tissues surrounding, movements of the arm would not produce crepitus, and reaching home she was sitting alone in the bed room, would only produce pain, when it was raised to such getting the baby to sleep in her arms. Hearing a a position as would stretch the injured muscles.

the axis of the same might not be parallel to the Infalling she struck on a crib by the side of her chair. chest, unlike a subglenoid luxation the elbow might touch the chest.

- would be in proportion to the obliquity of the frac-
- but reduction by lateral traction would be compara- and even the weight of her arm, was very painful. tively easy, and without a noticeable "thud."
- outwardly.
- thrown backward, forward, nor outward; but
- elbow a few inches from the chest.
- ent.

bones in place after reduction of the dislocation:

- A. To hold the humerus up: 1. The coraco hu four hours after the accident. meral ligament. 2. The deltoid, coraco bracialis, short head of the biceps, triceps, supra-spinatus, and form. We could not reduce the luxation by mampthe superior fibres of the pectoralis major muscles.
- humeral ligament. 2. Pectoralis major, and short ward to the level of the shoulder, and the head of head of the biceps muscle.
- mus dorsi and scapular muscles.

place. The head of the humerus must be kept up, my hold the luxation returned. and quiet. To accomplish this the elbow should be as that would tend to crowd the injured pieces to-ably impacted, with fracture of the acromion. gether, and cause them to slide on each other. Were I to treat another case I should use an ample axil. Three days later we removed bandages and substi-

What should we expect to find in a fracture of the lary pad to act as a fulcrum, and take off the lateral pressure.

> Since writing the above I was called in consultahere give for comparison:

Late in the evening of August 18, 1886, I was rewith him into the country and see a case of luxation

The patient, Mrs. B., aged 40, was a farmer's wife. 3. In so fleshy a man the only way to obtain crep- Since girlhood she had been subject to epileptic itus would be pressure from in front back, just below seizures. Six times, during these spells, she had fallen the coracoid process, and possibly by pressure from and dislocated her left shoulder. Once, although a physician was promptly summoned, the luxation was

Upon this day the family came down to Kalama-5. Since the humerus would move freely on the zoo to visit the Soldiers' and Sailors' Reunion, and ment of the day quite exhausted Mrs. B. After noise, the family ran in and found her lying on the 6. Since the head of the humerus would not be floor. She said that generally she had a little warncaught on the edge of the head of the scapula, though ing, but this time she fell without any premonition.

Upon examination we found a thin, nervous woman, of bilious temperament, and in feeble health. 7. When reduced the abnormality would not show She was quite the opposite of Dr. J. She was seated a marked tendency to return. Such a tendency in a chair. Her left arm hung parallel to her chest, with forearm and elbow supported on a pillow. She said it looked and felt different from other times, but 8. Reduction by manipulation would not occur, she regarded it as a simple dislocation. All motion, Arm shortened. Acromion prominent, with cavity, 9. The arm would be neither rotated inwardly nor though not deep, below it. Elbow could easily touch the chest. With hand on right shoulder elbow touch 10. The elbow would neither be prominently ed the chest. The coracoid process moved with the scapula, not with humerus. The acromion was 11. The arm would be most comfortable with the cracked off from the spine of the scapula about an inch and a half from the tip of the process. No un-12. Paralysis of voluntary motion might be pressusual point of motion in humerus detected. Could not feel the head of the humerus in the axilla. The In such an injury, there would remain to hold the pain was intense in the joint only, not in hand, There was very little swelling, though it was then

To facilitate examination we administered chloroulation, either before or after using the anæsthetic. B. To prevent backward dislocation: 1. Coraco Rotation of the arm, when the elbow was raised forthe humerus was pressed against the scapula, pro-C. To prevent forward dislocation: The latissis duced crepitus. Crepitus was not produced by backward pressure below the coracoid process. With The points in treatment are: First, reduction by very little force I could reduce the luxation by lateral lateral extension. Secondly, to keep the bones in traction with slight rotations, but as soon as I relaxed

Dr. Schaberg was inclined to think it was a fracbound to the chest, and a bandage should be passed ture of the anatomical neck of the scapula, with fracunder the elbow and over the shoulder. The bands ture of the aeromion process. I diagnosticated it a age around the chest should not extend too high up, fracture of the anatomical neck of the humerus, prob-

The case was treated as above recommended.

be easily felt just external to the coracoid process, uneasy, sinking, unendurable character. Deformity is slight, and motion not greatly impaired.

A CASE OF CONCEALED PLACENTAL HÆMORRHAGE BY VIRGIL McDAVITT, M.D.,

OF QUINCY, III.,

Mrs. L. T., aged 24, of German descent, and of and easy, was badly frightened while driving on Au- sake of the mother's safety. gust 3, 1886, being then, as she thought, about four tion occurred that medical aid was sought.

and anxious; feels as if suffocating; pulse feeble al- under surface of the liver. most to extinction; has a feeling of great distress in Cannot by palpation make out any uterine tumor.

pregnancy with rupture of cyst, or utero-placental were given every two hours. rupture. Treatment: ergot, opiates and astringents. aging to the abdomen.

the tissues. Treatment continued.

under the influence of occasional doses of bismuth and morphine, added to the specific remedies above succeeding days, the condition of the os remaining stated, and the uterus gradually gathered itself into much the same, no farther dilatation taking place, the hypogastrium about and after the third day, as the show of blood and mucus subsiding, and her genan indistinctly outlined soft mass, but there was no eral appearance, pulse, color and everything apparrelish for food, and the sense of faintness attended ently improving, the uterus having resumed its glob-with ransea, and slight uneasy pains recurring free ular form and distinct motion in the fætus having be-

tuted adhesive plasters, much to the comfort of the quently during every twenty-four hours, made the patient. Since then I have not seen the patient, life of the patient miserable and led to a feeling of but am informed that she made a good, though slow, great insecurity and danger on the part of the physirecovery. Dr. Schaberg tells me that a callus can cian. The pain had never been severe, but of an

From the first the external os was soft and patulous, so that a finger could easily enter to the depth of the internal os, which was firmly closed. The child, which had shown previous signs of quickening, as the mother thought, was quiescent, and no sign of life could be detected from fætal motion or heart This condition continued, with occasional aggravations, until about September 12, when the symptoms of nausea, faintness, pallor and indefinable good form and constitution, having previously borne pain, uneasiness and exhaustion, became so much two healthy children at term, the labors being natural aggravated as to call imperatively for relief for the

In the meantime there had been perceptible growth months pregnant, and believing that she had repeat- in the abdomen, but no definite signs of life in the edly felt motion in the child. After the ride, although child could be made out, and at this time again, as not feeling well, she had no serious symptoms until at all times since the inception, when there was much the forenoon of the next day, when a sense of nau-faintness, the uterine tumor disappeared to the sense sea, faintness, and dull pain in the left side came on, of feeling, and the fœtus, which could now be disand gradually increased until-such alarming prostrationally located through the exceedingly lax abdominal walls, appeared to wander indifferently about the I saw her first at 1 P.M., when her condition was abdominal cavity, was apparently lying along the right as follows: Very pale and faint; breathing rapid, side of the abdomen, reaching high up near to the

I requested counsel in the case, which was not seleft side of abdomen, reaching from crest of ilium to cured until the following day, when Dr. G. W. Edihypochondrium.— At this point there is much tender-- son was called, at which time the condition was much ness to pressure, which increases the distress and the same, viz.: great pallor, pulse very feeble and faintness. Abdomen generally soft, with some sense frequent, frequent faintness and nausea with sickenof fulness on the left side, as from accumulated fluid. ing. sinking pains, and rarely one approaching a labor pain in appearance. Abdomen very much relaxed, Per vaginam.—Os high up. No apparent dilata- child still lying on right side, reaching high up, os tion, no harmorrhage or discharge of any kind. Be patulous externally; internal os closed. It was conyond the os and cervix cannot detect the expanded cluded as best to use ergot and opium in small and body of the uterus, as it should be found at this stage-frequent doses, hoping gradually to-promote uterine of normal pregnancy. Diagnosis uncertain, but that | action with dilatation of cervix, and thus bring on of concealed hæmorrhage best comports with the labor, and also to use alcoholic stimulants very freely. conditions of the case; caused either by extra uterine Ext. ergot (Sambbs), gtts. v, tr. opii. deod., gtts. v,

The day following there appeared to be some rewith free alcoholic stimulation, cold, and tight band laxation of the internal os, but so much nausea had been caused by the medication that some change in August 4.—Still has spells of great faintness and it was demanded, when ext. belladonna and ext. nux difficult breathing, attended by profound exhaustion, vomica, each Je drop, were added to the dose of Find more marked sense of fulness in left side. Can | medicine, with enough of ess. cinnamon to disguise not yet make out any definite uterine tumor, or clearly the disgusting flavor of the ergot. Next day the detect the locality of the fœtus, probably on account 'pulse was better, faintness less, internal os so dilated of the increase of faintness and extreme flaccidity of that two fingers could be passed within the cavity; but the fætus kept high up, no part presenting at in-August 5. Condition much the same as on yesters ternal os. I endeavored by dilating with the fingers day, but the bad symptoms not so extreme. Treat to force labor, but, aside from a few pains induced by the direct irritation, no labor pains followed. Some The sense of faintness and nausea gradually abated show of bloody mucus appeared during the day.

the treatment and await the indications of nature.

21 I found that true labor pains had been felt with first appeared externally, cannot be told, but no some regularity during the preceding night, and on place was found upon the surface of the placenta examination found the os soft and pliant, the internal showing marks of long separation from the uterus, os dilated so that two fingers could easily pass and and all the abnormal appearance of dark blood about detect a vertex presentation. Everything now indi- the placenta was that found spread through its tissue cated a speedy termination of the labor. Heft about and in one or two of the sulci. If the amount of 8 A.M., with instructions to call me if the pains be-blood lost from the vascular apparatus, and forming came frequent or severe. I was called at noon and the concealed harmorrhage, was not sufficient to cause found the pains recurring every five minutes. Found the profound symptoms noted as existing in this case, but little progress in the dilatation of the os, but for what was the cause? Was it the nervous element of the first time the membranes were pouching in the shock? If so, why was it delayed so long after the cervix. Waited two hours, and the head not engag-fright she received, which occurred on the day before ing in os, ruptured the membranes to hasten delivery, my first visit? as the os was dilating so slowly and the woman was much exhausted.

was found to be making slow progress, the os dilating could be felt by most careful palpation, leading at with provoking deliberation. I again left her at 6 first to the strong suspicion of extra-uterine preg-P.M. for an hour, and on returning found some pro-nancy. Nor did the uterus contract so as to be gress made, but the case lingered until 10:15 P.M., clearly mapped out by the hand, until she had been when she was delivered of a very small male feetus. under the continued influence of ergot and opium, Sexual apparatus very rudimentary. It made occa- with abundance of alcoholic stimulation, for two days. sional respiratory efforts for five or ten minutes, when they ceased. The after-birth was delivered partly by diagnosticated from ordinary syncope by the severity the Créde and partly by the old method, after a delay and persistence of the symptoms. Uterine pain, he pulsion was much blood, in large clots, which were character, but true labor pains may be entirely absent.

but, except for these extravasations, appeared healthy. immature to sustain life. The extravasa ed blood appeared nowhere to pass beyond the thin border surrounding the placenta, none appearing in the layers of the membranes.

greatly to exceed what might have been supposed to result from the apparent quantity of blood found extravasated within the placental meshes, which was of Read before the Chicago Medical Society, January 3, 1887. a decidedly dark color, showing that it was not of recent origin, and was doubtless the result of the first hæmorrhage. The clots of blood passed at the ex- member of the amprican medical association, chicago medicopulsion of the placenta appeared altogether too bright in color to have been cast out of the vessels hardly have contributed to the first serious onset of medium height; temperament exceedingly nervous,

come manifest, I thought it best to partially suspend the trouble seven weeks before. How much of the fluid blood passed at the time of delivery, and which On making my visit on the morning of September seemed darker, might have been pent up and now

Authors tell us that in concealed uterine hæmorrhage the uterus is more tense; but here, during the I left her after 3 o'clock until 5 P.M., when labor greatest gravity of the symptoms, no uterine body

This form of hemorrhage, according to Playfair, is of twenty five or thirty minutes. Following its ex-says, is generally present, of a tearing or stretching red and fresh-looking, as having just escaped from Goodell estimates the mortality in this class of cases the vessels, with a good deal of darker colored fluid at fifty-four in the 106 cases noted. Galabin reports There was probably altogether between two them as extremely rare, only one case of concealed and three pints of blood, possibly somewhat more, hæmorrhage having occurred in thirty one cases of She was much exhausted during the later hours of puerperal hæmorrhage in the wards of Guy's Hospilabor, but was sustained with wine and the ergot tal. Cazeaux speaks of a class of cases in which mixture before spoken of. After delivery the uterus, the blood is effused into the placental tissues as plashowed signs of relaxation, and fearing any additional cental apoplexy, but passes them as cases in which loss of blood, ice was applied to hypogastrium, with the woman's life is never compromised, but in which the effect of causing speedy firm contraction. After the death and premature expulsion of the feetus is a few intermittent applications of ice and doses of apt to occur. Here, for forty eight hours, and to a the ergot mixture and wine, she remained comfortable. less extent during the interval and including the The placenta presented extravasations of dark third day, the woman's life hung as by a thread, reblood, effused through its meshes, over a large part quiring the most powerful stimulation, local applicaof its uterine surface, and in some of the sulci, imetion of cold, tight abdominal bandaging, and the free bedded in the tissue, were seen larger quantities, as use of ergot and opium to save her life, while the though walled within a sinus, through the coats of feetus, greatly enfeebled, showed no signs of life until which it had percolated into the surrounding tissues. the sixth week from the onset, and at the seventh was The placental tissue was soft and easily broken down, born alive, dying within a few minutes because too

The gravity of the symptoms in this case appeared A CASE OF PYELITIS OF NINETEEN YEARS' DURA-TION CAUSED BY A RENAL CALCULUS. RECOVERY.

BY AUGUSTUS V. PARK, M.D.,

OF CHICAGO.

LEGAL SOCIETY, CHICAGO MEDICAL SOCIETY, ETC.

The case I have to present to the Society is long anterior to the closing period of labor, and could that of William P., aged 30 years; of slight physique,

1885; I found him in great agony—indeed his suffer- entire amount of his urine had been saved and exing was exeruciating in the extreme. I found the amined day after day for weeks at a time and during temperature 101 F., pulse 120, respiration 20; com- his prolonged attacks but always with negative plained of severe and distressing pain in the region results. of the left kidney, a dull aching pain in the lumbar region; sometimes the pain would be sharp and stabbing and radiating about in different directions; there two hours if necessary. At this time I made a very was marked gastric irritability, flatulency and indicareful examination, following the method advised by tion, and copious sweats would accompany the vio comparatively small, as when it does not exceed the lent paroxysms of pain. Frequently the attacks would be of short duration, again they would come times be readily detected, especially in lean subjects, on instantaneously and the suffering would be intense after thorough evacuation of the bowels, by firmly for two days, and these sieges would be so exhausting grasping the lumbar region, immediately below the to the system that it would require several days to last rib, with the fingers of one hand resting upon the following interesting history of the case.

evitably follow.

of bottles of proprietary medicines taken without se- confined to the pelvis of this organ. curing the benefit wished, or accomplishing the the paroxysms would continue unabated from twenty-concretion is an oxalate it is usually solitary. four to forty-eight hours. He had become so acand how frequently administered, and the manner it factory results.

In all these years of suffering, he had not passed any calculi with his urme. I will modify this by saying, to the best of his knowledge, for he had been in-

disposition retiring. I saw patient first on May 12, structed by his physician what to look for, and the

gestion, febrile disturbance nil, obstinate constipation the late Professor Gross? The concretion, even if regain his accustomed strength and health, which at the anterior border of the erector muscle of the best, was habitually deranged. I at this time secured spine and making counter-pressure with the thumb, while the fingers of the other hand are passed up and The patient said the first attack of this kind oc- down over the intermediate surface in front. In this cured when he was but 11 years old, and it was dur- way it is very difficult for any hard substance, irreguing a convalescence from scarlet fever. The par-larity of surface or distension from fluid to escape oxysms of pain would occasionally be of short dura-discovery. The patient during the examination, tion; usually, however, the suffering would be so should lie on his back with the limbs well flexed to great that he would be compelled to keep his bed for relax the abdominal muscles; chloroform being given a day, or two, then there would be a remission of the if there is much pain or nervous agitation. The paroxysms for a week, and occasionally for a month above plan of examining for the stone did not in this or two, but the slightest exposure to cold in any way case reveal the slightest abnormality and there was would precipitate an attack. One of the longest but little pain experienced when quite firm pressure sieges, and one which was not entirely unworthy the was applied over the kidney. I secured all the water solicitude of the thoughtful, earnest, skilful physician, he had passed during the previous twelve hours and was caused by a day's fishing in the rain out at the subjected the same to an analysis, which I will here government pier. His occupation was that of an append. (Urine was of deep red color.) Specific engineer, and at times when his work was unusually gravity 1.028, of slight acid reaction, blood and allaborious or fatiguing and he exposed himself while bumen was found in small quantities, and a large covered with perspiration, his old trouble would in- amount of phosphates and pus a trace. A thorough and careful examination was made and an abundance He had received treatment from several of our of mucus corpuscles was found; some pus, but this most successful physicians, and for the past twelve was slight, however, there was a large quantity of years, the family physician, who during these twelve small celled epithelium, (round cells to a large exyears had called in a number of our best consulting tent), these evidently came from the pelvis of the physicians and surgeons. Microscopic examinations kidney; no tube casts could be discovered. I there-and urinalysis were made time and time again, fore hoped that the irritation had not extended into medicines were given months at a time, and dozens the secretory structure of the kidney proper, but was

With the knowledge gained by the analysis and desired result. During the prolonged attacks, the microscope came the pertinent question, What anodynes, hot packs, poultices, and hypodermic shall I do for my patient? All of the best surgical medication gave him the most relief, but not infre- authorities agree that renal calculi are generally comquently in spite of all medication and the combined posed of uric acid or oxalate of lime, most comskill and associated efforts of the attending physicians, monly the former; they also agree that when the

Dr. Harlan N. Orton reported a case of uric acid customed to the use of narcotics that it required the calculus which appeared to have been dissolved in administration of almost phenomenal doses to nar- the pelvis of the kidney by alkaline remedies. I had cotize or produce the constitutional or physiological but little hope to accomplish disintegration of the effect of opium; his long and continued experience calculus in this case, for he had taken alkaline remewith the drug enabled him to say how large the dose dies for precisely this purpose for months at a time.

Professor W. T. Belfield advises the injection of should be exhibited to secure perceptible and satis- large quantities of alkaline water. I quote from his admirable paper "Water under the Microscope."

Gross' Surgery, vol. 2, pp. 709-10.
 Chicago Medical Journal and Examiner, Oct., 1884
 Water under the Microscope.

In pyelitis, from whatever cause, the injection of such attempts to give permanent relief had proven singuwater is an absolute essential in treatment, for there larly unsuccessful, and show to some extent the tion and the prevention of the precipitation of salts following: in the pelvis—are attained by the administration of an abundance of pure water and in no other way. By securing these results we also secure the so-called "soothing" effect of the water, which is really soothing only in a negative sense; the positive benefit In pyelitis caused by the presence of renal calculi only hope of a radical cure by medical means. Cal- fast to correct constipation. culi have been disintegrated and even dissolved by same effects can be achieved in less time by the use of a water which, while not loaded with mineral conacid and urates, whose solution is favored by alkalies.

excite a free secretion of urine which presses against the obstruction from behind. He says further, that it is quite proper to administer alkaline drinks as so administration should only be to the extent of modsafety; kneading has also been practised; an experiposition of the body and limbs, by removing the tension of the ureter is favorable to the progress of the stone.

ment of attack, I was called to administer morphia the region of the greatest pain, and with this sensahypodermically. I found the patient very weak and tion all my pain ceased and (like Dr. Orton's patient his temperature 100 F., pulse 120, respiration 20: said) he could distinctly feel the stone when it drophis suffering was very great, and he would frequently ped into the bladder." exclaim: "Oh, father, I wish I could die! I wish my suffering would end; how many more long years before each breakfast, also with the digitalis, hymust I suffer?"

is a tendency to the accumulation of catarrhal pro- utter insufficiency of all human effort, no matter how ducts in the pelvis of the kidney, sometimes even earnestly or ardinously the attending physician apcausing such obstruction to the escape of the urme-plied himself to the inexplicable difficulties; in this as to induce hydronephrosis. Another tendency to case, at best, his efforts were only palliative. I dibe prevented is that toward the precipitation of rected patient to drink Waukesha water in as large urinary constitutents upon the inflamed mucous quantities as he wished and as often as he could, this membrane as well as upon the clumps of pus re- would quench the thirst, which was constant, actained in the pelvis. Both of these objects of treat-quainting him with the object in view and the dinment—the removal of the products of the inflamma- retic influence of the water. I then wrote for the

B.	Tincture digitalis	3.5.
	Fluid extract hydrangea	311.
	Elixir calısaya q. s. ad	žív.
-Om	terspoontal every two hopes	

This was given for its direct effect upon the kidneys consists in the removal of the irritating products, and would be soothing to the mucous membrane; advised a milk diet and one-half drachm of Carlshad a frequent form—a pure alkaline water affords the sprudel salt in a glass of water before each break-

In order to facilitate the washing-out process to the copious ingestion of simple rain water, and the the greatest possible degree, it occurred to me that I should relax the system as much as possible; anodynes were pushed to the fullest extent; hypodermic stituents, contains nevertheless, a sufficient quantity injections of morphia and atropia given every two of the proper ingredients to give it an alkaline reac-hours; large and hot poultices were applied and tion, for renal calculi are usually composed of uric made to encircle the body about the loins and frequently changed. This treatment, together with the Agnew advises opiates hypodermically or by the ingestion of large quantities of water, was continued bowel, either as enemas or as suppositories in com- the entire night; the patient directed to lie upon bination with the extract of belladonna and when the right side as much as possible with the limbs paroxysms of pain are exceedingly severe, great re- flexed. At 7 o'clock the following morning, fortylief may be obtained from inhalations of ether. In eight hours from onset of attack, the father came to order that the concretion may be hurried through the my office with message from patient, "Tell the docureter more rapidly than would be effected by the for that I am free from all pain but so weak that I peristalsis of the muscular walls, it has been advised cannot pass my water." I advised the father to have to administer largely diuretic remedies in order to his son make patient trials, and if he failed I would relieve him immediately.

8 A.M.—Temperature 100 F., respiration 18, pulse 90. free from all pain, had passed a large quantity of lutions of citrate or bicarbonate of potash, but their urine of a dark red color, and with it a calculus which is oval in shape, with numerous little nodules, erately stimulating the action of the kidneys, so that or hard beadlike elevations which are composed of the vis a tergo should be exerted within the limit of uric acid. The weight of the calculus was 14 grains. An analysis was made and the calculus found to be ment, to say the least, of doubtful propriety. A fixed composed principally of the oxalate of lime with a small admixture of phosphates; this was but a trace.

My patient, while trying to express his gratitude for services rendered him, made this remark: "I May 13, 5 P.M., twenty four hours since commence-felt a gurgling sensation in my left kidney and in

Patient continued with the Carlsbad sprudel salt drangea and calisava four times a day before the I had now mapped out a line of treatment and meals; a milk diet and as much of the Arcadian was determined to follow it up thoroughly and faith-mineral water as he wished; his urine soon comfully; if I failed I would always have the pleasant menced to clear up and all kidney troubles ceased. satisfaction of knowing I did my best and that too He has had no recurrence since last attack and is in the light of our present knowledge. All previous now quite robust and strong, at the present time, seventeen months since last attack.

⁴ Agnew's Surgery, vol. 2, p. 706.

RECTAL SURGERY MADE SAFE FOR FOOLS.

BY EDMUND ANDREWS, M.D., LL.D.,

PROFESSOR OF CLINICAL SURGERY IN THE CHICAGO MEDICAL COLLEGE.

A few years ago I learned and published the secret method of treating piles employed by certain fistulæ. itinerants. The secret was sold from one quack to another at a high price, and consists generally in the ently to be described. hypodermic injection of various mixtures of carbolic acid. The hopes of many physicians that the method hold the pocket when it is so shallow as to slip from might prove a useful one, were greatly dampened by the discovery of about eighteen deaths out of some 3000 reported cases, and of very alarming symptoms interior walls of a fistula to the depth of about a sixin other instances; in short, it was the same fatal experience as that which previously put a stop to the injection of venous enlargements in other parts of usages of educated men, it is called a "fistulatome." the body.

Of late the Lake States are being treated to a new and pouches. development; the little itinerant hypodermic syringe has budded and blossomed like Aaron's rod, and evolved little boxes of instruments and little books full of secret instructions, in short, little "systems" of rectal surgery, whereby, as one of the authors says, "operations which would otherwise be difficult can be accomplished with but little skill." The first style of boxes sells at a price varying from a hundred to a hundred and fifty dollars, according to the size of the purchaser's purse and credulity. They generally contain a hypodermic syringe and a rectal speculum, with a probe and a few other simple instruments, having some peculiarities of construction but no special excellence. An equally good set of instruments the flexible needle to the depth of fistula, then inject for the purpose would cost about fourteen dollars at | retail, in the ordinary instrument stores.

It is curious to notice the obvious effort to combline a set of instruments in such a way that an ignorant purchaser may accomplish something with hæmorrhoids is the following:

Armed with his little box and book the wayfaring doctor, though a fool, may read and practice, and perchance make money, if the crop of piles is good, sus, patient should take each night at bed-time a onealthough the science of the colleges never glanced eighth grain pill of the solid extract leptandrin, and upon his calvarium.

is, however, the same careful attention to the fact there are fissures of the anus, the sphinctors should that the purchaser is expected to be such a fool that be forcibly dilated for ten seconds, while patient is he cannot be trusted with edge tools, though some of under the influence of an anæsthetic. the later boxes contain the little blunt-pointed bistoury of Suns' uterine set, with an edge about half an ly for treating the rectum, operations that would otherinch long, for a purpose presently to be mentioned, wise be difficult can be accomplished with but little One set which I examined contained the following skill. Our speculum is the only one that is self-reinstruments;

1. A small rectal speculum.

- 2. A hypodermic syringe.
- 3. A tenaculum.
- 4. A small Sims' uterine knife, blunt pointed, and having an edge five-eighths of an inch long.
- 5. A Sims' flexible uterine probe, for examining
- 6. A blunt hook to pull down the "pockets" pres-
- 7. A similar blunt hook with two minute barbs to the smooth hook.
- 8. A scarifying probe, made so as to scratch the teenth of an inch. By a blundering combination of Greek and Latin in the same word, forbidden by the
 - 9. A flat scoop for clearing out the rectal pockets
 - 10. A ligature carrier, to facilitate ligating piles.
 - 11. A three ounce syringe.
 - 12. A hard rubber tube for oiling the anus.

There are no scissors, probably because they could be dangerously used by ignorant purchasers.

The following were some of the printed directions in the box:

"Radical Cure of Fistula in Ano. - First trace fistula with flexible probe. Wash out the track with a 5 per cent. solution of 'hydrogen peroxide.' Then inject a 95 per cent. sol. of carbolic acid, plus equal quan, of a 10 per cent sol, of muriate of cocaine. Draw about 10 to 15 minims in the syringe. Push slowly as you withdraw the needle. Within two hours inject oleum eucalyptus and glycerine, equal parts, and the operation is finished. Keep patient quiet for forty-eight hours."

"Немогрионь .—Hæmorihoidal tumors should them but shall not be able to do much harm. Generally be injected with an eight grain sol, of muriate of cothere are no cutting instruments whatever, and the caine, plus an equal volume of 'phenol sodique;' only sharp weapons are the hypodermic syringe and use of the injection from twenty minims to a drachm, the tenaculum. The chief formula for injection for according to size of tumor. It is seldom necessary to inject more than once or twice. This injection deposited in two and three drops, making the punctures one inch apart over the rectum, will seldom fail to cure prolapsus of the rectum. Should be repeated two or three times.

"During the treatment of hæmorrhoids or prolapthe parts should be kept anointed with 'ceratum Such an easy way to make money soon bred imitaralinum,' once a day for a week after the operation. tations. New boxes and new little books are in the After operation on the rectum of a female, the uterus Some contain several more instruments should be dilated, and after like operation on the than those above mentioned, and yet are sold at half-male rectum, metallic sounds should be passed as the price, being offered at about fifty dollars. There large as the urethra will admit; and in all cases where

"With our improved instruments designed expresstaining, thereby enabling the operator to use both hands, at the same time exposing every part of the rectum, and not causing the patient great pain by and that "nowhere, so far as" he is "aware, are over distension of the sphinctors."

The article to which it is applied is a blackish, untidy and some roundly denouncing them. looking unguentum picis liquidæ, or tar ointment, but prietary article under the name "taroid."

surgery" consists in exploring the anus for the little in trade, and believe that whenever they are found pockets in the mucous membrane which exist nor- the pockets must be split down and the cannacles, or mally just above the external sphinctor, pulling them "fringes," cut off. For this purpose the blunt hooks down with the blunt hook, and splitting them down and the Sims' bistoury have been added to the wonwith the Sims' knife. Another addition consists in derful little box, which enables them to "accomplish cutting off the little projections, or caruncles, which operations with but little skill." are often found at the same part, under the preposterous claim that they are very injurious to the pa ide of hydrogen, followed by other antiseptics, is in and fringes."

limited, since the patient can neither see the "pock" described, what any dissector can see, a reticulated portunity to know of the actual results. columnar structure of the mucous membrane just above the external sphinctor. These ridges, or "columns of Morgagni," resemble the columnic carnece of the inner walls of the heart, but are very much small-RECURRENT HÆMORRHAGE INTO THE ANTERIOR er. Occasionally a probe will pass behind one of the columns, as under a bridge, but generally they are merely adherent pilasters, or ridges, running lon. Real before the Chicago Society of Opinbalmology and Otology, gitudinally but somewhat branched. They are described not only by Morgagni, but by "Curling on theRectum," "Allen's Human Anatomy," "Kelsey on the Rectum," etc. Kelsey says, p. 10: "Beto suppuration and abscess."

these columna recti "the mucous membrane is slight- an excuse. ly dilated, variously in different subjects, but in many eighths of an inch in length."

more prolific of mischief than you would believe," the patient.

they well described or properly noticed," hence he The "Phenot Sodique" is a French name for an advocates their destruction. The author of this paarticle made and sold in Philadelphia. It is simply per, boldly claiming old and well known anatomical a solution of impure carbolic acid. The term "Cor- facts as almost a new discovery of his own, excited atum Taralinum" is an ignorant man's effort to con- a good deal of controversy among the members of struct a Latin name without knowing the language. the Society, some supporting his claims and practice,

The truth is that these structures are natural, and probably not made according to the officinal direc-should be let alone in ordinary cases, but, like other tions. Druggists inform me that it is sold as a pro- organs, they occasionally become diseased, and require surgical interference. The itinerants, however, A recent addition to these "systems of rectal have added the "pockets and fringes" to their stock

The plan of treating fistular by injections of perox-The operators call these organs "pockets principle the same as the iodine method formerly in vogue, which fell into disuse because of its uncer-The possibilities of deception in this field are untainty. There are no statistics to show whether this modification will do any better, but there can be no ets and fringes" for himself, nor dispute their alleged harm in trying it. It will probably be found, like pestiferous influence. This practice originated in a the iodine plan, to fail in a large proportion of cases, paper read before a Society of irregulars, entitled but yet may sometimes be useful. It is obviously "Rectal Pockets and Fringes." That the paper may adopted for the itinerants, because their average igbe properly estimated. I will recall to memory here norance is such that it would never do to trust them the structure of the lower rectum, as described by with the the operation by incision. I shall be glad authors, both in anatomy and surgery: Morgagni to receive letters from any physicians who have op-

No. 6 Sixteenth Street, Chicago,

CHAMBER.

D. mber 14, 1886.

BY BOERNE BETTMANN, M.D., OF THICAGO, ILL.

Cases of concussion of the eyeball with subsequent tween the lower ends of the columna recti (columns haemorrhage into the anterior chamber are not uncomof Morgagni) little arches are stretched, forming mon. Such occurrences are frequently noted in our pouches. They are more developed in old people, journals, and are alluded to in text books as uninterand may retain small pieces of fæces, and give rise esting matters of fact. The case I wish to bring to the Society's notice differs so much from the ordinary Curling says, p. 6, that between the lower ends of ones that its presentation need not be prefaced with

On May 19, 1886, Mr. and Mrs. W. hurriedly ento such an extent as to form small sacs, or pouches: tered my office with their little daughter Ettie, aged and in the spaces between them there is a series of 4. They informed me that the child, whilst playing short projecting columnar processes about three- "Indians" with her comrades, was struck in the left eye by a projectile propelled from a toy gun in the The latter are analogous to the carunculo myrtifor- hands of a boy. The projectile was a piece of a twig mes of the vagina. The writer of the paper seized on of a tree, its end was apparently smooth, to judge by these "pockets and fringes," as he called the pouches the appearance of the contused lid. The stick could and caruncles, and declared that "our current liter not be found. The propelling force was a broad ature contains little or no mention of them." In band of rubber kept tense by a wooden trigger. The spite of the fact that they are natural organs, and gun was within a few feet of the eye when the accitherefore must have a use, he asserts that "they are dent occurred, three quarters of an hour before I saw

On examination 1 found the following condition: The upper right lid was ædematous and reddened. On lifting it the eye was found bathed in tears and the conjunctiva slightly injected. Cornea normal. The whole anterior chamber was filled with blood. In the lower part it formed a large clot, concealing the iris from view. The pupil was dilated and elongated in while trying to drive a horse running at large, was the vertical diameter. An ophthalmoscopic examination could not be made. The child was unable to count fingers close to the eye. I ordered cold com- parietal bone, crushing the bone and driving it in, presses and instillation of 2 drops every four hours producing compression of the brain. of a 1 per cent. solution of atropine. When I again dilated ad maximum, and the greater part of the would not live twelve hours. I was immediately Fingers were readily htemmorrhage was absorbed. counted.

remained in the lower part of the anterior chamber.

mother that the patient had passed a very restless pieces of bone the comatose condition was not en-The first attack occurred in the evening. During a condition for five days. momentary absence of the parent, the child left its early in the morning.

applications applied over the roller. A 1 per cent.

instilled into the eve five times a day.

The child was kept quietly in bed. In the evening I found a great improvement. Tension reduced, but short time Dr. Burns thought that the swollen condistill higher than normal. Hemorrhage mostly abtion was increasing, and cut the stitches. This caused sorbed.

excruciating pain in the left eye.

The morning showed a return of yesterday's con-These sudden attacks of severe pain came on without any apparent restlessness on the part of the pa-|bri still increasing, and after a consultation with Drs. be suddenly awakened by the darting pains.

action of the drug favored a separation of the partly healed iris, which I supposed had been lacerated at the lower border, covered by the blood clot. The then began to heal under the ligature as the stranguchild had been kept quiet in bed. Both eyes were : bandaged for a time; the right one constantly. Coffee and other stimulants were forbidden. In fact, closed and nicely healed. everything had been done to favor a rapid union of the parts. I decided to try the effects of ergot, and ordered the fluid extract to be given in 12-drop doses every three hours, in order to reduce the action of the heart and permit a sufficiently firm organization of the blood clots in the lacerated blood vessels. The introduction of this remedy was soon followed by good effects. The blood disappeared entirely, the pupil remained for a long time clongated, but later on resumed its normal shape.

FRACTURE OF CRANIUM; HERNIA CEREBRI; RECOVERY.

BY WILLIAM HENRY, M.D., OF HARMON, ILL.

In June, 1886, my little daughter, aged 8 years, kicked on the side of the head, the skull being fractured over the posterior superior portion of the right

I was absent from home at the time, and my friend saw the child, about three hours later, the pupil was Dr. Burns was called in; his opinion was that she telegraphed for, and on arriving at home in a few hours I found the child in a comatose condition, On the morning of May 20 but a small clot of blood her pulse regular and about 110. I sent for Dr. Burns, and we soon went to work to remove the At the next visit, May 21, I learned from the compressed bone, but after the removal of seven night, occasioned by spells of sudden intense pain, tirely relieved. She remained in a semi-comatose

We found the membranes ruptured in the anterior bed and ran to the window, which it opened. Hear-portion of the fracture, and portions of cerebrum ing the mother return it hastily essayed to regain its oozing therefrom; in all about half an ounce was bed, but stumbled and fell heavily to the floor. The lost. The edges of the wound were united with fall was followed by severe pain in the injured eye. stitches, the antiseptic used being a dilute solution of A second attack took place at midnight, and a third carbolic acid. In a short time the wound began to suppurate, and then became very much swollen. In I found the eye in a glaucomatous state. Tension the meantime I had returned to my place of business, + 1, very marked ciliary injection, anterior chamber leaving the patient in charge of Dr. Burns, who sent full of blood. The eye was rebandaged, and cold for me again when this last complication arose. I thought it would be best to open the wound in the solution of eserine was prescribed, two drops to be lowest portion and let out the pus. On his doing so

a considerable amount of pus escaped.

I again returned to my place of business, and in a the wound to gape open, and there soon appeared a At midnight the child was again awakened by the hernia cerebri, about as large as a hen's egg. Seeing this condition Dr. Burns called in Dr. Helm, of Rockford, and Drs. Donaldson and Herb; but they hesidition; extensive hemorrhage and increased tension. Itated to advise active interference during my absence. On my return, in a few days, I found the hernia ceretient. Whilst in the midst of a sound sleep it would Burns and Donaldson 1 determined to ligate the tumor at its base. I accordingly tied it with silk I besitated to reinstil the eserine, thinking that the ligature, drawing the ligature until the pulsation was almost diminished; and in a few days I again tied it, drawing the ligature until all pulsation ceased. It lated portion began to die and dry up; and in about fifteen days the tumor fell off, leaving the wound

Harmon, Ill., Nov. 15, 1886.

MEDICAL PROGRESS.

PETTONE.—DR. LABASTIDE, in the Gazette des Hôpitaux, publishes notes of cases showing the good effects of peptone. The first was that of a widow

At the end of six months the patient was extremely surface, with no tendency to contract and without a feeble. Dr. Labastide then decided to administer trace of the dilated vessels. peptone. Injections of 20 grammes of "peptone" Dufresne," mixed with 60 grammes of boiled milk, treatment: had rallied from her state of prostration; her stom- but two applications were necessary. ach retained water, and even milk, when taken in small doses at long intervals. Twenty grammes of vertebra, 24 mm. by 15 mm., raised 3 mm. above the peptone, mixed with a little tapioca, were then or- surface; three applications were made; when the dered three times a day. After fifty days of this scab came off three fourths of the growth was found treatment, the patient, though still paralyzed, had re-destroyed, but during the process of repair it regained covered her former condition, and had even begun its former size. New applications were made, when to grow stout. At the end of March, however, she, the ulcer had healed, and now with complete success. succumbed to a fresh cerebral attack. The second 3. Girl, et. 2 months, angioma size of 20 pfennig case was that of an infant 9 months old, of an expiece in centre of forehead, which had developed first tooth symptoms of inflammation of the intes- tions were required. tines appeared, together with wasting. Aphthæ of 4. Girl, æt. 6 months, angioma on right labium occasionally added. The little patient was nourished was thoroughly painted with simple collodium and ostoses on both tibie. No treatment had been of would not be better practice in a similar case. Peptone was then administered in In a few days the tumors on the legs began to disap- tions were necessary. pear, the swelling of the glands diminished, the appepalpitations, and is now completely cured.—British occur in this region. Medical Journal, Jan. 1, 1887.

the recommendation of an Italian physician, Dr. Eö-serve the brush.—.Memorabilien, Hft. 2, 1886. ing has treated angiomata with applications of a four per cent. solution of mercurial bichloride in collo-

over 80 years of age, of robust constitution and tion is painted over the growth and slightly beyond sanguine temperament; she had hemiplegia on the its margins, in a number of coats, time being given right side, and partial aphasia following a cerebral for the evaporation of the ether as shown by the foreffusion which dated more than thirty years back; mation of a whitish follicle, before a new coat is apall the functions were normal. In the spring of 1884, plied; the applications are made once a day for four she had another cerebral attack, but the symptoms days. He found that the preliminary application of disappeared under the influence of internal and ex- simple collodium to the surrounding sound skin will ternal derivatives. In 1885 she had a third attack, make the subsequent application of the corrosive sowhich lasted longer than the preceding one; paraly- lution almost painless, and regards this as a marked sis became more pronounced, aphasia more com- improvement on the Italian method. The applicaplete, and deglutition more painful, without any local tion having been made, none or slight local inflamchange in the throat. The patient refused all nourishmatory reaction sets in, a scab forms, this is thrown ment. When obliged to take food, either solid or off in a week, and the remaining ulcer, treated with liquid, she immediately vomited it. Pure water, some simple dressing, heals in one or two weeks, sweetened or aërated, was immediately rejected, leaving a firm, smooth, white cicatrix, level with the

He reports five cases in which he made use of this

were given, both being occasionally substituted for 1 1. Boy, at 7 months, angioma on internal margin milk. After twenty days of this regimen the patient of left scapula, 15 mm. by 11 mm., slightly raised;

2. Boy, act. 9 months, angioma on third dorsal

tremely feeble constitution. At the cutting of the rapidly from pin-head to present size; two applica-

the mouth prevented the child from taking the breast. majus size of 20 pfennig piece; after the first appli-Dr. Labastide then had recourse to injections of cation erysipelatous inflammation of the lesser labium peptone, 10 grammes of which were given with 20 and of the integument of the right groin set in. After grammes of milk, a drop or two of laudanum being the inflammation had subsided, the surrounding skin in this way for two months, and gradually gained adhesive strips were laid over the inguinal region. strength. At the end of that time it could take pep- Two applications were made; when the scab dropped tone mixed with weak milk, taken from its mother, or off a small dilated vessel was discovered near one tapioca. After five months' treatment all trace of margin of the ulcer, and was cauterized with a redcachexia had disappeared. The third case was that hot knitting needle. The ulcer was dressed with bisof a child 9 years old, of nervo-lymphatic tempera-muth, and was completely healed in three weeks. ment, and fairly good constitution. It had every In this case there was considerable pain, which was symptom of anæmia, pallor, palpitations, headache, greatly increased by the urine flowing over the sore. enlarged glands in the neck and elsewhere, and ex- The author questions if extirpation with the knife

5. Girl, æt. 3 months, angioma on left parietal doses of one, and, subsequently, two tablespoonfuls. bone, size of a mark, of rapid growth; two applica-

The contraction of the scar being almost nil, Bötite returned, the little patient recovered his strength ing believes that this method should be employed in and color, and the limbs could be moved without angiomata of the face, but questions if the results effort. The child no longer suffers from headache or will be as brilliant in the large sized angiomata that

The solution is made by dissolving hydrarg, bichlor. 0.4 gms, in collodium 10.0 gms, (grs. vj to 3 ijss). Sul-THE TREATMENT OF TELANGIECTASIS .- Following phuric ether must be kept at hand to wash and pre-

MUSCULAR PERCUSSION REFLEX AS A METHOD OF dium, with remarkably favorable results. The solu- CLINICAL INVESTIGATION.—When the chest wall is

—which, by the way, Dr. Philipovich proposes to Dec. 11, 1886. style "loco tetanus," instead of "muscular contraction." the term used by Dr. Ross—was 400 grammes, and the highest 2000 grammes. On analyzing the observations, it was evident that the lower degrees, of force were invariably sufficient in weakly and illformed subjects who had been either permanently or temporarily rejected by the recruiting authorities. Still lower figures were obtained on the examination of diseased persons, the lowest of all being afforded by phthisical patients. In all chest cases it was noticed that the "loco-tetanus" was more easily produced on the side where the disease was situated, or on that where it was the more extensive; thus in a case of dry plenrisy of the right side the figures obtained were—for the sound side, 550 grammes, and for the diseased side 150 grammes. The mean force: required in the 100 healthy subjects was 750 grammes. on the right side, and 850 grammes on the left; and as the limit of that which could usually be borne painlessly by healthy persons with the instrument used, (the head of which was a metal ball covered) with gutta percha), was about 700 grammes, it may be roughly assumed that if the contraction can be produced by a tap, the force of which is much below that which is sufficient to cause pain in a healthy subject, some pathological condition is probably present, or at least that the general state is below that of a vigorous man.—Lancet, Nov. 20, 1886.

DEATH AFTER WASHING OUT THE STOMACH.—At the meeting of the Cambridge Medical Society, on Nov. 5, Mr. Martin brought forward the case of a patient who was admitted into Addenbrooke's Hospital, under Dr. Bradbury, for stricture of the pylorus. He was 48 years old, and seven years previously had been an in-patient, with symptoms of pyloric ulcer. His stomach was now much dilated, and he suffered from flatulence, vomiting, pain, and increasing weakness. He vomited large quantities of frothy fluid, containing sarcinæ. Ten days after admission, it was decided to wash out the stomach. Soon after passing the tube into the stomach the patient became! very faint, so it was withdrawn. About two hours troduced into the cavity.-N. V. Medical Journal, afterwards, he complained of stiffness in the jaws, Dec. 11, 1886.

subjected to a tolerably smart blow with the finger with inability to open the mouth, and rigidity of the or percussion hammer, an elliptical elevation of the arms, which were strongly pronated and flexed, the surface may frequently be observed for a few moments after the blow. This fact, which has been rescious, and sweating profusely. The rigidity spread marked by Mr. Lawson Tait, Dr. James Ross, of to all the muscles of the limbs and trunk, and the Manchester, and others, has acquired some import-temperature rose to 103.4°. He became pulseless ance from the somewhat analogous observations of and livid, the temperature rising to 107.2° before Westphal, Erb, and others on the tendon, osteal, death, which occurred six and a half hours after periosteal, and muscular percussion reactions. Quite washing out the stomach. Post mortem examination recently, too, a Russian author, (Dr. V. V. Philip, showed a simple stricture of the pylorus with the ovich, of Odessa), has investigated the conditions scar of an old ulcer, and a much dilated stomach. under which the phenomenon is produced, showing There was no injury or abrasion of the mucous memthat it may be made available like other reflexes for brane. The other organs were healthy, and no lesion diagnostic and clinical purposes. In his observations of the brain was discovered. Mr. Martin said the he made use of a percussion hammer furnished with fatal symptoms very closely resembled tetanus, ala spring and index, by means of which the force of though no wound of any kind could be found to ineach blow was registered. The pectoral regions of duce it. The symptoms were not characteristic of 100 presumably healthy young men were examined, strychnine poisoning, and the patient had no oppor-The lowest force required to produce the phenomenon tunity of obtaining any.—British Medical Journal,

> TREATMENT OF WOUNDS OF THE BLADDER. - DR. JOHN HOMANS, Surgeon to the Massachusetts General Hospital, Boston, Mass., writes: "As bearing on the subject of the suprapubic operation for stone, which is being revived at this time, I may say that I have twice cut open the bladder during an ovariotomy. The first time was in my seventysecond case (one of dermoid tumor). The incision in the bladder was carefully sewed up with a continuous suture of silk, care being taken not to include the mucous membrane in the stitch. The bladder was closed tight, and a Sims catheter was kept in the urethra. The catheter was removed on the tenth day. The temperature was never above 99°, and there have never been any vesical symptoms at that time nor since. The second time was in my two hundred and tenth case—one of double papillomatous ovaries, the patient having been tapped eighteen times in five years for the removal of ascitic fluid. The wound of the bladder was more extensive than in the first case, and required twelve interrupted sutures of silk, in which the peritoneal and muscular coats alone were included. A catheter was kept in the bladder seven days. After that time the urine passed naturally. In neither of these cases was the bladder drained through the abdominal wound. If the catheter in the urethra will drain the bladder, it would seem unnecessary to have another exit in the roof of the bladder. It would be well, however, to leave a drainage tube in the integuments over the sewn-up bladder in case there should be any leakage." Medical Record, Jan. 15, 1887.

> An Application for Painful Dental Caries.— A contributor to the *Union Midicale* gives the following formula:

Dry alcohol extract of opium	t part.
Camphor	ı part.
Peruvian balsam	1 parts.
Mastic	2 parts.
Chloroform	20 parts.

A pellet of cotton soaked in the solution to be in-

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THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters, that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's fullname and address, although not necessarily to be published. All commumications in regard to editorial work should be addressed to the Editor

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RUPTURE OF THE URINARY BLADDER.

In the Lancet, of Dec. 11, 1886, SIR WILLIAM! MACCORMAC records the recovery of two cases of intrarecord, we believe, of recovery from this accident, turbed, have been done; and abdominal section, peritoneum, has been done.

He was admitted to the hospital fifteen and a half otomy. The irrigation was continued until the

hours after the accident, having walked a distance of about a mile, unaided. There was complete inability to pass urine; no symptoms of shock; abdomen distended and tender all over, but especially in the epigastric and hypogastric regions, resonant anteriorly with dulness in both flanks, varying with the position of the patient. Ninety five ounces of a slightly red colored fluid were drawn off, and the bladder was shown to be firmly contracted by its grasping the catheter, which did not move freely. The level of dulness in the flanks was now sensibly diminished, and taking the symptoms into account, signed. When neither is accessible, remittances may be made at the risk intra-peritorical rupture of the bladder was diagenosticated.

The operation was performed about twenty hours after the receipt of the injury. The bladder was found empty, and firmly contracted. "The rent was in the posterior aspect of the bladder, and extended from the superior fundus to the recto-vesical cul desac; it was median and vertical, and as nearly as may be four inches in length. The edges were rather irregular and thickened. So deeply did the peritoneal rupture of the bladder-the first positive rupture extend into the pelvis that great difficulty was afterwards experienced in the introduction of after operation. In these cases abdominal section the deeper sutures. To facilitate this the parietal was performed very soon after the patients were peritoneum was divided transversely on each side, admitted to St. Thomas's Hospital, and the rent and it was then found possible to draw the bladder in the bladder exposed and carefully closed by much further out. The intestines were pushed back numerous interrupted silk sutures; after which the with sponges held by one assistant, while a second peritoneal cavity was washed out with warm boracic pulled the bladder forward. Sixteen sutures of fine acid solution, and the external wound closed. As silk were then introduced after Lembert's method, the rarity and almost inevitable fatality of the opera- including the serous and muscular coats only, at intion are well known, it may be interesting to tervals of about a quarter of an inch, beginning at examine more closely the records of the two the lower part, and the first and last sutures were incases, and the remarks of the distinguished sur- troduced quite beyond the limits of the injury. The geon under whose care they recovered, as there is edges of the mucous membrane were thus thoroughly considerable diversity in the treatment recommended inverted and the serous surfaces brought into conin such cases. Catheterism, simply, has been prac- | tact. Wherever the closure did not seem absolutely tised, or washing out the peritoneal cavity from the complete and perfect, catgut sutures were introduced side of the perineum or urethra; median or lateral to the number of six or eight between the silk ones, cystotomy has been done to give direct drainage including the peritoneum only. The bladder was through the perineum; in some cases aspiration of now twice moderately distended with a weak soluthe abdominal cavity, abdominal section, sponging tion of boric acid injected through the catheter by a out the blood and urine, and leaving the rent undis- Higginson's syringe, and proved perfectly watertight. The peritoneal cavity was finally irrigated with two with suture of the rent, either completely or leaving gallons of a 1 per cent, solution of boric acid disthe anterior part unclosed, or making an opening for solved in water previously boiled and cooled down drainage in the part of the bladder uncovered by to a temperature of 98° F. The fluid was introduced by means of a tube attached to an irrigating can The first case recorded by Sir William MacCormac raised 8 ft. from the floor. It overflowed into a is that of a man, aged 33, who ran against a post, macintosh and thence to a tube placed at the foot of which struck him in the region of the umbilicus, the table, in the manner customary during ovari

no sponging of the peritoneum. A glass drainage- where the peritoneal covering and muscular coat tube was introduced from the centre of the wound were ruptured, and a quarter of an inch where the to the recto-vesical cul-de-sac. The edges of the internal coat was torn. A blunt director passed peritoneum and external wound were then closed by into the wound came into contact with the catheter deep silk sutures, and iodoform, iodoform gauze, and previously introduced. The rent in the bladder was salicylic wool applied, with bandages of carbolic closed by twelve fine silk sutures, rather less than a gauze. A soft black catheter was fastened in the quarter of an inch apart; the ends were cut short. urethra, the tip only projecting into the bladder. Each suture was passed by means of an ordinary The operation lasted two hours, and was conducted fine curved needle introduced about a quarter of an under the carbolic spray throughout, save for a few inch distant from the margin. The first and last minutes when the steam failed. The peritoneum pairs of sutures were passed through the bladder and intestines looked quite healthy, presenting a wall completely beyond the limits of the rent, so as polished appearance, apparently not injected. No to prevent the possibility of leakage from its exblood-clots were observed." There was no sickness tremities. On drawing the sutures tight, the closure after the operation, and all pain and tenderness dis- of the rent seemed so complete and secure that no appeared almost completely after it. next five days the temperature did not reach 100° F. From 30 to 40 ounces of urine were passed daily, being drawn every four hours, but containing no blood. On the third day, the catheter was removed, after which he passed urine naturally. The drain was removed on the fourth day, a small amount of serous discharge being sucked out at each dressing. The sutures were removed on the eighth day, and within a fortnight the abdominal wound had cicatrised. In three weeks he was able to get up.

The second case was more obscure at first than the one just mentioned. He came to the hospital immediately after a fall, but no symptoms directing attention to the bladder were observed by a most careful house-surgeon. A catheter was not passed, as there was no desire to urinate, and urine had been tion. The intestinal coats were free from injection; passed an hour before. There were no symptoms referable to the bladder until about seven hours after the accident, when he desired to pass urine but was unable to do so. He was re-admitted to the hospital about twenty-four hours after the fall, the sympt passed on each side, uniting the transversely divided toms rapidly increasing in severity. Three ounces of dark-colored bloody urine and clots were drawn off; and the symptoms were such that intra peritoneal rupture of the bladder was diagnosticated, and an immediate operation determined upon.

hours after the accident. After reaching the peri-effective and complete manner in which the rent in toneal cavity, and introducing the finger, the rent in the bladder was closed. A small, short drain was, the bladder was at once detected. "The bladder however, inserted in the lower part of the external peritoneum of half an inch being made on each side. fit of vomiting came on. There was severe abdomposterior part, and slightly to the left of the middle kept good, and the respiration was quiet and easy, line; it was much more extensive in the outer than except for a minute or two while the abdominal

escaping fluid became absolutely clear. There was in the inner wall, measuring two inches in length Within the additional ones through the peritoneal coat appeared necessary. The bladder was then fully distended by injecting nine ounces of a warm boracic acid solution through the catheter, and found to be perfectly watertight. The abdominal cavity was thoroughly washed ont with about two gallons of a 1 per cent. solution of boracic acid warmed to a temperature of 98°. The irrigator consisted of a large glass vessel raised four feet above the patient's abdomen, with a long India rubber tube and glass nozzle attached. At first the fluid flowed out slightly tinged with blood; subsequently it became quite clear. There were no clots. Before the external wound was closed as much of the residual fluid as possible was expressed. No signs of inflammation could be detected in the peritoneum where it was exposed during the operathere was no adhesion or lymph visible. No vessels of importance were divided in the external wound, and all bleeding points were secured as they appeared, catgut ligatures being used. A suture was edges of the peritoneum, and the abdominal wound and peritoneum were then united by eight stout silk sutures passed through the whole thickness of the abdominal wall. No drainage-tube was inserted in the peritoneal cavity, nor was a permanent catheter The operation was performed about twenty-seven passed into the bladder, confidence being felt in the was now drawn forwards, a transverse incision of the wound. Just before the dressings were applied, a An irregular obliquely placed rent in the bladder inal strain and a certain quantity of boracic fluid was was then clearly exposed, situated at the upper and forced up between the sutures. The patient's pulse

dered over the abdomen and groins. Iodoform serum penetrate everywhere. Wegner's experiments gauze and salicylic wool were applied to the wound prove that extravasated urine does not merely graviand kept in position by carbolic gauze and flannel tate, but that peristaltic movements of the bowel bandages. The patient was lifted into bed and a speedily distribute the fluid over the entire peritoneal pillow placed beneath his knees. A half-grain mor- surface. A 1 per cent, boric acid solution dissolved phia suppository was introduced into the rectum. in previously boiled water and cooled to a tempera-Before removal from the table the bladder was ascer-ture of 98° F, seems well adapted for the purpose, or tained to be empty and the catheter was withdrawn." \downarrow water simply boiled can be used." This patient recovered even more rapidly than the first. The external wound was united throughout a question of diagnosis in cases of suspected rupture week after the operation; on the twelfth day he was of the bladder. In the majority of cases the sympallowed to sit up; and a fortnight after the operation toms and history will usually enable the surgeon to he was regarded as entirely well.

success of this one depends on matters of detail; and of these the matter of suturing is probably most important. "The accurate and complete suture of the bladder wound by sutures inserted through the whole the patient's condition, and is surely better than a thickness of the serous and muscular coats, carefully avoiding the mucous coats, is of the greatest import-The serous surfaces should be inverted, brought into close contact, and the first and last stitches inserted quite beyond the extremities of the wound, so that leakage at either angle, the most common places for it to occur, may be rendered impossishown that this is of the utmost importance. The the office of the Supervising Surgeon-General of the double row of sutures recommended by Vincent- U. S. Marine Hospital Service, Washington, D. C., one sero-muscular, the other serous—cannot be said January 27, 1887, that about the first of November, to be safe or necessary, as the serous sutures invari. | 1886, the Italian ship "Perseo," plying between Genoa ably give away. Znemansky, Petersen and Vincent and Buenos Ayres, arrived at the latter place infected think the interrupted silk suture the best method and with cholera, several deaths from the disease having material. The continuous suture is undesirable, and occurred during the voyage. Before the facts were possibly dangerous. Carbolized (or disinfected) silk made known, the ship had landed many passengers is probably the safest material, and they may be left at the Boca, a low, filthy dock below the level of the without risk if the operation be properly performed river Platte, and then proceeded to Rosario, on the -aseptically. A rectal tampon may probably render Pasaka river, 200 miles distant, where she discharged the deep stitches easier of introduction. A free ab- the remainder of her passengers and cargo. Cases dominal incision is important, as will be readily seen, of cholera occurred soon after the landing of the ship for proper inspection, for the introduction of sutures, "Perseo," both at the Boca port and at Rosario, and for necessary manipulations, for the control of the continued to spread more or less at both places. intestines, and for the thorough cleansing of the ab- | During November, the number of cases reported at avail in rupture of the bladder. Lastly, great import- were reported, more than half of which died. ance must be attached to the thorough washing out week later news from the United States Consul at

cavity was being washed out. Iodoform was pow- of the peritoneal cavity. The urine and bloody

There is but little room for a discussion of the diagnosticate the injury. But even with an uncertain As with all operations on the abdominal cavity, the diagnosis it is both safe and justifiable to make an exploratory laparotomy. "If this be done early enough, it will prove successful in uncomplicated cases, while the operation in itself scarcely aggravates hesitating, halting practice in expectation of improvement, which usually never takes place."

CHOLERA IN SOUTH AMERICA.

It appears from despatches furnished by the United States Minister at Buenos Ayres, and published in Znamensky, Maksimow and Vincent have the weekly abstract of sanitary reports issued from

dominal cavity. "If the deeper structures be first the Cholera Hospital at Buenos Ayres was 200, of divided near the pubes, the anterior surface of the whom 93 died, 34 recovered and 73 remained under bladder can be exposed and examined before open-treatment, on December 3. Of the 200 patients, 130 ing the peritoneal cavity. If a rent be found there were from the male and female lunatic asylums, 12 from it may be unnecessary to proceed further; otherwise a prison, leaving but 58 cases as having occurred in the the serous cavity can be laid open and the upper and general city population during the month. During the posterior surface of the bladder laid bare. No other same month, in the smaller city of Rosario, having a manner of treatment seems likely to prove of real population of about 50,000, more than 200 cases

Buenos Ayres, December 10, says: "While a few a single death, followed me in the winter and spring cases of cholera are still reported in each day's bul. of 1882. The first case occurred after I was in atletin, the disease appears to have pretty much run its course at this port." In regard to other places obstetric patients escaped, when I was called to see the same authority says: "On the 4th of December a woman who was confined while convalescent from there were 13 deaths at Rosario and 14 new cases, erysipelas. The fever developed in her, and then and at Cordoba 2 deaths and 5 new cases." It is stated that a few cases have occurred at several small places outside of the cities named, but on the whole the disease is declining. At Buenos Ayres the health tedious convalescence, but has since had a child authorities appear to have adopted very efficient and energetic sanitary measures for preventing the spread of the disease, and thus far with encouraging success, and the alarm at first created has greatly subsided, but still the greatest vigilance is exercised to prevent the further spread of the disease in any direction.

LARGE CEREBRAL TUMOR.—DR. WM. S. ROBERTson, late Professor of Practice of Medicine in the Medical Department of the Iowa University, died at his home in Muscatine, Iowa, on the 20th of January, 1887, aged 56 years. He had suffered several months due to my old teacher, Prof. Penrose, who is a safe from paralysis and symptoms of cerebral disease, guide to follow. I owe much to his careful instrucending in complete coma forty-eight hours before death. We are informed that a post mortem exam-child is born, put on the forceps to "hasten delivery ination "revealed a tumor in the right cerebrum, and shorten the woman's suffering." I am very posextending from above downward and slightly back- titive that this frequent use of the forceps is abuse. ward about three inches, and from before backward two inches," as the evident cause of the symptoms and the fatal result.

SOCIETY PROCEEDINGS.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated Meeting, Thursday, January 6, 1887. W. H. H. GITHENS, M.D., SECRETARY. The Secretary read

A REPORT OF 616 CASES OF LABOR IN PRIVATE PRAC-TICE BY DR. II. H. WHITCOMB.

of Norristown. Up to March 31, 1886, I had attended 616 cases of obstetries. I have had no death of a mother and only two still born children; one of of these was destroyed by craniotomy. The forceps easier. Differences of the same kind in greater dehave been used in two cases only. I have had no gree exist between our native and the foreign popucase of twins. I have had one case of elbow pre-lation. I was much struck with this fact this sumsentation, one shoulder, one a hand and face, and mer when I went to the Anatomical Institute in Leipthree breech presentations; all the others were by sic, to Herr Dornfelder, to buy a normal female pelthe vertex. Placenta prævia was present in two vis. I was going to Berlin to return in a month, and cases at full term and in two miscarriages, one at instructed him to find a pelvis as near a normal speciseven and one at five months. A series of thirty-men in the museum as he could, in the large amount

tendance on a case of scarlet fever, and was followed by three other cases; the next two or three every case I attended that winter and spring suffered from it. Consultation confirmed the diagnosis in all cases. One instance was after a miscarriage at seven months following pneumonia. The patient had a weighing 13½ pounds. I tried to stop attendance on this class of patients, but could not get rid of them. The epidemic ceased as suddenly as it commenced, and I have not had a case since. smallest child delivered at full term weighed three pounds and lived only three days. Three deaths of infants have occurred from trismus, and four deaths, in children a few days old, for which I was unable to assign a cause. They simply mouned until they died, while they appeared to be in good condition. I had one case of hour-glass contraction and four of severe post-partum hæmorrhage at term.

My success I ascribe to patient waiting and conservatism. I do as little meddling as possible, and do not use antiseptic injections. The credit is partly tion. I see so many doctors who, in almost every case of obstetrics they get, if they arrive before the I have had a number, possibly twelve, of ruptured perineums; they were immediately stitched with a perfect result in all cases. I have never had a vesico vaginal fistula, although one of our teachers would impress his classes with the idea that these cases occur in the hands of the country practitioner. I might say the only cases I have ever seen were those in the care of city doctors.

Dr. H. A. Kelly remarked that Dr. Whitcomb's report was full of interest, and in criticising the observer must be careful not to impose the rules and statistics of an average. Philadelphia practice upon THE PRESIDENT, B. F. BAER, M.D., IN THE CHAIR. the Norristown people. While it is true that ailing, delicate women live and require obstetrical services in Norristown, as elsewhere, yet it is a fact that in Philadelphia the up-town mill population, from all over the civilized world, and the down-town populalation of pampered society women and alley offscourings, present very different problems to the accoucheur.

With notable exceptions labor in the country is two cases of puerperal fever, but fortunately without of material passing weekly through the Institute. On my return he gave me a specimen I now have in my ture of the complications, but he had gone too far office, which was the nearest to the normal he was to recede, for his hand had been inside of the right able to find; and he assured me that a normal pelvis-cyst-to-break-up-its-septa, and-blood-was flowing was rare. This dried pelvis with artificial ligaments profusely from it. The lady died twenty-six hours measures: Sp. 1, 25¹/₂ etm.; Cr. 1, 29¹/₂ etm.; Cr., later from shock and hemorrhage. 9 etm.; Dr., 13 etm. The argument as to different. He stated that some ovariotomists do not report. necessities in different localities holds with regard to their incomplete operations or their exploratory inthe use of antiseptics.

Dr. Wm. Goodent read a paper entitled

A YEAR'S WORK IN OVARIOTOMY.

year fifty-nine laparotomics, but that, lest his paper one on account of epithelial cancer of the cervix; so should be too long, he should limit himself to the that he did not have any exploratory incisions to reconsideration of his ovariotomy cases. Of these he port. He had twenty one cases of adhesions; a had had thirty-nine cases with three deaths.

merely from a sense of duty. He stated that in the and that he used Keith's dressing of one part carbolic removal of intra ligamentous cysts the ureter is in acid to seven of glycerine. great danger, and he believed that it had been re- DR. PARISH cited a few instances of evil results of obstruction, but this was the first fatal one in his both conditions doubtless dependent upon the aspirecollection. The remedies that he used were calo- ration. The patient recovered. mel and belladonna by the mouth, and turpentine by A few years ago a well known medical gentleman open the bowels.

cystic disease of both ovaries, in which the operation a shocking case of labor, in which active labor pains was incomplete. Malignancy had been suspected, began one week previous to her admission to the but the operation was forced on him on account of hospital. No urine had been voided for several days. the excessive pain from which the woman suffered. Pregnancy was denied by the patient and her friends, Yet he argued, from his own experience and that of and was not recognized by two physicians. The Schroeder and Martin that, other things being equal, woman was small and deformed, and in the abdomen it was always wise to remove ovarian cysts even when were two fluctuating tumors, one due to a distended malignant, for patients' lives would be greatly pro-bladder, the other the uterus. Aspiration was resort-

longed by the operation.

in a brittle cancerous mass as large as his fist. This, which would probably have been highly detrimental with very great difficulty, was ligated en masse, and to the patient, had not the neglected and protracted then bleeding vessels were secured separately. The labor already determined a rapidly fatal result. left ovarian cyst was so fastened to the womb, pel. Though tapping for relief and especially for diagnovis and broad masses of cancerous excrescences that sis is less frequently resorted to than was the case a he did not attempt to remove it. He would have few years ago, yet even now it is too frequently done. abandoned the case after he had discovered the na- In reference to the development of cancer or sar-

cisions, but that he thought it fairer to do so. If his memory served him no trick, this was the only incomplete operation for ovarian cyst that he had ever had. None of his cases had been selected, and In it he stated that he had had during the past he had refused to operate in one case only, and that very large proportion of which he attributed to the Of these deaths one occurred on the table from tendency women in this country have of postponing the difficulties of the operation. It was a dreadful the day of operation. He also had had twenty cases case of intra-ligamentous cyst with universal adhe- of double ovariotomy; but this large number was sions, from which it was shelled out without a pedi- due to his rule of removing the second ovary in all cle. The ureter had to be dissected out for twelve malignant or suspicious cases, in all cases which have inches, and the entire colon, womb, bladder and passed the clima teric, in all cases of incipient dissmall intestines were attached to the cyst—It was a ease, and always when asked by the patient to do so, very forlorn—case from the start, and he operated. He further stared that he still adhered to Listerism,

peatedly torn across without the knowledge of the following abdominal tapping for purposes of diagnosurgeon Dr. Goodell stated that before the death sis or for relief from distension. In his first ovariof this case, he had had in succession twenty two otomy case, with the view of clinching the diagnosis, successful cases, and afterwards a series of eight he aspirated and withdrew a few drachms of somecases before the next death took place-viz., thirty-what cloudy ovarian fluid. The patient presented one cases with one death. The second death was some symptoms which in a few days became grave; due to obstruction of the bowels in a case of large pain in the tumor, rigors, rapid and feeble pulse and fibroid of the womb and ovarian cyst weighing six—high temperature. I operated during the existence teen pounds. On account of the fibroid both ova- of these symptoms, and found suppuration of the inries were removed. He had had his share of cases terior of the cyst and extensive anterior adhesions;

the rectum. The obstruction is due to the adhesion of this city aspirated a tumor supposed to be a mulof a knuckle of intestine either to the stump of the tilocular ovarian cyst. Though the fluid was stated pedicle, to the abdominal wound, or to some de- to verify the diagnosis, the patient miscarried in one nuded surface. As soon as symptoms of obstruction or two days of twins at about the fifth month, and presented themselves, he always aimed at once to the tumor proved to be simply a uterus enlarged by

reason of a multiple pregnancy.

The third death occurred in a case of malignant — I have recently seen in the Philadelphia Hospital ed to in both tumors, a procedure that was not only The right ovarian cyst had no pedicle, but ended unnecessary for diagnostic purposes in this case, but

coma after the removal of seemingly benign ovarian tumors, I have seen recently an example in a patient 49 deaths; mortality, 7.7 per cent. operated on by Dr. Hickman and myself. A large free from the appearance of malignancy, were re- firmary, Edinburgh. moved, and the patient made a tardy recovery. In about a year sarcomatous growths developed in the Ovariotomy, 21 cases, 18 cured, 3 died. neck and axilla, and a large one in the abdominal Hysterectomy for fibroid, 2 cases, 2 cured. wall of the left lumbar region. The patient died a few weeks ago, and the autopsy was made by Dr. Morris Longstreth, and though the sarcomas referred to were present, there was not intra-pelvic disease. An interesting feature was the total disappearance of the ligature of iron-dyed silk with which the pedicles and several vessels were secured about one death. eighteen months previously.

Dr. H. A. Kelly stated that while simply tapping. Ovariotomy, 47 cases, 46 cured, 1 died. often was in no way injurious, it was also often productive of grave injury, and one of his own cases Battey's operation for fibroid, 1 case, 1 cured. illustrated this point very well. The patient, having a cyst weighing 100 pounds, was tapped in the left iliac region by a notorious homoeopathic surgeon. From now on she suffered from severe inflammatory pains around the puncture, and at the operation the extensive dense adhesions at this point constituted later. the chief difficulty. She is now well, more than a hesions.

year since the operation.

the operation.

can operators, that their results are becoming so good.

ation completely aseptic. albumen from the system at large, surcharge of the until late in the operation. emunctories, as well as adhesions and unfavorable

results in my hands in at least twenty cases.

Dr. Goodell, in answer to a question by Dr. Baer, said he operated during menstruation merely little or no effect was produced on the discharge by

Dr. Jos. Price, in commenting upon some points alluded to in Dr. Goodell's paper, fearing the contaminated atmosphere of a general hospital, cited the statistics of two hospitals: Special Department of Birmingham General Hospital and Birmingham Hospital for Women, covering a period from January, 1878, to September, 1885:

Special Dep't of General Hospital—Ovariotomy, 35 cases, 11 deaths; 31.4 per cent.

Birmingham Hospital for Women-Ovariotomy, 268 cases, 10 deaths; 7.1 per cent.

abdominal operations in the

Special Dep't of General Hospital-85 cases, with 21 deaths; mortality, 24.7 per cent.

Birmingham Hospital for Women-632 cases, with

One point as to the value of the spray, quoting cyst of one ovary and a small one of the other, both from Keith's report of cases treated in the Royal In-

Carbolic acid spray cases:

Battey's operation, 1 case, 1 died.

Twenty-four cases with 4 deaths; 16.66 per cent. Boro glyceride spray cases:

Double ovariotomy with hysterectomy, 1 case, died. Hysterectomy for fibroid, 1 case, recovered.

Result with boro-glyceride spray: Two cases, with

No spray:

Hysterectomy for fibroid, 7 cases, 7 cured. Interstitial pregnancy, I case, I cured.

Fifty-six cases with one death.

Mr. Keith says: "No cases of serous cysts of the She had previously suffered from pressure symptoms, broad ligament were operated on. These all were treated by tapping, and none of them have returned." One such case that Dr. Price saw died a few days Of Dr. Keith's cases, one-half had no ad-

Dr. Montgomery expressed pleasure at hearing It is a cause for mutual congratulations for Ameri- Dr. Goodell's details and success, and considered his success gratifying, especially after tapping. A pa-The whole credit of this lies in the thorough use of tient came to him one month after tapping. She had antiseptic agents and the rendering the field of oper- a high pulse, septicæmia, large adhesions to viscera, etc., putrid clots in the tumor, and died on the fifth He does not apdifficult than those now being operated on abroad. prove of tapping broad ligament cysts. One patient The tumors we operate upon are older, and with the with such a tumor was tapped seven times. He afincreasing age of an ovarian tumor occur many terwards removed the tumor, and did not have a changes detrimental to the patient, depression of single vessel to tie. In this case the peritoneum had vitality from pressure symptoms, diversion of so much been pushed up by the tumor and was not opened

Dr. Goodell made a few remarks on the subject changes within the tumor itself. Keith's dressing of of statistics. Dr. Keith's have improved, not bea strong carbolized glycerine, has rendered excellent cause he has given up the spray, but because he has grown to his work. Dr. Goodell will give up the spray because it is an intolerable nuisance. As to the question of malignancy of ovarian tumors, it has from pressure of time on the part of the patient, and been said that "all ovarian tumors are malignant and should be so treated." This is too sweeping; but the tumor should in all cases be removed as soon as

possible, as soon as it is discovered.

Dr. R. P. Harris desired Dr. Parish to report the present condition of the patient from whom he had removed the ovarian tumor exhibited by him before the Society, at its meeting on March 4, 1886, the day after the operation. Dr. Parish requested Dr. Harris, who had seen her much more recently than he had, to report her condition. Dr. Harris stated that notwithstanding the fact that the tumor was largely solid; that it had grown rapidly; that the solid portion had an appearance of malignancy; and During the same period the total number of intra- that there was a small morbid growth projecting upward from the fundus uteri, the lady was to all appearance a well woman. He saw her on December 26, when she claimed to have perfectly recovered her

interest.

Dr. Chas. Meigs Wilson reported

THREE SUCCESSFUL TAIL OPERATIONS.

without the use of carbolic acid solutions for instruseeming jeopardy during their occurrence, and left ments, and without the spray. Hydrant water boiled her utterly prostrated. She had been in bed about for six hours was used for the instruments and sponges, twenty days out of every month for four years. Her in the first and second cases, and a solution of mer- epileptic seizures occurred only at her monthly pericuric chloride, 1 to 8000, for like purposes in the ods. Everything that her medical attendant could two inches in length. More than three months has and tubes were removed October 3, 1886. The has been reported. It has seemed best to publish made a speedy recovery without any untoward sympthe cases in this manner, because the vast majority toms. Present condition: She is now able to earn wound amount to little but evidence of individual one seizure since the day of operation. skill. Statistics of the real relief afforded by the operation is what the profession needs in order to act, 19, nullipara. This patient was also operated give the operation its just place in modern surgical upon on October 3, 1886. Since menstruction began, procedures.

first came under observation in July, 1886. She gave epochs "her agony has been unbearable." Menses her history as follows: Mrs. McM., act. 32, multi- have always been slight in quantity and regular as to para. For the last sixteen months has had a rapidly time. She presented a badly nourished appearance. growing tumor of the abdomen, menses profuse, Physical examination showed marked evidence of catamenial intervals ten to fifteen days; for the past general tuberculosis. In spite of this fact, and in four months has been rarely free from bloody vaginal view of her intense menstrual pain, oophorectomy discharge. She was emaciated and anæmic.

stant bloody discharge. She had reflex pains, but and both ovaries were cystic. Tubes and ovaries no ovarian tenderness or pain. She was obstinately were matted in a mass of adhesions which rendered constipated, owing to the pressure of the tumor upon the operation very tedious, it lasting one hour and the rectum. She was found to have a large fibroid ten minutes. Microscopic examination of sections tumor of the fundus and anterior wall of the uterus, of the tubes showed colonies of the bacillus tuber-The enlarged uterus was incarcerated in the cavity culosis. Both tubes were filled with a greenish pus of the pelvis and was very immobile. The sound which was very offensive. The recovery was comentered the uterus 7 4 inches. Abdominal section plicated by an arthritis, the symptoms of which were was performed September 20, 1886, with assistance so obscure as to render it difficult to say whether it of Drs. E. Wilson, A. P. Noble, E. Longaker. The was septic, rheumatic or hysterical. She eventually tubes were as thick as the finger, they had thin walls, made a good recovery. Present condition: Her and were distended with blood. The ovaries were physician, Dr. Walter E. Bibby, of Kensington, over size, and the right one was cystic. The ligature Phila., reports: "She is entirely free from pain, able slipped from the uterine end of the left tube, and to walk about, and to attend to light household duties. before it could be secured there was free hamorrhage. Under the use of cod liver oil and malt and alcohol The operation lasted forty minutes. Convalescence her tubercular trouble seems to be making little or was retarded by abscess of one of the suture tracts, 'no progress." As her peritoneum showed evidence The patient made an excellent recovery. Present of tuberculosis, as an experiment, bichloride solution, condition: Has lost no blood since the second day 1 to 8000, was used to wash out the abdominal cavafter the operation; appetite good, and is able to ity. Cases 2 and 3 were operated upon before Drs. resume her occupation of seamstress; frequently A. W. Biddle, W. E. Bibby, W. C. Goodell, E. Wilwalks two miles to her work; all pain has disappeared; son, Longaker, and C. P. Noble. All were done at has gained twenty-two pounds since the operation, the Philadelphia Lying in Hospital. In each case December 20, 1886, the sound entered the uterus 3 1/4 the abdominal cavity was thoroughly flooded with inches; the tumor was greatly reduced in size.

Case 2. Hystero Epilepsy. -- Mrs. C., act. 30, primi- was not used. The carbolized Chinese silk ligatures

health and strength after a very prolonged convales- para. Had always expoyed good health until after cence. Her appearance and activity certainly indi- the birth of her child six years ago. She had been cated that her statement was correct. The uterine delivered with forceps, and the cervix and perineum nodule must have been a fibroid, as, had it been had been badiy torn. She was in bed nine weeks cancerous, it must have materially developed in nine after her confinement. No clear history of her puermonths. The future of this case will be of much peral trouble could be obtained. She has had profuse catamenial discharges since. About six months after the birth of her child she first commenced to have attacks of loss of consciousness followed by epileptiform seizures at her menstrual periods. These These cases are the first of a series performed gradually became so severe as to place her life in third. The wounds in all three were dressed after think of had been done for her, and her family were the manner of Keith. The incisions were less than about to place her in an insane asylum. The ovaries elapsed since the operation in each case before it operation was an easy and simple one. The patient of all cases recover without accident from the opera- her living as a yarn picker, working full time; has tion, and hence mere statistics of the healing of the had no discharge of blood, little or no pain, and not

Case 3. Tubercular Pyo-Salpinx.-Miss E. R., at 15 years of age, she has had constant dull, aching Case 1. Myo-Fibrona of the Uterus.—This case pain, deep scated in the pelvis. At her menstrual was deemed justifiable and was accordingly done. She was very nervous and alarmed about the con-Both the tubes were as large as bologna sausages, boiled water before it was closed. The drainage-tube

for thirty-six hours after operation.

it would almost certainly have established the diag nosis. As to the right to operate upon a patient having a cavity in the lung, no general rule can be PAROVARIAN CYST AND APPENDAGES, COMPLICATED laid down; every such case stands by itself, and much must be left to the judgment of the operator.

in a case of general tuberculosis with a pulmonary boad ligament in a direction away from the uterus, lift-

pyosalpingitis.

been observed here and many more abroad, and it fimbriated extremity, and the infundibulo pelvic ligahas been recently formulated by Prof. Hegar among ment is separated from its ordinary pelvic wall atthe tubal diseases which may require operation.

patient outside of the pulmonary disease would de- ovarian ligament and uterine end of the Fallopian cide the question. Severe pain should be relieved tube, the pedicle. Had there been no pedicle, or unless the patient had a very short time to live.

HYDROSALPINX.

who had suffered from metrorrhagia over thirteen as easily as if they were wet pieces of linen lying in delphia without relief, and had faithfully tried every. On account of the presence of a uterine fibroid plan of treatment, systemic and per vaginam. The tumor, the size of an orange, the other healthy diagnosis of enlarged tubes was made before opera ovary and tube were removed. Three transparent tion, and on removal with their respective ovaries, cysts, about the size of beans, and feeling as hard as the tubes were found, one as large as a bologna saus- bone or wood are, as you see, hanging by long pediage and the other a small sausage, with a limpid fluid. cles from the meso salpinx. The ovarian artery She has lost no blood since the metrostaxis following runs over the tumor and under the tube, is elongated the operation about six weeks ago.

ries and tubes of a large fibro-cystic tumor upon the artery is appreciably enlarged. The ovary is which he had operated in the morning. The ovaries large but not pathological. were sessile, surrounded by congeries of great dilated vessels. The operation was one of extreme OVARIAN CVST IN THE BROAD LIGAMENT CONTAINdifficulty. (Note five days after operation: "The

patient's condition is perfect.")

ing meeting, who had ovaries and tubes removed for chronic subinvolution and endometritis, was preuterus is normal.

Dr. Parish reported a Porro Müller Operation.

CHICAGO GYNÆCOLOGIAL SOCIETY.

Regular Meeting, Friday, December 17, 1886.

IN THE CHAIR.

specimens:

PROLUERATING OVARIAN CYSTOMA.

and silkworm gut sutures were used. No anodyne teresting in being a large ovarian cystoma, composed was given after the operation, and no food was given of an immense number of small cysts. Extremely formidable in appearance—resembling a malignant Dr. H. A. Kelley was particularly interested in growth—it has pursued an exceedingly benign course. the tuberculous tubes, and regretted that an examina- Adhesions were few and easily severed. The subsetion of the uterine discharges had not been made, as quent recovery was typical, one dose of morphine constituting the entire medication.

BY A UTERINE FIBROID.

This cyst, which was about the size of the head of a Dr. BAER would hesitate for some time to operate child 2 years old, developed between the layers of the cavity. He did not think tuberculosis could cause ingup the Fallopian tube, ovary and infundibulo pelvic ligament. The tube is straightened and hyper-Dr. Kelly remarked that at least two cases have trophied, admitting the finger for an inch into the tachment by a larger portion of the tumor, over and Dr. Parish thinks the general condition of the under which the peritoneum passes to form, with the had it been desirable to leave the ovaries, the inner coating of the cyst could have been taken out of the serous investment in about two minutes, without Dr. H. A. Kelly exhibited the tubes of a patient violence or hæmorrhage. They separate now almost years. She had been in five large hospitals in Phila- apposition. The ovary is slightly hypertrophied. and four or five times its normal thickness. Here is Dr. Kelly also exhibited fresh, large cystic ova- also the left tube. It is congested, but neither it nor

ING THE DEGENERATED OVARY.

This tumor, which was removed by enucleation The patient whose history was read at the preced- and which was the size of a pregnant uterus in the sixth month, is interesting by comparison with the other, and also as illustrating the dangers of tapping. sented to the meeting. She has lost all pain and It evidently developed from the surface of the ovary feels perfectly well for the first time in years. The between the layers of the broad ligament towards the uterus. The remainder of the ovary has developed into a multilocular cystoma the size and shape of a large orange, and projects into the large cyst. The firmness of the adhesions of this inner coat of the tumor to its peritoneal covering, as compared with the smaller cyst just shown, suggests that small tumors are more easly enucleated than large ones, and constitutes an argument in favor of earlier THE PRISIDENT, CHAS. WARRINGTON EARLE, M.D., operations. The horn of the uterus with the Fallopian tube was hypertrophied and drawn up over the DR. HENRY T. BYFORD exhibited the following anterior surface of the tumor, so that when exposed during the operation it looked like a pregnant uterus with a large vein running over it, diagonally across the incision. Had the tumor been tapped in the or-This specimen, removed three weeks ago by Dr. dinary place, trouble must have resulted, and the William II. Byford, at the Woman's Hospital, is in- operation which, after the stripping of this hyper

trophied and congested uterine tissue from the tumor, suspending their expansibility except over small our most prominent general practitioners.

SUPPURATING OVARIAN ADENOMA, WITH UTERUS .-AUTOPSY.

from it, the right broad ligament supplanted by it, of about eight pints, had again accumulated. abscess opening just below and to the right of the ported upon them in person. umbilicus gave exit to pus, fæces and semi-transparent, jelly-like ovarian fluid. The right ureter was specimens: dilated and hypertrophied. The pelvis of the kidney must also have been dilated, although that being left to be examined last, was finally forgotten. The lower three feet of the ileum were compressed and atrophied to the size of a small lead pencil. Just skin. The iterus, which previous to the removal of the first tumor, had developed two healthy children, was of rather small size, in a normal position and healthy, excepting a moderate laceration of the cervix and a normal, and was not removed. slight degree of injection of the mucous membrane about the os.

FIBRO-SARCOMA OF THE LEFT HORN OF THE UTERUS, LUNGS, PEFURA, PERICARDIUM, RECTUM, TRANS-VERSE AND DESCENDING COLON AND ABDOMINAL PARIETES.

About a quart of serum was found in the right pleural cavity. Several round, fibro sarcomatous tumors, the size of nuts, and several indefinite spots of contracted fibrous tissue, were found in the lungs,

was easily and rapidly completed, would have been areas. The two exhibited were torn from the lungs; complicated. The uterus in a few weeks was ap- one from the center of the apex and the other from parently normal in size, position and mobility. It is the pleura at the base. A fibro-sarcoma the size of interesting to note that the tumor was mistaken for a goose's egg, which is still attached to the left pleura, advanced pregnancy, about a year ago, by one of was also attached to the pericardium. The heart weighed 834 ounces, was drawn to the left by the contracted lung (which had but little fluid about it) and contained an ante-morteni clot. The liver was enlarged and mottled. The stomach lay entirely to This tumor, which was examined by Dr. F. S. the left side, in front of the compressing and atro-Johnson, is an ovarian adenoma of the same histo-phied spleen, with the pyloric orifice suspended logical nature as the first specimen shown, but pre-vertically under the cardiac orifice, and not reaching sents a striking contrast by malignant course and as far to the right as to the median line. The transsmall size, as the whole was scarcely larger than a verse and descending meso colon was stung with child's head. An ovarian tumor was removed from these fibro-sarcomatous masses, the size of hazel the opposite side by Dr. William H. Byford several nuts, and the rectum covered with the same of a years ago. As this was not a malignant growth, little larger size. A few were also found on the although practically pursuing the course of one, an peritoneal surface of the abdominal parietes. The attempt was also made by him to remove this, or at uterine tumor weighed twenty ources, and, like all least cure the discharging abscess that surrounded it, of the specimens, cannot be distinguished from about five months before the patient's death, but it fibroid or fibrous tumors by the eye, except over a was, from the nature of the case, only partially suc-limited area upon the anterior surface, where it has cessful. In attempting its removal after death, the softened and degenerated into the round celled exhibitor was almost equally unsuccessful, for it was variety. The fact that the patient was twice tapped surrounded and intermingled with pus cavities and by physicians for ovarian cystoma makes it seem intestinal loops, and had destroyed and occupied the probable to me that this change has been produced place of all the pelvic tissues except the rectum, by the introduction of the trocar, and that the little bladder and uterus with the right round ligament tumors on the abdominal parietes were due to the which you see hanging to it. The cul-de-sac was adhesions forming afterwards. The fluid obtained full of it, the posterior uterine surface inseparable then was probably peritoneal which, to the amount and the contents of the left broad ligament an ag- was dark-green in color. Abdominal enlargement glomerated mass of inflammatory tissue. A blue was noticed several years ago. An operation had walled abscess about the size of, and extending along been advised two years ago. Dr. F. S. Johnson exthe course of, the ascending colon, and secured an amined the specimens, with the result mentioned, outlet just below the border of the ribs. Another and but for an attack of sickness would have re-

DR. W. W. JAGGARD exhibited the following

UNILOCULAR CYST OF RIGHT OVARY, THE REMAINING OVARIAN TISSUE SHOWING CORPUS LUTEUM OF MENSTRUATION.

He had recently removed the tumor, and the paabove it ran a fibrous tube of the usual size of the ileum, tient had made an excellent recovery. Menstruastraight from the caccum to the lower opening in the tion ceased three days before the operation. The specimen was interesting, though not exceptional, in showing the persistence of functional activity in such an extensively diseased organ. The left ovary was

> A PLACENTA, SHOWING VELAMENTOUS INSERTION OF THE UMBILICAL CORD, AND REMAINS OF AN EX-TENSIVE HEMORRHAGE INTO THE PAREN-CHYMA OF THE ORGAN.

> The term insertio velamentosa means a separation of the three vessels of the cord before they reach the placenta. The vessels pursue a straggling course between chorion and amnion, for a variable distance, and each one reaches the placental margin by itself.

> According to B. Schultze (Jenaische Z. f. med. u. Naturw., 1867, Heft. 2 and 3), the origin of velamentous insertion of the umbilical cord is as follows:

The autopsy was performed in the midnight before the burial, and in a small town, in a cold room and without conveniences.

The allantois carries the feetal vessels to the periphery of the egg, entirely irrespective of the future placen- in which the bowels are sometimes relaxed, occasional tal site. Indeed, it is comparatively seldom that the delirium, followed by a low, quiet state. Evidently future placental site is immediately reached. The he did not recognize typhoid as occurring in children. vessels penetrate all the chorionic villi indiscriminately. These vessels are subsequently obliterated in able that typhoid will be found to be a much more the chorionic villi not destined to form the placenta, frequent disease among children than has heretofore and vascular connection only remains with that por- been supposed." tion of the chorionic villi corresponding to the decidua serotina. With the further growth of the egg, under normal conditions—it makes no difference what point in children. Many cases of infantile and gastric in the egg periphery the allantois originally touched fever belong to this class." —as the amniotic sheath forms around the rudimentary cord, the feetus performs a movement of rotation, been observed during the first year of life, but is rare so that the vessels pursue a straight course to the under the age of 2 years. It is comparatively infreprevented by anomalous adhesions. The hindrance is adhesions of the umbilical vesicle, the ductus, or with that of the amnion, a complete sheath cannot are but different degrees of one and the same disbe formed, and the amnions forsake the vessels be- ease, typhoid. fore they reach the placental edge. Velamentous insertion of the cord can occur at the pole of the egg opposite to the placenta, or at any intermediate point. The anomaly is observed most frequently in cases of multiple pregnancy.

Velamentous insertion of the umbilical cord seldom leads directly to interference with the development of the fœtus. In labor, however, the vessels may be or, with the rupture of the bag of waters, a vessel may be torn and the child's life endangered by loss his chapter of eleven pages. of blood. In general terms, the clinical picture bears

a great resemblance to placenta prævia.

In the specimen presented, the cord is inserted into the chorion about 5 centimetres from the plalarge vessel was torn at the same time with the spon- among quite young children. taneous rupture of the bag of waters, and the life of the child was seriously jeopardized by the loss of rare, typhoid fever increases in frequency.

The child, though probably mature in point of age, upon was small and feeble; weight 2,700 grams, length 47 centimetres. The failure in development could be ascribed to the large hæmatoma and numerous hæmorrhagic infarctions in the placenta patalis. The the Society, one of anterior vaginal enterocele. and suffered from uterine hamorrhage when she was and they all concur in saving that they have never in the sixth month of pregnancy. The child, at the seen a case like it. The patient is 19 or 20 years of time of presentation of specimen, was living.

be seen

rhage, tympanites, and delirium.

the patient, as many authorities deny the existence is down the finger in the vagina is at once attracted of gennine typhoid in children.

Stewart (1841) describes infantile remittent fever

Condie (1853) says: "It is much more than prob-

Bedford (1856) does not speak of typhoid.

Hillier (1868) says: "Typhoid is not infrequent

Meigs and Pepper (1870) say: "Typhoid fever has placenta. Now this movement of rotation may be quent between the ages of 3 and 8 years, and attains hindered, and the formation of a complete sheath its maximum of frequency in childhood between the ages of 8 and 11 years."

Tanner (1871) believes that all those varieties of the vessels to the amnion or chorion. In such cases, typhoid which have hitherto been described under if the growth of the ductus does not keep equal pace the names of simple, continued and remittent fever,

Eustace Smith (1884) says: "Enteric fever is common in children."

Steiner (1871) says of typhoid: "This is common among children. In the Prague Hospital, out of 80,245 patients, 1,180 had typhoid."

Vogel (1870) says: "Abdominal typhus is much

more frequent than is commonly supposed."

He thought Lewis Smith did not mention typhoid compressed between the presenting part and the in his first edition, but in his sixth (1886) he describes parturient passage, and the child may be asphyxiated, it fully, believing that it is not infrequent in children, and presents peculiarities not found in adults, hence

From the above quotations it seems that foreign authors recognize it as moderately frequent, and writers in this country who, a quarter of a century ago, either did not speak of the disease as occurring cental edge. The anomaly was not recognized until among children or gave the subject very slight mennear the conclusion of the first stage of labor. A tion, are now describing it as more common, even

In all probability, as our malarial diseases become

Dr. J. 11. ETHERIDGE made the following remarks

A CASE OF ANTERIOR VAGINAL ENTEROCELE with exhibition of patient.

I have a rare case that I would like to exhibit to mother of the child was threatened with abortion, have had a few of my medical friends examine it, age and has one child, 11 months old. When she THE Present attexhibited the fleum removed from was about six months gone in pregnancy, she "jumped a child 22 months old, who died of typhoid fever, in the tope" one day, and after that she felt something which the characteristic lesions of the disease could come down through the vagina. She went to full term and had a normal labor. Whenever she strains The child had continued fever for five weeks, the or lifts, the enterocele comes down, presses the vulva temperature reaching 105° F, part of the time, rose- apart and comes out between the thighs. On excolored spots in the third week, intestinal homor amination I find quite a large opening in the roof of the vagina. The edges of the ring can be very The case is remarkable on account of the age of easily outlined with the finger, and when the hernia

tion and verify what I have said.

for examination by Dr. Etheridge is a typical case of not. vaginal hernia, the intestine passing between the

by a pendant mass, and by pressing it a little one place where it was first inserted. The two ends are can determine that it is filled with gas. The opening then drawn tight and tied, leaving a puckered opencomes down to the left of the uterus, anterior to the
broad ligament and posterior to the left of the bladder.

A Fowler pessary has been fitted which seems to ligature the intestine may be held back by armed answer the purpose of complete retention, and as probangs. It is easier to work in this region with the long as the patient can avoid an operation my advice scissors than the knife. Great care should be pracise not to have one. The uterus is in good position. ticed in operating in this neighborhood not to wound She made a good recovery from her confinement and the uterus and the peritoneum, which can be avoided is nursing her child, and seems to be in a perfectly by elevating the mucous membrane as it is removed. physiological condition. The question of operative Now a few words in regard to the abdominal section procedure for a radical cure is a very serious one for for reducible vaginal enterocele. After having this patient. Laparotomy is full of difficulty in at- opened the abdominal cavity and withdrawn the tempting to close the hernial opening from within, is prolapsed portion of the intestine, will it be easier to of a most unsatisfactory possibility in its outcome, close the hernial aperture than per vaginum! I and is followed by the very great risk to life which think not. The peritoneum and cellular tissue beattends all laparotomies. Any operation through the neath it (abundantly supplied with lymphatics and vaginal tract will be attended by such a lack of cer- blood vessels, the parametric tissue of Virchow and tainty in results as to cause me to hesitate in essay. Spiegelberg) will have to be incised, the bladder and ing it. Until it is found impossible to retain the upper portion of the vagina separated, the redundintestine in its proper place with a pessary, I have ant tissue of the anterior wall of the vagina drawn advised the patient to avoid submitting to any sur- up and excised, then stitched and replaced; the gical procedure. The patient is present, and each peritoneum also closed below as well as externally in gentleman desiring to do so can make the examinathe abdominal parietes. Will this render the site of the hernial protrusion stronger? Will it be a safer Dr. Philip Adolphus: The case just presented and more efficient operation than the first? I think

Dr. H. T. Byford: Dr. Etheridge has shown us loosely attached connective tissue which unites the one of those rare and interesting cases of anterior bladder and the anterior wall of the vagina, in its vaginal enterocele. The protrusion is through the upper half. This mode of descent is much more in-parametrium in front and to the right of the cervix, frequent than a heroia into the cul de-sac of Donglas. the entire uterus being pushed backward, and the In the case here presented the hernia is reducible in bladder forward. The left ureter can be felt passing the upright position, contains intestine only, and has from the trigone in front of the tumor downward and for its covering the peritoneum and vaginal wall, to the left of it. The broad ligament is pushed What can be done for the patient's relief? These backward, and the round ligament outward toward hernia seldom becomes strangulated. During labor, her left side. The parts to the left of the median however, besides being an obstacle to prompt de-line seem only slightly to participate in the general livery, they are liable to contusion and strangulation. displacement. The remedy for this condition, of No retentive apparatus is worthy of trial, for all discourse, must be to get the displaced organs and tend the vagina and ultimately increase the evil. tissues back into the place now occupied by the in-What surgical procedure should be attempted? The testine. I think Dr. Etheridge was wise in rejecting text-books to which I have access do not suggest abdominal section as a remedy, for no advantage anything. Is the hernia to be closed by way of ab-could be derived from it that would compensate for dominal section or per vaginum! I think the closure the risk involved. An operation from the vagina per vaginum is preferable, and I suggest the follows that would be justifiably performed upon a girl of her ing procedure adapted from Stoltz's operation for age could not be expected to be permanently succystocele: "The patient being placed in Simon's cessful, as the parts could not be properly replaced, position with the perineum retracted, the hernia is to and vaginal support could only be given. The be reduced and kept in place by means of armed treatment by pessary, already adopted in this case, probangs. An incision to be made over the tumor, is better than either of these procedures, because it the tissues divided until the ring of the hernia is ex- acts partly by replacing the organs, especially the posed. This ring is to be surrounded by a running uterus, and partly by providing a barrier to the desligature of very heavy catgut, and then closely approximated, tied, and the ends cut off short, or if not tend to strengthen the parts upon it, and that it thought preferable, interrupted catgut sutures may weakens those under it. The most efficient and be introduced to effect the same purpose. This rational method of permanently replacing the parts, completes the first step of the operation. Then re- and thus curing the enterocele would be to perform move a piece of the vagina larger than the protruded. Alexander's operation of shortening the round ligatumor, over the region of the hernia. The wound ments. This would draw the fundus forward over may be closed by running a circular single ligature the bladder and thus replace the normal central of carbolized silk in and out, about an eighth of an barrier to the descent of the intestines. It would meh from the margin of the wound, all around it, the also draw the round ligament and upper portion of end of the ligature being brought out close to the the broad ligament forward to form a lateral support

redundant a circular piece should be excised in front together, along with the parametric tissue immedi- fraternization would be all that could be desired. ately above it.

afterward. As to pregnancy, already there is some experience to show that it does not interfere. The round ligaments are not elongated in pregnancy as to a certain extent away from them. In many cases of anteflexion or anteversion the ligaments are shorter than after an Alexander operation, yet give rise to no serious trouble in pregnancy.

Dr. Adolphus: How could Alexander's operation be of benefit if it draws the fundus down and the cervix up, since the enterocele is between the bladder and the cervix?

Dr. Byford: It draws the body of the uterus down under the intestines, displacing them upward. in order to secure a proper relation of parts.

(To be concluded.)

DOMESTIC CORRESPONDENCE

LETTER FROM NEW YORK.

(FROM OUR OWN CORRESPONDENT.)

New York County Medical Association-Election of Officers—Dysentery at the Almshouse, Blackwell's Island - Indiscriminate Porotomy - Quinine as an Antipyretic in Pneumonia — Small-Pox — Proposed Reorganization of the Health Department—Deaths from Water Fuel Gas.

cording Secretary, Dr. P. Brynberg Porter; Corresponding and Statistical Secretary, Dr. Glover C. Sanders.

The report of the retiring Treasurer, Dr. E. S. F. ing at the time.

to them. By turning back the base of the broad Arnold, showed that seventy-eight new members had ligament it would tend to draw back into position been added during the year. The introduction of the urcter (which is in close relation with its posterior moderate monthly entertainments after the scientific edge), and at the same time the connective tissue work of the evening he thought had been of material through which the ureter runs and which is displaced advantage, especially in promoting harmony and forward with it. I know of no other method in goodfellowship, and in making the members better which the parts could be brought back so nearly to acquainted with each other; and he expressed the their former relations. A pessary could now be opinion that, should these gatherings be a means of worn until the parts had contracted and regained bringing the younger and older men into more friendly tonicity. If then the anterior vaginal wall remained and intimate contact, and induce the latter, as occasion offered, to extend a helping hand to such of the of the cervix and by a stitch passed around it drawn former as might be benefited by it, the results of this

Dr. H. M. Briggs read the history of an epidemic DR. ETHERIDGE: If Alexander's operation was of dysentery at the Almshouse on Blackwell's Island, satisfactorily performed, what would be the effect in which he stated that in the years 1884-5 there upon the bladder and upon subsequent pregnancy? was some dysentery in this institution, though not of DR. BYFORD: After the operation the fundus is an epidemic character; but an examination made by not, or should not be, held down upon the bladder an inspector of the Health Department showed the as firmly as in some cases of anteflexion in which sanitary condition of the buildings to be good. Some there are no bladder symptoms of any account. I closets which were undoubtedly the cause of the have performed three operations. In one case the trouble were not, however, inspected, as they were bladder symptoms were benefited, in the others separated from the main buildings and did not attract there were none complained of, either before or attention. The epidemic in q estion commenced early in June, 1886, and the cases increased in number and severity until the 15th of July, when Dr. Briggs came on duty. At this time from twelve to much as would be supposed, since the uterus grows lifteen new cases of severe dysentery appeared each week in the female almshouse, and the weekly number of deaths from the disease amounted to five or six.

Believing, as he does, that dysentery, in the vast majority of cases, is an intectious disease, due to some definite, determinable cause, he immediately made a careful inspection of all the buildings in the institution, as well as of the food and water supplied to the inmates; examining closely into all the conditions which might possibly bear upon the development of the disease. Aside from the element of The cervix needs to be held upward and backward overcrowding, nothing could be found to which importance could be attached, as regards the causation of the epidemic, except the state of the water-closet above referred to, which was in general use by the This was separated from the main building by a roadway, and had a large cemented brick vault, with a sewer about one foot in diameter leading from it to the river below, which was found to be in an exceedingly bad condition. The vault was flushed by the water from the bath-house, which was in the same enclosure, and by the rain-water from the roof of the main building. At the time of the examination the vault contained two or three feet of semi-solid faccal matter. During the early part of the summer the weather had been very dry; so that the supply of water from either source was very small. As far At the January meeting of the New York County as could be learned, the closet had not been cleaned Medical Association, the following officers were since the autumn of the preceding year, and it was elected for the ensuing year: President, Dr. John ascertained that the outlet into the sewer mentioned Shrady; Vice President, Dr. J. R. MacGregor; Re- was eighteen inches above the lowest portion of the bottom of the vault, which was round. Moreover, the sewer was found to be partly stopped up; and Arnold; Treasurer, Dr. Charles Ellery Denison; when it was remembered, said Dr. Briggs, that the Member of the Executive Committee, Dr. Edwin closet was in constant use by nearly 800 persons, some idea might be formed of the conditions prevailbichloride of mercury was ordered to be placed in disease after having become residents of them. the vessels of all who were affected with diarrheea in the interval between July 18 and September 25, the of the New York State Board of Health (1882). closet was cleaned a number of times. For about ten The next order of business was a paper by Dr. the disease.

25 (when the closet was kept clean), at a time when deformity of the urethra. a larger number of cases would naturally be expected

teresting from the almost conclusive evidence pre-course, necessary to enlarge it to a moderate degree sented of the causal relation existing between the by incision when the passage of a catheter or a lithexposure to the emanations of decomposing human otrite was required. But to incise the whole balanic excreta and the appearance of the epidemic. There portion of the methra, through and through, was, he could be no doubt, in his mind, that epidemic dys thought, as unwarranted as it was unsurgical. entery was an infectious disease due to the action. Strictures of the balanic region were not ordinarily of some definite micro-organism. There was much amenable to treatment by dilatation, but required evidence, he said, to show that dysentery, under cer-incision, which was the most prompt and efficient tain conditions, is contagious; but, apparently, like method which could be employed for their eradicatyphoid fever, it was generally a miasmatic contation. The incision, however, should be directed and gious disease propagated by the stools of dysenteric proportioned in accordance with the size of the glans patients. The difficulty of isolating from the stools and the condition of the extremity of the urethra. the specific micro-organism which causes any disease. When, for instance, the meatus was normally situof the alimentary canal was very great, and in con- ated, a sufficiently free central cut along the floor of

dysentery in some of the most expensive houses in increased the deformity, and failed to relieve the

At his request, the closet was immediately washed tained that the cause of the trouble lay in some deout and disinfected. At the same time orders were fect in the drainage. He had known of a number of given for the careful disinfection of all beds used by dwellings about which there had seemed to be a patients who had suffered from dysentery, and who fatality, since several persons who had previously had been removed to the hospital, and a solution of been in good health successively died of this kind of

The Secretary, Dr. Porter, said that a few years any form. The good effect of these measures was since he had occasion, in connection with the State immediately apparent, for while there were thirteen. Board of Health, to investigate an epidemic of dysdeaths from dysentery in June, and seventeen in July, entery occurring in a village on Long Island, in which there were only four in August, and none at all in it was found, by expert analysis, that in every in-September until the 25th of the month. In fact, stance the well-water of the premises where the case only one death occurred among those who were occurred was contaminated; and it was ascertained, attacked with dysentery after the closet was furthermore, that the position of the privy in refercleaned, and in this case the immediate cause of ence to the well was such that defilement of the water death was cerebral hæmorrhage. From August 10 by human excreta was possible. His report of the to September 25 no new cases appeared. During outbreak was published in the second annual report

days preceding September 25, however, the closet Gouley, in which he made a vigorous protest against was not cleaned, and at this time a number of new indiscriminate cutting of the meatus urinarius. Of cases and several deaths occurred. Certainly, Dr. late years, he thought, the import of such conse-Briggs thought, more conclusive proof could scarcely quences of urethral stricture of the balanic region, be desired of the causative relation existing between such as dysuria, vesical irritation, and "reflex neurothe condition of the closet and the appearance of ses," had been greatly over-estimated; this had often led to very rash and unwarranted surgical interfer-But there were still other facts that pointed strongly ence. Meatus cutting, or, to give it a proper techin this direction. Among the inmates of certain nical name, porotomy, had, he said, become the wards who made use of a closet in the main building, fashion, and every adult and adolescent who is not which was provided with school-sinks and was in ex- afflicted with congenital hypospadias must have his cellent condition, very few cases of dysentery oc- meatus cut; for he is told that the nozzle of his curred at any time, and it was ascertained that among prine-hose must be of greater calibre than the hose itthis few, in every instance those affected had used self. The doctrine that the meatus should be the the general closet referred to, at least at times; while largest part of the urethra, Dr. Gouley continued, not a single case appeared among those who used was not only unsound, but most dangerous, and was exclusively the closet in the main building. Again, leading to much evil. It was, therefore, high time to no cases of dysentery occurred during a period of protest against the indiscriminate performance, and nearly seven weeks, from August 10 to September particularly against those incisions which resulted in

The congenitally narrow meatus was very often than in June or July. Thus, in September, 1884, met with, and yet comparatively few patients were more cases occurred than in any one of the summer ever inconvenienced by this defect. In many cases the meatus barely admitted a catheter of the diameter This epidemic of dysentery Dr. Briggs thought in 1 of 3 or 4 millimetres, and in this condition it was, of

clusion he expressed his regret that he was not able the urethra answered the purpose of simply enlargto make any satisfactory investigations on this point, 'ing the contracted urethral extremity within proper The President, Dr. Leach, said that he had often limits; but when there happened to be a slight balamet with obstinate cases of follicular enteritis and nic congenital hypospadias, this kind of incision only New York, and that in most instances it was ascer-| stricture; which could be successfully treated only not to increase the hypospadias.

lous, and no longer capable of successfully propelling leged action of the drug in promoting cell migration. the urine, which slobbered out of a wide mouth in. In some cases the pneumonic consolidation had exa narrow outlet. The genital functions were also antipyretic effect were desired, it could be secured said to be impaired by this over-distension of the much more efficiently by such agents as antipyrin urethral canal.

Dr. Gouley expressed the opinion that it is never normal suppleness.

Dr. Frank Graner presented a specimen of extra- on account of its great solubility, was the carbamide. uterine pregnancy, in which the seat of the developof the posterior part of the Fallopian tube at the inspectors have been appointed. point of rupture.

the primary growth in the cystic duct, which is a very has been very carefully drawn, and it is to be hoped rare location for such trouble, and the marked differthat it will be carried through for one reason, if for character.

At the last meeting of the Academy of Medicine the subject of discussion was the value of quinine as. Troy by the death of a number of individuals from an antipyretic in pneumonia. The opening paper water fuel gas, by the escape of the gas from leaking

by bilateral porotomy, performed in such a way as was by Dr. J. H. Ripley, who based his opinions upon a series of carefully recorded experiments made The probable object of these extremely free inci-during several years at St. Francis' Hospital in this sions of the urinary meatus was that instruments of city. The conclusion at which he arrived was, that extremely large calibre might be introduced through quinine is a feeble and uncertain antipyretic in pneustrictures of the deeper parts of the urethra. This, monia. Nor was this all. It had a bad effect on Dr. Goulev went on to say, was another of the many the appetite and digestion, and not infrequently exsurgical heresies now prevalent. The ostensible cited nausea and vomiting. In addition, it was liareason for this over-stretching of the urethra was that ble to produce marked cardiac weakness, profuse the stricture or strictures might not recur; but the cold perspiration and profound nervous depression. careful observation of many cases treated by the in- Opisthotonis was observed in one instance, and in a troduction of sounds of the diameter of 11, 12, and number of cases it caused epistaxis. In these cases 13 millimetres into the average human urethra showed the urine was examined before and after the ingesthat, while the stricture in some instances did not tion of large doses of quinine, and in one the urine, recur, the urethra, as an organic channel, was entirely previously normal, was found to contain albumen, spoiled. It became, as compared with a normal ure-hyaline casts, and renal mucus, after the use of the thra, what an old, worn-out, hardened rubber tube drug. These bad effects, he thought, more than was to one which had just come out of the maker's counterbalanced any good results that could be athands. The urethra, when constantly distended, tributed. He had not seen in any instance that it soon lost a very considerable number of its mucous shortened the natural course of the disease, and he follicles, and became dry, leathery, inelastic, patu- expressed himself as skeptical in regard to the alstead of being forced in a well-formed stream through tended under its use. Finally, he said that if an and salicylate of sodium.

The various speakers who took part in the discusjustifiable to over distend the whole urethra. Useful sion agreed in the main with Dr. Ripley, with the instruments, he said, had been devised to obviate exception of the President, Dr. Jacobi, who said that this evil, which were so constructed as to over-distend he thought that the inefficiency of quinine referred the strictured part of the urethra only, and save in- to was due in a great many instances to the condijury to the normal part of the canal, but they were tion of the stomach incident to the febrile state of the but little used.—Dilating instruments of this kind, system, which prevented it from absorbing the drug; he thought, should be occasionally employed during and that the same was true of the rectum. In order the treatment of strictures in the deep urethra; but to secure the full effect of the remedy, therefore, it the main object of moderate dilating catheterism was was necessary to administer it hypodermically. He to restore the urethra as nearly as possible to its had been very successful with this method, and the preparation which he was now in the habit of using,

More cases of small-pox were reported during the ment of the ovum was in the Fallopian tube, close month of January 1887, than in the whole of the two to the uterine orifice. At the autopsy the feetus, years 1883 and 1884; but this does not indicate a which was apparently of the age of seven or eight very alarming state of affairs, as there were only weeks, was found among some clots in the abdom- twenty-six cases reported in the first of these years, inal cavity. There are three points of special in- and five in the second. In 1885 there were 105 terest about the specimen, viz: the presence of a cases, and in 1885, 109. The disease appears, howdecilua vera in the uterus, the sympathetic enlarge- ever, to be on the increase, and in order to prevent ment of the walls of the uterus, and the thickening its further spread as far as possible, six extra sanitary

There has been introduced into the Legislature a Dr. Briggs presented, for Prof. Janeway, a speci-bill doing away with the present Board of Health, men of primary carcinoma of the cystic duct, with and providing for a reorganization of the department abundant carcinomatous deposits in the liver and in with a High Commissioner of Health, to be appointthe stomach. Its special points of interest were, ed and subject to removal by the Mayor. The bill ence between the primary and the secondary growths; no others, viz.: that it will dispose of the present the former being so insignificant as almost to escape head of the department, General Shaler, against notice, while the latter was of the most extensive whom the Mayor long since preferred charges, but whom the Governor has thus far refused to remove.

Considerable excitement has been occasioned in

and sale will be prohibited by law until this can be of hernia. conducted in an unobjectionable manner. Certainly the experience of Troy proves that it cannot be in represented as originating from the femoral, so called, troduced in a city with safety even for those who do just above Poupart's ligament. The point of origin not use it. P. B. P.

ELECTROLYSIS IN UTERINE FIBROIUS.

Dear Sir := I note on page 79, of The Journal. of January 15, 1887, 2d column, lines 56-64, the foll-tive Surgery. lowing: "Dr. William T. Belfield said: Dr. Martin has conferred a favor upon us in bringing Apostoli's Gray's Anatomy to have this plate corrected in their method before us. During the last twenty-five years next edition. various attempts have been made to reduce fibroids of the uterus by the galvanic current; yet none of them have been recognized as successful, because, doubtless, as Dr. Martin very properly says, the current has been used in an ignorant, inaccurate and bungling way."

I remark as follows: "During the last twenty-five years" I performed the first operation on Mrs. Robert Pierce, of Melrose, Mass., August 21, 1871, so it is about sixteen years since electrolysis of uterine

fibroids has been performed.

"The current has been used in an ignorant, inaccurate and bungling way." In the February and succeeding numbers, 1887, of the American Journal of Obstetrics will appear the full account of the first fifty cases of electrolysis for aterine fibroids, to which the gentlemen named are respectfully referred. These cases are brought up to date as far as possible. The following points are of interest: Apostoli used currents of 1-25 to 1-5 ampère, with up to 200 applications in his cases, and reports no absolute cures. The report about to be printed shows a current larger than Apostoli's, the battery measuring 27 to 30 amperes, and from one to nineteen operations. The general résumé is, seven non-arrests four deaths, twenty-five arrests, three relieved, and *eleven cured*. Since these first fifty cases there have been quite a Respectfully yours, number of cures.

EPHRAIM CUTTER, M.D. 1730 Broadway, New York, January 18, 1887.

AN INCORRECT WOOD CUT IN GRAY'S ANATOMY.

Dear Sir:—I have before me the tenth edition of Gray's Anatomy opened at page 925, on which page is a plate representing a view from within the pelvis, report of a case of pseudo membranous bronchitis, This cut is given to illustrate the anatomy of hernia, by Dr. H. A. Johnson, and the discussion of the and especially the relation of certain blood-vessels to same, I called to mind a case in the Boston City the hernial openings. Let the reader now turn to Hospital. The case was acute and diagnosis not this cut in his Gray, no matter what edition, although perfectly clear, but the autopsy showed a fibrinous the page may not be the same as the one given. In false membrane lining the bronchi. looking at the cut it will be observed that the large seeing perfect casts of the bronchi that he expectorartery and vein are designated: "Femoral Artery," ated. If diphtheria could be excluded, it would leave "Femoral Vein." These names are printed on the acute pseudo membranous or fibrinous bronchitis as vessels. The names are incorrect at this point on the diagnosis. Thinking the report of the case might these vessels. The artery is the external iliac, the prove of interest to one in writing upon the subject,

pipes into cellars, and thus up through the house, on vein the external iliac vein. The names femoral premises where it was not used at all. It is a per- artery and femoral vein are not given to these vespectly inodorous gas, composed largely of the deadly sels until they pass beneath Poupart's ligament. carbonic oxide, and it is likely that its manufacture! This plate serves to confuse the student in his studies

> It will be noticed that the deep epigastric artery is of said artery is correctly given, but it is from the external iliac and not the femoral. Correct the names of the large blood vessels mentioned and confusion will disappear. I am surprised to find this same wood out reproduced in Stimson's Opera-

It would be well for the editors and publishers of A. C. Simonton, M.D.

Des Moines, Ia.

AMERICAN MEDICAL ASSOCIATION.

Dear Sir:-Lately in The JOURNAL you made an appeal for papers to be prepared for the next meeting of the Association in Chicago, June next. In local societies the great difficulty lies in the selection of a subject. So often have papers been prepared based upon a single case that they have come to be looked upon as an advertisement of the writer. Would it not be well for the chairmen of Sections to select subjects in their various departments, and by correspondence learn who will write upon them? or publish a list of subjects in The Journal, with a request that those who would write upon them should inform the chairman, either personally or through THE JOURNAL. The members of the Association would, by this means, know what papers they could expect, and prepare themselves beforehand for their discussion. It seems to me in this way an interest would be excited that would attract attention, and both authors and disputants be benefited. It is very difficult, on the spur of the moment, to discuss any subject meritoriously and satisfactorily to either party. All special papers should be announced through The JOURNAL at least one month in advance of the annual meeting, giving title, etc., with a brief intimation of what the writers propose to set forth in their Yours truly, papers.

William Brodie, M.D.

Detroit, Mich., January 27, 1887.

PSEUDO-MEMBRANOUS BRONCHITIS.

Dear Sir:—While reading, in THE JOURNAL, the

in the Boston Medical and Surgical Journal, of March multiplying far more rapidly than are openings for 1, 1883. Yours respectfully,

HERBERT S. JOHNSON, M.D.

16 John St., Lowell, Mass., Jan'y 21, 1887.

INTERNATIONAL CONGRESS.

TRANS-ATLANTIC RATES.

For the information of our foreign brothers who propose to attend the meeting of the International Medical Congress, which takes place in Washington, D. C., on the 5th of September next, the following rates of travel across the Atlantic ocean have been submitted and recommended for their acceptance:

Red Star Line-\$100, Antwerp-New York and return.

Inman Line-\$100, Liverpool-New York and return.

Hamburg Line-\$90, Hamburg-New York and

Royal Netherland—\$80, Antwerp-New York and

The committee have proposed that each delegate shall have the privilege of bringing with him, at the same rate of expense, two lady members of his family, and believe that proposition will be accepted by those lines selected. Steps have also been taken to ascertain, at each of the four ports, Havre, Liverpool, Antwerp and Hamburg, the exact number of persons who will embark at these ports entitled to this reduction of rates. All further information on this subject will be promptly published in The Jour-NAL OF THE AMERICAN MEDICAL ASSOCIATION.

A. Y. P. GARNETT, M.D.,

MISCELLANEOUS.

WOMEN DOCTORS FOR INDIA. - The London Graphic says: Lady Dufferin appeals to the women three cents in stamps. One hundred copies, \$2.00 of England to subscribe what they can to the funds of the National Association for supplying female medical aid to their dusky sisters in the East. It is a most laudable undertaking, very large numbers of women in India being without medical attendance during sickness. They would sooner die than allow a man to see them, and they have, therefore, to trust for their recovery to the old wives' remedies which ever, that education is beginning to invade the sacred precincts of the purdah, the inmates are no longer content to trust their lives to ignorant crones, who are more skilled in distilling poisons and witchcraft than in useful medical lore. The demand, therefore, for women doctors from England is a genuine one, and not one of those philanthropic "fads" which are too often palmed off on the British public. There is another feature, moreover, which should commend the appeal even more to our favor. Rumor.

I would refer to the account of the case as published says that the number of lady doctors in England is practice. But in the East they have a splendid opportunity before them, in the multitudes of native ladies whose husbands can afford to pay substantial fees. They would be safe, too, from masculine competition, nor would they feel that they were intrud ng upon a province not belonging to them by right. Indeed, so promising is the enterprise that one can only wonder an exodus of lady doctors bound for the East did not take place long ago. There is one matter, however, in which they must be very careful, to respect native prejudices. It is said that some of them sedulously cultivate masculine manners and appearance, in order to gain the confidence of their patients. This will not do in India; the Asiatic husband is very suspicious, and would probably detect in the supposed female Hakim an enterprising Feringhee bent on making surreptitions love to his many wives behind the purdah.

> A GOOD RESOLUTION.—At the recent annual meeting of the Ohio State Board of Health, Dr. Jones introduced a resolution requiring that every railroad company doing business in Ohio shall carry on its trains an emergency case, which shall contain bandages, cotton, and other things desirable in accidents, and that employes shall be instructed in their use by the surgeon of the road.

> HYPNOTISM AND POLITICS. — While Chareot is electrifying Paris with the results of his hypnotic experiments at the Salpetrière Hospital, Virchow, in Berlin, for the nonce has withdrawn from "The Battle of Cells and Bacteria" and is fighting the battles of his party against the redoubtable Von Moltke.

Dr. Joseph Taber Johnson was elected President Chairman of Committee of Arrangements. of the Medical Society of the District of Columbia at its last annual meeting.

> THE CODE.—The cheap reprint edition of the Code of Ethics of the American Medical Association is now ready. Physicians, or others, wanting single copies should send to the Editor of The JOURNAL

> St. Louis Medical Society.—The Weekly Medical Review says: In the fifty years' history of this Society no administration was more successful than that of the president, Dr. E. H. Gregory. It also pays a high compliment to his successor for 1887, Dr. S. Pollak.

The Chicago Hospital for Women and Chilare among the traditions of zenana life. Now, how- DREN.—Mrs. George M. Pullman gave an amateur theatrical entertainment at the Pullman residence on Tuesday evening, which netted \$1000 for the hospital.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OIFICERS SERVING IN THE MEDICAL DEPARTMENT. U.S. ARMY, FROM JANUARY 22, 1287, TO JANUARY 48, 1887

Lient, Edward R. Morris, Asst. Surgeon, granted leave of absence for one month, to take effect about March to, 1887, with permission to apply for an extension of twenty days. S. O. 6, Div. Pacific, Jan. 19, 1887.

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No. 7.

ORIGINAL ARTICLES.

CANTTHE CÆSAREAN SECTION BE SAFELY SUB-STITUTED FOR CRANIOTOMY IN THE UNITED STATES AT THE PRESENT TIME?

Read before the Medical Society of the District of Columbia, January 12, 1887.

BY JOSEPH TABER JOHNSON, M.D.,

PRESIDENT OF THE MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

provements which have been made in the ancient and est in abdominal surgery, I am inclined to change my time honored operation of the Cæsarean section. To views, exactly reversing the position stated above, Dr. Harris, of Philadelphia, are we mostly indebted making the Casarean section the operation of elecfor this revival of interest. He has repeatedly pointed tion, when possible. This, of course, leaves craniout that this operation, which, in the past, has been otomy as the operation of necessity; and when necregarded as almost universally fatal to the mother. essary, therefore, I would feel compelled to resort to can now be performed with great safety, and with the it. I cannot agree with those writers who would enresult of saving more lives, when resorted to early, tirely abolish it, and who denounce craniotomy as than by any of its alternatives. This statement is made by Dr. Harris after collecting the histories of a "murderous operation," as "killing the infant," as the comparatively large number of cases in this country "deliberate and cold-blooded nurder of an unoffendand in Europe. These remarkable results have been ing child," etc. I think craniotomy, even upon the achieved by a few men, mostly in Germany, who live child, may become a perfectly justifiable operation have had a large experience in abdominal surgery, and who brought to their assistance the many improvements which a number of operators had been attention, and as the success of abdominal surgery gradually making, in different parts of the world, in strides on with such surprising and startling rapidity, the Cæsarean section for many years. These successful operations have aroused the enthusiasm of a to change our views, and to be convinced, by the onfew writers to such a degree that they have been led ward march of events, that new practice, based upon to declare, with great fervor, and an eloquent display late experience and improved statistics, may be betof statistics, that craniotomy upon the living feetus ter and safer than the old. would hereafter be unjustifiable, and that the improved Casarean section must not only be the operation of election in the future, but of necessity also. Thus Dr. Meadows, of London, within the past three months, in a paper read before the British Gynecological Society, upon "The Total Abolition of Craniotomy," was so carried away with the wonderful and surprising figures of Dr. Harris, that he exclaimed, in a sudden burst of enthusiasm: "Where, I ask, is mother a better chance for life than craniotomy ofcraniotomy now?" Dr. Meadows quite convinced fers, and at the same time, while not diminishing her himself, but, according to the record, none of his chances, afford us an opportunity of saving the child audience, that craniotomy should be forever abol- also. I do not think it is sound practice to be govished from the list of justifiable operations. It was erned by the mere statistical intent to save the greatgenerally agreed, in the discussion which followed, est number of lives, without any reference to the that the best thing ought to be done; that whenever value of those lives. The Cæsarean sectionists use the Cæsarean section offered the best chance it an argument which sounds well, and which, for statis-

should, of course, be urged upon the family, but that there would always remain a certain small proportion of cases, mostly in primiparae, where craniotomy would have to be performed.

When this subject was discussed in another society, in our city, two years ago, I took the ground strongly that past experience, as well as the teaching of nearly all the text-books in use by the colleges, declared that craniotomy, when indicated, should be considered the operation of election, and the Cæsarean section the operation of necessity.

In view of the growing success of "the improved Much interest has been excited of late in the im- Cæsarean section" abroad, and of my growing inter-"child murder," as an "abominable crime," as that under certain exceptional circumstances.

> Science advances, and as new facts come to our we are entitled, without being considered inconsistent,

> While I should be slow, as a teacher of obstetrics, to allow the writers in the ephemeral and frothy medical journals of the day to offset, with a few newlyacquired statistics, the crystallized teachings of the regularly authorized and recommended text-books, new as well as old, for the guidance of students and practitioners of medicine, I should hail with infinite satisfaction any practice which would give to the

about the unborn children, when the mortality of until the mother's life is also imperilled." craniotomy would be stated, upon this basis of calculation, to be 50 per cent. higher than the deaths of same work, Barnes says: "If the operation could be the mothers would properly place it. Thus, of 100; done at a chosen moment, and so improved as greatly craniotomies, if the mortality should be stated to be to increase the probality of saving the mother, then 60 per cent, the general reader might think that sixty, the already high probability of rescning the child of the mothers had perished as a result of the opera- might turn the scale in favor of the Cæsarean section tion; when, according to this mode of making sta- and against craniotomy. Unfortunately, art has not tistics, the statement would mean the death of fifty yet reached this point. The mortality to mothers feetuses and only ten mothers.

medical, ethical or theological. As long as the good to the rank of an elective operation." Lord continues to make human beings to differ so toms, environment, vital force, extent of deformity or obstruction; and he governed to some degree by the wishes of the patient who engages our services.

This is a free country and we, of course, have the inalienable right to refuse to remain responsible where our advice is rejected. But the patient has the same right to refuse to have an operation done which gives her so little chance of recovery as even the improved Casarean section does in this country.

If we are in attendance upon a case of midwifery which lasts longer than twenty-four hours, where the powers of the patient are showing positive signs of failure, where the forceps have been tried a number of times and failed, where the head is too far down to resort to version, and where, in order to save the now rapidly sinking mother, a corps of consulting physicians submit to the agonized husband and wife the sad alternative of craniotomy or some modification of the Caesarean section, and they refuse to perhimself by some cast iron rule, or allowed somebody else to bind his hand and his conscience for him, never, under any circumstances, to destroy what ricians rest the right to sacrifice the child for the sake little life is left in the long compressed and nearly of the mother is a very old one, and has met with lifeless unborn fœtus—is this woman (who has engaged this physician to see her safely through her ated by Cicero for example, and sustained, in genhabor) to be left in jeopardy while the fœtus is given the precious hours, to become unmistakably dead, in such peril that both cannot be saved, but one will which may decide adversely the fate of the mother be, by the sacrifice of the other, let that life which is also! Those who would refuse to do craniotomy of the least value to the State or to society perish. upon the live child, but would be willing to do it if It is unnecessary to show that the adult woman, with the child were surely dead, will sometimes, while her various domestic and social duties, has a life of obeying their cast iron rule, let the mother slip through their fingers also. I should hold with Barnes

tical purposes, would undoubtedly earry a point, and upon this point, who says, on page 845 of his Obperhaps an audience; inasmuch as by the performance stetric Medicine and Surgery: "On the continent of the Clesarean section more lives could possibly be especially, it is still urged by some to wait until the saved for the census to record among the inhabitants child is dead. If it be admitted-and the conditions of our country than as if craniotomy were sometimes of the case involve these postulates—1, that the child done. Of course, 50 per cent. of the "lives involved" cannot come through alive; 2, that the operation is are lost, as well as a very small per cent. of the moth-undertaken in order to save the mother, waiting till ers, but I thought, when I heard an argument some the child is dead is opposed alike to reason and to time ago upon this subject, that the speaker rather humanity. It seems a refinement of casuistry to disstrained a point, when he added the 50 per cent. of tinguish between directly destroying the child, and the already dead or sacrificed feetuses to the ascer-leaving it exposed to circumstances which must inevtained mortality to the mothers, of the craniotomy itably destroy it, and it is risking the very object of operation. I doubt if every one would stop to think our art, to wait for the lingering death of the child

In speaking of the Caesarean section, on page 855 from the Cæsarean section is still so great, whilst that We cannot, as conscientious physicians, be bound from embryotomy, in fitting cases, is so small, that we in our practice by cast iron rules, whether they are are unable at present to raise the Cæsarean section

In view, however, of the success of the improved widely from each other, just so long shall we be com | Casarean section, I should be inclined to hold with pelled to judge each case by its own peculiar symp-| those who would, if they could, raise the Cæsarean section to the rank of an elective operation; but we should hold ourselves free, in case this elective operation were not elected by those who had the right to vote, to perform craniotomy, upon the live child even, if we believed that by doing so we could save the mother. l should agree with Lusk, 1885 [Science and Art of Midwifery, p. 425] that "If in any case the decision is left to the physician, he should regard the welfare of the mother as of paramount importance. . . . The duty of the physician is, however, to his patient. He is not to constitute either judge or executioner."

As the work of Prof. Parvin has been published within the past month, it may be of interest to record his views as the latest authoritative statement from an American stand-point. Professor Parvin says, upon page 650 of his book: "Some, indeed, have had so strong a repugnance to directly sacrificing the life of the child, that they have done it indirectly, waiting until it died before resorting to the operation; thereby mit a cutting operation to be done—what is the in no sense evading the responsibility for its death, attending physician to do? Suppose he has bound and, at the same time, this delay has added to the perils of the mother.

> "The principle of morals upon which most obstetgeneral acceptance. That principle, clearly enuncieral, by moralists of all ages, is, that if two lives are

¹ Published in 1885 [only last year].
2 Science and Art of Obstetrics.

greater value than that of the unborn child, and of Leopold and Sanger, in saving seventeen out of therefore, while the duty of the obstetrician is to nineteen mothers, and all the children, by the imsave both when he can, if either is to be sacrificed, proved Casarean section, when they bring to bear let it be that of the latter—in other words, if, in a all their skill in abdominal surgery, have a corps of given case, embryotomy is a less risk to the mother trained assistants and nurses scarcely less able than than C:esarean section, the former should be selected. themselves, with craniotomy done under the circum-This is a rule of obstetric ethics which cannot be set stances just named, by inexperienced operators, and aside."

the statistics of craniotomy as given by Tyler Smith. In the practice of medicine or surgery, it is very in his book, written as far back as 1858, and by difficult to make correct comparisons, the cases are Churchill about the same time, with the improved so dissimilar. statistics of 1884-5-6 of the Caesarean section, done under all the detail of the antiseptic methods, and in stances of their operations, and their patients, better the light of all the wonderful improvements in ab- than we do in this country. They have better and dominal surgery.

tending this operation in the United States. It is my of their patients. belief, also, that more *lives* would be saved, if we incruel, unscientific, and impracticable to be bound by which cannot be regained. any inflexible rule in the management of these unfortions differ; vital force, and the dispositions of pa- States saved 54 per cent of the women. a woman who had been in labor several days, who of the children." had the forceps tried a dozen times by half as many doctors, who had completely exhausted themselves in lated cases, inasmuch as the last statement of operatics, they do a bungling craniotomy, through parts the improvements in autiseptic abdominal surgery, swollen, dry, and ready to lacerate or inflame.

Cæsarean section, because a woman succeeds in on died. So that, in our country, instead of the doing it upon herself with a carving knife, and closes, statistics improving, they have been steadily growing the abdominal wound with sticking plaster. Neither worse and worse, as shown in the following late is it just the thing to compare the marvelous results statistics and letter of Dr. Harris:

under the worst possible circumstances for success. There is an element of unfairness in comparing Such comparisons are odious as well as incorrect.

In Germany physicians can control the circummore opportunities to perform timely Cæsarean sec-It is my belief that more *mothers* would be saved, and tions than we do in the United States. Having would be put to much less pain and in much less dan-more cases of pelvic deformity than occur in ger, by the "timely" performance of craniotomy, done America, they have made more thorough and corunder all the antiseptic precautions, than by the rect studies in pelvimetry than we have, and make "timely" performance of the improved Casarean sec- their diagnosis and perform their operations earlier tion, if we judge by recent reports of the mortality at \text{than we do, and consequently, 1 believe, save more

An early diagnosis, and the consent of the patient clude those of the unborn fectuses, by the timely per- and her friends, to an early Cæsarean section, is formance of the improved Cassarean section than by more than half the battle. One reason, I believe. craniotomy, and as the Cæsarean section is a much for the unwillingness of these unfortunate women, more conservative and clean surgical procedure than and those directly interested in them, to have this the "horrid and detestable operation of craniotomy," as operation done early, is the belief of their physicians, it is now called by some, I should, with my knowledge as well as their own fear, that the result will be fatal; of abdominal surgery, greatly prefer to do it. One and they delay, and resort to other and unavailable of the chief points I am arguing against is, that it is means, until they have frittered away golden moments

Dr. Harris reports that there has been done, in this tunate patients. To "utterly abolish craniotomy," country, 144 Cæsarean sections, saving fifty-four or as recommended by Meadows and a few others, would 37½ per cent. of the mothers; (and emphasis seems leave us with our hands tied in some cases, and sub- to be laid upon the point that sixty-four children ject us to the mortification of being superseded by a were living when delivered. Perhaps a dozen or physician who was governed more by the circum-more of those children were dead in less than a stances and necessities of this particular case, than week, and perhaps only twenty or ten lived to by an unscientific prejudice. Our minds and hands grow up.) According to the same authority, the should be free. Cases differ; people differ; obstructifirst fifty Cæsarean sections done in the United tients, so differ that, as conservative physicians, we fifty Cæsarean sections done in the United States has should act as the requirements of each case are pre-saved but 24 per cent., a progress in the wrong sented to us. A timely and successful Cæsarean direction of over 50 per cent. Dr. Harris adds to section, done before the patient had been exhausted this sickening statement the information that, "opby long-continued, various and unsuccessful efforts erations performed in good season, when the condiat delivery, cannot be fairly compared and quoted tion of the woman was favorable, have saved 75 per against an unsuccessful craniotomy, performed upon cent. of the cases in this country, and 80 per cent.

These facts must have been culled from a few isotheir fruitless efforts to pull out the child, and finally, when they are worn out, in the middle of the night, perhaps, and by the aid of a tallow candle, with imperfect instruments, poor assistants and no antisepwomen, or 21 23:37 per cent." Thus, with all in the last decade of the 19th century, in the United It is no argument, in favor of always doing the States, nearly 84 per cent. of the women operated

September 17,	1886
Cæsarean operations of the United States	144
Women saved, 371/2 per cent.	54
Children living when delivered	64
First 50 operations, saved 54 per cent	27
Last 50 operations, saved 24 per cent	12
Operations for decade ending Dec. 31, 1855	25
Women saved, 48 per cent	12
Children Inving	13
Operations for decade ending Dec. 31, 1865	24
Women sayed, 45 5-6 per cent.	ΙÏ
Children living.	10
Operations for decade ending Dec. 31, 1875	36
Women saved, 27 7-9 per cent	10
Children living	11
Operations for 10 7-12 years, ending Aug. 1, 1886	37
Women saved, 21 23-37 per cent	S
Children living	16
Late operations, nearly 84 per cent, of this division	31

Operations performed in good season, when the condition of the woman was favorable, have saved 75 per cent. of the cases in this country, and 80 per cent. of the children.

It will be seen by this record that the number of operations is gradually upon the increase, and that the results are steadily becoming worse year by year. If we take the last five years—August 1, 1881, to August 1, 1886—we have nineteen operations, ending fatally in seventeen cases, saving but 10 10 19 per cent. Of the children, fourteen were also lost; of which two were destroyed by craniotomy, and one had its skull fractured by the forceps. In this list is not included an operation upon a moribund woman, performed in the interest of the feetus.

This is a frightful picture! In fact, it makes one sick at heart, in view of the fact that Europe, by the Sänger method, has saved 78 per cent., or 26 women out of 33; and 31 children.3 There has been very bad management somewhere, and I am inclined to believe that much lies in the fact that American obstetricians have not paid sufficient attention to pelvimetry, and are wanting in the skill that has been acquired in the maternities of the old world, by which they first determine the possibilities of delivery per ruas naturales, and finding the measure of obstruction, resort promptly to the knife without endangering the life of the woman by intermeddling and use-ROBERT P. HARRIS. less delay.

Great stress has been laid by those who would always do the Casarian section, and never consider craniotomy justifiable if the child was not known to be dead, upon the recent successes in the Caesarcan section by the "Sänger method" in Germany. But Germany, unfortunately for this recent authority in the October number of the American Journal of Obstetrics, page 1021, by Garproperly be called by his name as by Sänger's, and further, that there is really nothing in this "method"

ternity hospitals, of Dresden and Leipzig together, have had sixteen operations with fifteen maternal recoveries, and the survival of all the children." This. I am glad to admit, is a most successful and glorious record, and one which American operators should strive to equal. But it is not fair or correct to state this phenomenal success as the present standing of the improved Casarean operation. You might as well quote the phenomenal success of Mr. Tait, in doing 146 ovariotomies without a death, as the present happy standing of ovariotomy throughout the world, and expect others to obtain the same results.

Garrigues evidently had this same thought in his mind when he wrote, less than a month ago, page 1021—"It is not to be expected that this record will be kept up to its present standard. So far, the excellent results are due to the fact that so large a proportion of the cases have been operated on by one man, and a still larger proportion by a few men, all intimately connected, all perfectly familiar with antiseptic precautions, and skilful gynecologists. It is to be expected that when the operation becomes so popular that it is performed by many, and less well prepared operators, the results will again decline proportionately."

Garrigues says, "further, on the other hand, I am not prepared, with several authors, to teach that the improved Cæsarean section should be substituted for craniotomy, and to stamp, as an abominable crime, the destruction of the living fœtus, if by such a sacrifice, there is reasonable hope of a safe delivery for the mother. We must remember that similar antiseptic precautions to those upon which success in the new operation seems exclusively to turn, have benefited the operation of craniotomy.

Garrigues then refers to three recent craniotomies done by himself, two upon the living fœtus. All the mothers made an excellent recovery, and at no time presented any serious symptoms—one of them did not even have the slightest fever. In view of the recent successes in the Poro operation, I should feel disposed, in cases where there was a demand for the Cæsarean section, and the parties interested consented to have it done, to go still farther, and remove the uterus, or at least the ovaries and tubes, and thus make it forever impossible for the woman to be environed by the same dangers again.

It has been demonstrated that the success of repeated Cæsarcan sections on the same person is greater than first operations, but is nevertheless, a dangerous procedure. I am convinced that the failure of the Cæsarean section to succeed in our country is largely owargument, is not the United States. To quote from ing to the fact that the operation is performed after the patient has been worn out by prolonged and useless efforts to deliver her. If physicians and patients rigues, who claims that the Sänger method should as only believed this operation was the best one to perform and that it should be done early, and that it did not mean sure death, as so many seem to think, this after all, as the most successful operators get on obstacle would be removed and the door opened to better without using it-Garrigues says: "It is of a more successful future. Until we can do better particular interest to see that one operator, Prof. than to lose 29 out of the last 37 Casarean sec-Leopold, of Dresden, has operated nine times, sav-tions, in the United States, we cannot bind ouring eight women and all the children. The two masselves never to do craniotomy, even upon the living tchild. According to Harris, of the last nineteen op-

[&]quot; Medical News, Philadelphia, Sept. 18, 1886, p. 317.

arations, (C. S.), seventeen of the mothers died, reasons for such shameful fatality following this op-These nineteen Cæsarean sections were all done eration in this country? The results in Europe show within the past five years, and fourteen of the chil- with certainty that such terrific mortality is not indren were lost, a not very brilliant show for American separable from the operation, when rightly done operators. Garrigues saved more mothers than this under proper conditions. by doing his three cases of craniotomy. It cannot be claimed that the results would have been im- are, doubtless, delay in performing the operation, proved by the practice of the Sänger method, inas- and the attempts made at other methods of delivery and every one of the women died promptly.

reached in America. in this country, which would give us the right to correspond! "totally abolish craniotomy," and substitute for it at present, an operation which I have shown is so seldom then, to delay in operating, or to attempt at delivery

kind permission of the author, Dr. Wm. H. Parish, methods of delivery? First, The profession has of Philadelphia, whose entire article will appear in been educated to believe that the operation is almost the forthcoming volume of the Transactions of the necessarily fatal; and statistics have been quoted to American Gyecological Society) extracts from that prove its terrible mortality. We have also taught, in portion of his paper relating to the Cæsarean section text-books and in lecture halls, that the Cæsarean in the United States, and also remarks of Dr. section is not an operation of election; it has been Robert Barnes on Dr. Meadow's monograph referred declared by authority to be the most dangerous op-

APPENDIX.

Casarean operations in the United States. Of 144 to try craniotomy; and if this fails, then to try the operations only fifty-four or 37½ per cent. of the Cæsarean operation. It would be equally, or more mothers have recovered. Ninety mothers died out rational, in the management of an ovarian cyst: First, of 144 operated on, a truly frightful mortality.

fore abdominal surgery had attained its present high drainage of the cyst; and if that failed to perform degree of success. Has the Cæsarean operation ovariotomy. profited by the conceded recent surgical advances? Let us see: Of the fifty operations first performed the dread of the operation: It has frequently rein the United States, twenty-seven of the mothers, sulted from failure to recognize early the degree and or 54 per cent. recovered; and of the last fifty op- character of the obstruction. In the United States erations, only twelve of the mothers—i. e., only 24 large cities and large maternities are few, and medical per cent. recovered. The mortality has steadily in-schools are numerous, and the lectures are too creased during recent years, until of thirty-seven limited in time, and students are taught but little of women last operated upon, twenty-nine have died; pelvic deformities and of obstruction in the soft and of the last nineteen operations, seventeen of the parts. Pelvimetry is almost a closed book, and most mothers have died—a horrible mortality! In these young men, entering into private practice, have nineteen last cases, all occurring during the last five never seen even a normal labor, nor measured a years, there were fourteen dead children. In the pelvic canal. Is it surprising that, even later in life, last nineteen Cæsarean sections, then, there were they often cannot determine the degree of pelvic only two mothers saved, and only five children sur-contraction, or of obstruction, when such exists? vived. Should not American surgeons and ob- They cannot recognize the indication for the Cæstetricians hang their heads in shame at such a show-sarean operation, hence, in part, the delay; or resort ing? Is it not time that we should look into the to forceps, version, or craniotomy.

The two prime factors in producing such fatality much as there have been five Sanger Cæsarean sec- before making the section. Look at the number of tions done within as many years in the United States, children dead, when the operation began! The death of the child could not have been due to the There is something radically wrong, I fear, in our operation, but must have been produced prior to its teaching as well as in our practice. If we could performance. Of the 144 operations, eighty children control the circumstances and environment of our were dead. What caused their death? Quite cerpatients as surgeons do in Germany, I believe we tainly, either manual or instrumental interference, or could succeed as well as they do; but physicians as prolonged uterine contraction. The eighty dead well as people will require a good deal of educating, children mean eighty cases either of prolonged labor, evidently, before such a happy state of things will be or of injudicious interference in some other way by While therefore, I should the physician. Eighty dead children mean eighty greatly prefer to do the Casarean section and should cases in unfavorable condition for the operation. consider it, if called in time, the operation of elec- Notice that there were eighty dead children and tion, I cannot see that we have reached a position ninety dead mothers. How nearly the numbers

The mortality in this country is attributable largely, successful as even the "improved Cæsarean section." with forceps, by version, or by eraniotomy. Why I subjoin as an appendix to my paper (with the this delay, and these injudicious resorts to other to above, and which I adopt as a part of my paper. eration in surgery. The practitioner has been demoralized into great dread of it; and he is prepared to undertake any other measure first. I have heard a once prominent teacher, now deceased, instruct his large classes, in cases of deformed pelvis, if in Let us now turn to the mortality attending all doubt: first to try the forceps, and if unsuccessful, to try tapping; and if the cyst refilled, to try inject-But many of these operations were performed be- ing with iodine; and if not then successful, to try

The delay is not, however, dependent solely upon

The recent European success cannot be ascribed solely to the Sanger method of treating the uterine bring the Casarean section in some form to such that the operations have been performed early in by Dr. Meadows. Dr. Meadows put the mortality terminated fatally.

views and our teachings as to the dangers attending postulated for the Cæsarean section—that is, done the Casarean operation, and as to the indications at a chosen time with due skill—did not involve any structed more fully in the recognition of degrees of to fall back upon the long-recognized claim of the pelvic obstruction, so that it will not be necessary for mother to be first considered. Now, assuming that the physician to learn through delay, or through twenty mothers out of one hundred, or even ten, or failure with forceps, version, or craniotomy, that a even five, were sacrificed to the Casarean section in Casarean section is demanded.

will also submit a few essential rules:

- as the os is sufficiently dilated to permit drainage of utmost to save her? the lochia, and before the rupture of the membranes. Delay is fatal.
- 2. Operate with full antiseptic precautions; for, of all abdominal operations, no other demands so it is certainly destroyed. But this does not repreabsolutely that asepsis should be secured; but the spray over the abdomen is unnecessary.
- cervix, either manually or with rubber tubing, but preferably manually.
- 5. Carefully protect the peritoneum from contact section. with fluids, and make a careful toilet of that membrane, if perchance it has been soiled.
- 6. Administer ergotine hypodermically at the beginning of the operation.

[Remarks of Dr. Barnes, in the discussion on the paper of Dr. Meadows, which he read before the British Gynæcological Society 13th October, 1886, in which he favored the total abolition of craniotomy:

Dr. Barnes said he disclaimed the part of apologist of craniotomy. He earnestly hoped the time would come when this revolting operation might be abolished. He had worked hard towards this end. Some of the most trying hours he had ever spent had of the mother's life.

The problem would be nearer solution could we wound. Notice that in thirty-three operations by perfection that the mortality attending it would be this method, in Europe, thirty-one children were reduced to the mortality attending craniotomy. And saved. What does this indicate? It demonstrates here he disputed the validity of the statistics cited labor; that forceps, version, and craniotomy had not of the Cæsarean section according to Sänger's method been resorted to. It demonstrates that the obstet- at 20 per cent. Admitting this for the purpose of rician recognized promptly the degree of contraction, argument, and admitting further that the operation or character of obstruction; saw the indication and might be so improved as to attain an even smaller had sufficient confidence in the result to resort at mortality, he would still most emphatically protest once to Casarean section. The saving of 78 per against the statement that the necessary mortality cent, of the woman, under the Sänger method, does attending craniotomy approached 20 per cent., or not mean that this result was attained merely because even 5 per cent., excluding the cases of extreme pelof that invaluable method; for in this country there vic contraction which forbade the hope of extracting have been five Sänger operations, and all have the child after craniotomy, and which all acknowledged should be treated by the Cæsarean section. I submit that, in this country, we must recast our Craniotomy, done under fair conditions, such as are for its performance. Medical students must be in- maternal mortality. This being so, we were driven order to save, say ninety children, might not those In the performance of the Casarean operation, I doomed mothers rightly plead their prior right to be saved? Her life is in our hands; the circumstances 1. At once carefully determine the degree of ob- hardly admit of her forming a just judgment. We struction, and operate early in labor—i. e., as soon have to act for her, and are we not bound to do our

On the other hand, the case for the child is undoubtedly strong. By Cæsarean section there is a strong probability of its survival; under craniotomy sent the whole ease. This is what happens: A woman, with a minor degree of contracted pelvis, not 3. Control hamorrhage by compression of the admitting of the delivery at term of a live child, is delivered by craniotomy. She recovers, and time after time in subsequent pregnancies, labor being in-4. Introduce numerous deep and superficial sutures duced at seven or eight months, she bears a live so as to approximate accurately the muscular walls child. Add these children saved to the mother, and and serous surfaces of the peritoneum; but do not it might happen that the aggregate lives, maternal carry the sutures into the endometrium. The re- and infant, saved by craniotomy would compare moval of a section of the muscular wall is unnecessary. favorably with the aggregate saved by Cæsarean

> Undoubtedly very much had been gained, and much more would be gained, in the direction of lessening resort to craniotomy. Still he feared he must feel that the abolition of craniotomy was as yet an aspiration, and not an accomplished fact.

THE TREATMENT OF CROUP WITH DIGESTIVE SPRAYS.

BY GEORGE MINGES, M.D.,

OF DUBUQUE, IOWA.

Pseudo membranous laryngitis is always a grave been caused by the conflict between the duty of sav- affection, even under the most favorable circuming a mother at the sacrifice of her child, and of stances, and any treatment which promises even seeking the safety of the child at the imminent risk slightly to diminish its mortality, is worthy the earnest attention of practical physicians. Four thousand

submitted to by the little patients.

stage when treatment was begun.

ining the following points:

cance. Most of the older authors, and most Ameri- highest degree characteristic of the presence of false can and British authors to day, recognize two distinct membrane in the larynx." diseases, true membranous croup and laryngeal diphtheria; yet most of these even, and among others the voice never becomes whispering or completely Wagner, admit the presence of an exudation in the extinguished in spasmodic croup. According to fauces also in the former disease, although seconda. Meigs and Pepper, it rarely does in false croup, while rily; while many unicists, among them Steiner, admit it always does in the membranous disease. The the existence of a localized laryngeal diphtheria, cough is also affected by the aphonia in true croup. Niemeyer, a dualist, takes it for granted that the ste- Meigs and Pepper compare it to the sneezing of a notic symptoms are caused by a coexisting laryngeal young kitten, and say that they "have never heard membrane when an exudation is visible in the pharthis in catarrhal laryngitis, no matter how severe." ynx. With Squire a single point of pharyngeal ex- The aphonic cough was present in all of my cases, udation decides for diphtheria of the larynx, while even in the two which I have decided to exclude, Monti, although he believes croupous laryngitis to but in these two the speech and cry were not at all be much rarer than diphtheritic, if I understand him hoarse. The so-called "croupy" or "brassy" cough correctly, thinks that croupous laryngitis may occur which Sir Thomas Watson describes as characteristic as a complication of faucial diphtheria.

seen in the fauces. Now, we may think it toler- in numerous cases of spasmodic laryngitis, but only ably certain that a pseudo-membrane caused the once in true croup, and there its sudden appearance obstruction in these seven cases at least; but the co- at night at first led me into a mistaken diagnosis. existence of catarrhal laryngitis with pseudo-membranous pharyngitis, first described by Trousseau, one of the above-mentioned symptoms can be rewhich J. L. Smith thinks must be rare, is said by garded as strictly pathognomonic of pseudo-mem-Guersant to be quite frequent among the children of branous laryngitis, let us consider them jointly. Nieing the existence of a very small spot of exudation and subside by morning, while pseudo membranous in the larynx without giving rise to much obstruction, laryngitis, as a rule comes on insidiously, increasing

we generally find the dyspnæa alarming at our first day-time bark with fever." Ziemssen states that in

deaths are said to occur from it annually in England. visit, but from it alone we cannot always differentiate If I offer here the tedious description of a series betwen true and false croup. Loud stridulous resof cases treated by a method not new in principle, piration and suffocative attacks are present in both and attended by results not very brilliant, I hope forms. According to Steiner the dysphora is never that my communication may be received in a scien- so extreme in the latter, and the suffocative attacks tific spirit. I lay claim only to great perseverance in occur earlier, although not so frequently as in the the treatment described, and I hope to prove that its former disease. In all of my cases the dyspnoa was details are readily carried out by parents, and kindly marked, but of course not so extreme in the favorable cases, where treatment was begun early. Ja-I have treated sixteen cases with inhalations of solu- cobi lays particular stress upon its presence during tions of one or the other of the digestive ferments, expiration as well as inspiration in membranous croup. thrown in a spray by a steam-atomizer. The list in As my attention had not been directed to this point cludes sporadic, sthenic cases, as well as those of an until lately, I failed to make any observations regardasthenic nature, secondary to diphtheria of the fauces, ing it in my cases. The respirations were generally and one secondary to measles. Two successful cases not much increased in frequency, and in proportion in which I at the time diagnosticated croup below the to the frequency of the pulse they were retarded. vocal cords, I have decided to ignore in estimating. When they became very frequent, I took it for the results of treatment, having probably misinter- granted that the bronchi or lungs had become inpreted the phenomena, although Gerhardt states that volved, and accordingly gave an unfavorable prognoall the symptoms may be absent in diphtheritic lar-sis. The only measure which I know of the amount yngitis, while they may be present in other diseases of stenosis is inspiratory recession of the epigastrium causing laryngeal stenosis. One fatal case I must and attachment of the diaphragm. It was present also exclude, patient having been in the asphyxic to a greater or less extent in all of my cases, even in the two which I have excluded from the statistics as Let us now see how far the diagnosis can be sub- having probably been cases of false croup, although stantiated in the remaining thirteen cases, by exam- Meigs and Pepper say: "The persistence of a deep sulcus around the base of the chest and of recession 1. The Presence of Membrane in the Fauces .- of the lower end of the sternum and epigastrium There is great diversity of opinion as to its significal during inspiration, for even a short time, is in the

3. Aphonia.—According to Loomis and Steiner, of croup, I regard, with Trousseau, as a sign of the In seven of my cases a distinct membrane was absence of membrane in the larynx. I have met it

4. Totality of Symptoms.—Having seen that no the upper-classes in Paris. I can see how the hyper- meyer says: "They can all be present temporarily æmic swelling surrounding a diphtheritic patch might in catarrhal swelling of the vocal cords." In that extend to the epiglottis or vocal cords and produce case, however, the symptoms are generally alarming symptoms of laryngeal stenosis, and I can also imag- from the start, the onset almost always being at night, so that any treatment would seem to abort the disease. for several days, and is not attended to until a dan-2. Dyspnæa.—Unless we have watched the degerous stage has been reached. Hartshorne cautions velopment of croup secondary to some other disease, us always to "pay prompt and careful attention to a

pseudo-croup recovery takes place by the ensuing morning. Gerhardt, in the absence of pharyngeal sen's pepsin, dissolved in glycerine, to oj water, and implication and glandular enlargement, would "rest acidifying with 3ss lactic acid. This solution, thrown morning." Meigs and Pepper recognize a severe about a week more. Of course, it is not probable croup rarely less than six, often eight or ten days.

lasted at least four days, in one case over a week, using the atomizer must be constantly on the alert to with but slight remissions in the day-time, and noc- follow any movement of the patient's head and keep or more longer. Loomis says: "If recovery takes then becomes restless, opens its mouth to cry, takes place, it is slow, weeks often elapsing before the voice a deep inspiration, and the cough proves that the returns, during all of which time the patient is liable fluid enters the larynx. Any one can satisfy himself to severe attacks of dyspnea." Cormack seems to of this by trying it on himself. Children, after a classic works of Home and Cheyne, and many of the except the most fulminant cases the relief has been greater severity of symptoms in children as compared asleep, and at this time the spray can be used conædematous infiltration below the vocal cords, especially where the cords are inflamed and swollen, there is laryngeal stenosis with the same dyspnæa, cough, and loss of voice that we have from membranous ob-Pepper also think it necessary to see the membrane, | crib. either in situ or in the expectorated or vomited matters, in order to make an absolute diagnosis. I must digested, the relief is only temporary; and after the confess that this requirement was not met in a single one of my cases, but I thought it possible that the membrane had undergone molecular disintegration under the digestive influence of the spray.

Should a supposed catarrhal croup turn out in tive sprays ought to be of immense benefit. reality to be a pseudo membranous laryngitis, one consolation remains. We can smooth over our misthat the former disease can develop into the latter, suppressing the fact that most authors state that chilfected with the membranous form.

be made in any of my cases, and leaving it to you to estimate the probabilities in each individual case, allow me to pass to the consideration of my method that Rossbach (?) was using a spray of papayotin be increased with advantage. solution to dissolve false membranes. I utilized the pepsin for the expensive papayotin, and as patient recovered. I have used the method ever since, but I of late in a modified form.

The mixture was prepared by adding grs. x Jenthe diagnosis for the first few times on the efficacy of into a spray by a Codman and Shurtleff steam atomremedies and the course of the disease, remembering izer, was directed towards the child's mouth and nosthat an exudation lasting more than thirty-six hours trils continuously. day and night, until the worst speaks decidedly for diphtheria, while in false croup danger seemed over, generally about a week, and complete well-being has occurred as early as the next after that during the nocturnal exacerbations for form of spasmodic croup, with all the symptoms of that much of the fluid reached the larynx, but it is the true disease, but they state that its duration is an open question whether pepsin acts by its quanrarely longer than two or three days, that of true tity, or only in a catalytic manner. Dr. Henry Dwight Chapin has shown by experiments with tryp-In my successful cases, after slight hoarseness of sin solutions, that the spray dissolves membranes three or four days' duration, the alarming symptoms relatively more quickly than immersion.1 The person turnal exacerbations of dyspacea occurred for a week the spray playing on the mouth and nostrils; the child think that all the successful cases described in the short time, do not mind the spray much, and in all fatal ones, were cases of infantile laryngitis, the marked and prompt. The child usually soon falls with those in adults being due to the narrowness of tinuously without trouble. It is doubtful whether the glottis in the former. This theory is supported any of the fluid enters the respiratory passages durby the laryngoscopic investigations of Rauchfuss and ing sleep, but the steam alone must do considerable Dehio, which showed that in acute larvngitis with good. If the dyspncea again increases, the child awakes, and, if necessary, can be made to breathe through its mouth for awhile. Older children sometimes ask for the spray, and one (case 8) even for some time after full recovery, could be put to sleep struction of the rima glottidis. Flint and Meigs and only when the "little stove" was burning beside his

> If the membrane form again faster than it can be stenosis has become extreme, there is not enough air-current through the trachea to carry the spray where it is needed, but after the performance of tracheotomy or intubation of the larynx per os, diges-

One drawback of the acid pepsin spray is that it causes considerable erythema, and sometimes swelltake by citing Loomis and Hartshorne as authority ing, of the face. This can be avoided to a certain extent by anointing the exposed surfaces with cosmoline and covering the eyes with a cloth. In my dren subject to spasmodic croup rarely become af-last four cases I have obviated this difficulty by substituting an alkaline pancreatic solution, prepared as Having shown that an absolute diagnosis could not follows: R. Ext. pancreatis (Fairchild Bros. and Foster's) 5j; glycerine, q. s. ut. ft. sol.; nat. bicarb., 5ij; sol. thymol (1:1000), ziv (to prevent decomposition of the ext. pancreas, which occurs very quickof using the peptonizing ferments. I claim no orig. ly); aque, q. s. ad. oij, filtered. These solutions I inality, but think I have used digestive sprays since have used in large quantities, generally a quart dura time when they were but little mentioned in current ing the day, and an equal quantity at night, and literature. About five years ago I read somewhere sometimes much more. Perhaps their strength could

Dr. Henry Dwight Chapin describes a hand-ball principle in the first case of croup, and that a bad atomizer with tongue-depressor, combined in one inone, coming under my treatment, but substituted strument, by means of which a concentrated solu-

¹ Medical Record, vol. xxvii, p. 257, March 7, 1885.

tion of ext. pancreatis, gr. xv: 3j, can be thrown keeps up a gentle diaphoresis, and stimulates the more directly into the larynx for a minute or so every secretion of mucus. fifteen minutes.* In severe cases this might be occasionally used together with the constant spray from once saw a patient, whom I treated before I had the steam atomizer. I have never had any trouble begun to use pepsin inhalations, die of suffocation in getting parents to persevere with the treatment, during the retching produced by an emetic. Howbut in one case, where, after the child had materially ever, I shall hereafter try an occasional dose to expel improved, even at night, the suction tube became mucus and membrane disintegrated by the spray and stopped soon after my morning visit, by the scum algeollected in the air passages, because Meigs and Pepways present in the pancreatic solution, and by even- per claim that of thirteen cases where they pushed ing the child was past all hope. I had explained to emetics, ten recovered without, and one with, trachthe parents how to cleanse the tube with a small eotomy, while of eight others all but one died. feather from the large end, but, not being very intelligent, they failed in their attempts (case 15).

ing to Dr. B. M. Van Syckel, this ferment can be there is even greater diversity of opinion than on extemporized as follows: Add 5 grammes (3j grs. that of diagnosis. Wood, of Philadelphia, gives the xvij) ext. pancreatis to 500 cc. (3j 3vi) of a 1 per mortality of croup as low as 2 per cent. This is obcent, solution of salicylic acid, and digest in a water viously a different disease from that described by bath at 37° C. for four hours; filter, and make slightly Ware, who states that of twenty cases nineteen die.

alkaline with bicarbonate of soda.3

body must be protected from the wet spray by being former. Monti has seen spontaneous recovery in wrapped in shawls or oil-silk. Increased secretion not more than 2 per cent. of his cases of idiopathic diminishes congestion and aids in loosening the exud- croup, 2 per cent. more yielding to the lactic acid ation. This I have striven to promote by pilocarpin spray, while 50 per cent. recovered after tracheotomy; mur. in doses of gr. $\frac{1}{4\pi}$ to gr. $\frac{1}{24}$ q. h. or q. 2 h., but in descending croup with enlarged glands and day and night. To the pilocarpin mixture I add a constitutional symptoms, he does not think that more few drops of dilute muriatic acid to aid solution, tr. than 25 per cent, can be saved by the operation. ferri chlor., am. mur., and brandy to forestall the de | Even those writers who maintain the identity of croup pressing effects of the pilocarpin. As I have once or and diphtheria, admit that sporadic cases recover twice seen considerable temporary collapse from the more frequently than those occurring during an epipilocarpin, I think I will omit it in asthenic cases oc-demic; but in their treatment they generally include curring during epidemics of diphtheria. But it is tracheotomy. Thus, of a large number of cases necessary also to prevent the new exudation of treated by Steiner only three recovered without trachpseudo-membrane. This I have aimed to do with eotomy; with the operation his mortality was 60 or small doses of calomel, gr. $\frac{1}{20}$ to gr. $\frac{1}{5}$ q. h. or q. 2 70 per cent. h. day and night, given between the doses of pilo- I have been able to obtain consent to perform days. Mercury never salivates small children, but him by intubation, seven have recovered. often produces sudden and profound asthenia without salivation, as the personal experience of several thirty-five cases, their favorable results apparently physicians testifies.4 The treatment of this dread being due to the free use of emetics. disease must be active from the very beginning, but theritic cases. Opiates I would only give when the stant or almost constant use of trypsin inhalations. cough is distressing, and then only in small doses, as

Emetics I have hitherto studiously avoided, as I

Where it is often impossible to make a definite diagnosis, we must of course be eareful in estimating In New York they use a trypsin-spray, and accord- the results of treatment. On the point of prognosis Then we must bear in mind that many authors recog-Of course, other treatment must not be neglected. nize two distinct diseases, the one membranous croup I have hitherto used a slice of salt pork externally, pure and simple, the other laryngeal diphtheria, of but think I shall hereafter try hot poultices. The which they find the latter much more fatal than the

carpin. If there is much fever, I give occasional tracheotomy but once, and then only after the child doses of quinine. Nourishment is generally taken in was moribund. Intubation by Dr. O'Dwyer's instrusporadic cases, but must be insisted on in the asthe-ments would probably be more readily allowed,5 and nic, combined with stimulants. I do not believe in I can conceive it possible that in one or the other of frequent large doses of mercury, although I generally my fulminant cases the operation might have gained begin treatment with a gr. v-gr. x dose of calomel, time for the spray to act. Dr. F. E. Waxham, of which I repeat once or twice during the following Chicago, writes me that of fifteen cases treated by

Meigs and Pepper have had sixteen deaths out of

Secondary eroup occurring in the first week of should never be reckless. I would never dare to use diphtheria seems to be much more fatal than that octhe heroic doses of corrosive sublimate advocated by curring in the second or third week. Dr. J. Lewis Jacobi, gr. ss. daily for many days in an infant of 1 Smith thinks it is scarcely possible to cure more than year. J. Lewis Smith, a dualist, uses large doses of one-eighth of the cases of the former, while of the mercury in croup, but avoids them in asthenic diph- latter one-third may be saved by the early and con-

Now as to my own results. Before I began to use they have seemed to me to hasten the occurrence of the treatment above described, I had three cases of the asphyxic stage. I prefer Dover's powder, as it croup, all fatal; but they were all very severe and

Medical Record, vol. xxvii, p. 257.
 Medical Record, Vol. xxvii, p. 257.
 Medical Record, Feb. 21, 1885, vol. 1885.
 Med. Record, Feb. 21, 1885, vol. 1885.
 Med. Ass'n., May 2, 1885, vol. 18, p. 469.
 Med. Record, Vol. xxvii, p. 343.
 Med. Record, Feb. 21, 1885, vol. 18, p. 469.
 Med. Record, Vol. xxvii, p. 343. Record, vol. xxviii, p. 622.

Med. Record, Feb. 21, 1885, vol. xxvii. p. 207; also Jour, Amer. Med. Ass'n., May 2, 1885, vol. iv. p. 4/8, and ibid., Oct. 24, 1885, vol. v.

apparently infectious, two occurring in families in in a girl of 15, convalescing from typhoid fever, in-peared. Continuous pepsin-spray day and night.

fected by a brother with diphtheria.

mating results, six recovered. All of these ran a and cinchonid, were given q. 2 h., alternating with slow and protracted course, and hence gave the these calomel gr. 1/5, tart. em. gr. 1/15 pulv. Doveri gr. ss treatment some chance to succeed. Of the seven q. 2 h. Pilocarpin and spray continued. Stimufatal cases, all but one (case 7) ran through the dif- lants and milk frequently repeated. ferent stages very rapidly. Of seven cases where a distinct membrane was seen in the fauces, three re- Some improvement on 28th, and considerable by covered. Loomis says: "When the diagnosis is 30th, but now considerable cough. Spray continued based upon the presence of the membranous exida- some time longer, at last only at night. Aphonia retion in the tonsils and epiglottis, recovery seldom mained for some time. occurs."

others reported in the Dubuque Health Office. from sore throat with enlarged submaxillary glands. Here again we must bear in mind the probability of Cinchonid, sulph, gr. iv t. i. d., pilocarpin gr. 24 q. h. frequent errors of diagnosis, especially by irregular Some improvement after a few days, when, after getting practitioners, and of fatal secondary cases simply up, croupy symptoms began to appear and were weil reported as having died of the primary disease. On developed by the 8th. Alternated with pilocarpin the other hand, cases ending in recovery may have increased to gr. $\frac{1}{20}$ q. h., calomel gr. $\frac{1}{6}$ and pulv. been not reported at all. I will select the report of Dov. gr. ss q. 2 h. Pepsin-spray continuously. the health physician for the year ending February 28, December 16. Pilocarpin q. 2 h., and tr. ferri the health physician for the year ending February 28, 1883, as the disease was then rather prevalent, and mur. gtts. ij added to each dose. hence more liable to be fatal, and errors of diagnosis reported 37 cases of croup, with 21 deaths. Of these, emetic gr. $\frac{1}{24}$ to each dose of calomel. 32 were treated by other physicians and by methods per cent; 5 were treated by me as above described, with 2 deaths, a mortality of 40 per cent. Of the cases which recovered, one occurred during convalescence from measles (case 5), when, according to Steiner, true croup is much more common than false, while the reverse holds true in the beginning of measles.

Both Steiner and Monti lay stress upon the rarity of recovery from croup occurring in the desquamative stage of measles, the latter never having seen one get well. In the second case (case 6) the extensive pharyngeal exudation, which had been seen by the mother, had disappeared when I was first called, but the submaxillary glands were much enlarged. The third case (case 8), may have been one of severe spasmodic croup, although the long duration of the prodromal stage (four days), the first occurrence of suffocative attacks at noon, the severity of the symptoms, and the slow recovery, speak rather for pseudo membranous obstruction. Of the fatal cases, the first (case 4), was fulminant, and time was lost by treating it at first for spasmodic croup; in the second (case 7), the treatment had a pretty fair trial, but failed to save the patient.

Following is a brief review of my cases:

October 16, 1881, with cinchonidiæ sulph. and tr. fer, chlor, internally, and had throat swabbed with acid, carbol, and liq. ferri subsulph, in glycerine. Exudation in pharynx on 20th. Now added to other treatment pilocarpin mur. gr. 1/48 q. 2 h.

October 22, add gr. iv quiniæ sulph. t. i. d. for fever. Considerable cough, for which gave morphine after an attack of measles she was taken with hoarse-

and as hydrocy, dil.

October 24. Brush throat with pure tr. ferri mur. each of which another child died of the same dis- During following night laryngeal stenosis suddenly ease, either just before or soon after, and the third developed, while membrane in fauces had disap-

October 25. Dr. J. M. Boothly saw patient in con-Of the thirteen cases which I will utilize in esti-sultation in evening, and at his suggestion, am. mur.

Condition remained critical for several days.

Case 2.—Mary U., æt. 4 years, taken with diphtheria I have tried to compare my results with those of on Dec. 2, 1881, while a brother was convalescing

December 19. Patient slowly improving, but still less likely to occur. During that year there were considerable obstruction at night. Added tart.

December 23. Convalescent, but weakness of unknown to me, with 19 deaths, a mortality of 60 heart for which gave quinia, iron, nux vomica and Spray at night for some days longer, digitalis. Last child in family came down with diphtheria.

Patient got out of bed on 30th or 31st. Aphonia

remained complete for about two months.

Case 3.—Olivia H., &t. 1 year 9 months. Slight exudation had existed in fauces for four days when I first saw the child on January 6, 1882. Hoarseness had been increasing about thirty-six hours, and stenosis was so marked that an unfavorable prognosis was given. Pilocarpin mur. gr. $\frac{1}{32}$, am. mur. gr. $\frac{1}{4}$ q. h. Cinchonid. sulph. gr. j q. 4 h. Continuous inhalations of pepsin spray.

January 7. Respiration frequent, fever higher, probably indicating lung implication. Mustard poultices to chest, covered by oil-silk. Tracheotomy refused and not urged on account of probability of lung trouble. Symptoms increased in severity until death occurred December 8, 6:30 P.M. Duration of whole disease six days, of laryngitis three days,

of treatment forty-two hours.

Case 4.—Peter M., at. 3 years. Called on night of April 9, 1882. Sickness began three days ago with cough. Croup symptoms came on suddenly this evening. Thinking it a case of spasmodic croup, I vomited the child with sulphate of copper, and Case 1.—Frank P. Treated him for sore throat, prescribed tartar emetic and sulphate of morphia āā gr. $\frac{1}{64}$ q. h. Much worse next morning. Cinchonid. sulph. gr. iv q. 4 h., pilocarp. gr. 21/4 q. h., and con tinuous pepsin-spray. Patient died at 3 P.M. Duration of disease five days. Pepsin inhalations only four or five hours.

Case 5.—Francis B., æt. 312 years. About a week

ness, which gradually increased for several days,

July 8. Added to other treatment calomel gr.

been moved with grs. v calomel.

July 9. Ammonite earb. gr. j every two hours. July 10. Convalescent. Tr. ferri mur. gtts. ij q. 2 h. Last visit on July 11, but spray used at night for

slight exacerbations for a week longer.

throat for several days with glandular enlargement, creased to gtt. $\sqrt{2}$, q. h. Distressing cough almost Mother said fauces had been covered with whitish constantly. Still worse in afternoon. Some relief exudation, but I could see none when called on followed an emetic dose of cup, sulph. Eased cough October 24, 1882. Gradually increasing hoarseness with small doses of opiates. At 8 v.m. membrane for several days, now aphonia and symptoms of seemed looser, wherefore gave large doses of cup. laryngeal stenosis. Pilocarpin gr 1/4, am. mur. gr. sulph., but nervous sensibility so obtunded that they 18, tr. ferri mur. gtts. ijss, q. h. Continuous pepsin would not even produce nausea, and child died in a inhalations. Whenever atomizer became deranged short time, twenty-four hours after beginning inhalafor a short time, symptoms increased in severity, tions, and five days from beginning of sickness. Dr. J. H. Wilson saw case after two or three days and agreed in diagnosis.

maxillary glands.

October 31. Last visit. Continue inhalations at

intervals, as necessary, for a few days longer.

Case 7.—Lisetta R., act. 4 years 4 months. Gradu- P.M. much worse. ally increasing hoarseness and stridor for several days, until stenosis was far advanced when I first eotomy mentioned but not allowed until 4 P.M., when saw her on evening of December 17, 1882. Com-child was in asphyxic stage. Dr. J. S. Lewis was implete aphonia. Continuous pepsin inhalations. Pilo- mediately summoned to assist in operation; but we carpin gr. $\frac{1}{36}$, tr. ferri mur. gtts. jss q. h. Cinchonid. feared child would die before we could get ready. A sulph, gr. j q. 4 h. Tracheotomy refused. Patient few whiffs of chloroform were given. Trachea was became progressively worse, respirations hurried, reached in a few seconds without appreciable hæmhigh fever, and death occurred at noon of December orrhage, and promptly opened, but in enlarging the sickness one week, of treatment forty-two hours.

January 20, 1883, for cough with slight hoarseness. Did not see him again until 31st. Hoarseness rather worse, but did not think of croup. Sent for at noon of February 1, and found symptoms of croup well developed with deep sinking in of epigastrium and base of thorax inspiration. Immediately began with continuous pepsin inhalations and relief marked. Internally gr. ij cinchonid, sulph. q. 4 h., and pilocarpin mur. gr. $\frac{1}{32}$ with tr. ferri mur., am. mur., and brandy q. h. day and night. Some improvement by February 5. Added to other treatment gr. $\frac{1}{2^4}$ calomel and gr. ½ pulv. Dov. to prevent reformation of Januar membrane. Whenever spray was discontinued for a Dov. ½6. short time, symptoms increased in severity.

cit. t. i. d. Atomizer was used about two weeks, gr. 18 pro dosi. but during last few days only at night when dyspnæa

still existed.

miles in country. Called on evening of February got out of order, which happened several times, and 20, 1883, and found child in last stage of croup. whenever spray was resumed stenosis became much Did not examine fauces. Child died two hours after less alarming. Gradually improved to January 8, treatment was commenced, and after an illness of when tr. opii deod. gtt. 14 q. 2 h. was given for sefive days.

Case 10.-Leonard L., act. 5 years 11 months. until when I first saw her, on July 6, 1882, symptoms. Passed through severe attack of scarlatina anginosa of stenosis and aphonia were well marked. Cin- with faucial exudation, in 1881, making a slow rechonid. sulph. gr. ij q. 4 h., pilocarpin gr. $\frac{1}{24}$ with covery. Had been sick about four days when I tr. ferri mur. q. h. Pepsin inhalations day and night. was called on October 15, 1883, but had gone to school until the day before. Found extensive diph-16 and pulv. Dov. gr. ss q. 2 h., after bowels had theritic exudation in fauces, and laryngeal stenosis far advanced. Pilocarpin gr. 21, tr. ferri chlor. gtts. ijss, am. mur. gr. ss q. h. Swab throat every hour with carbolic acid and liq. ferri subsulph. Continuous pepsin inhalations begun after supper.

October 16, in morning much worse. Added cal-Case 6.—Albert M., set. 3 years 10 months. Sore omel gr. $\frac{1}{20}$, and pulv. Dov. gr. $\frac{1}{5}$ q. h. Pilocarpin in-

Case 11.—Josie B., tet. 1.4 months. Stenosis had been gradually increasing for nine days, until I was October 29. Ung. plumbi iod. to enlarged sub-finally called November 6, 1883, at 4 P.M. Unfavorable prognosis. Continuous inhalations of pepsinspray. Internally, pilocarpin gr. 31 and tr. ferri mur. gtts. ij q. h. Also, calomel gr. $\frac{1}{12}$ q. h. Eight

November 7. Grew rapidly worse to noon. Trach-19, apparently from lung implication. Duration of opening the churning motion of the larynx caused the innominate veni (?) to be punctured by the Case 8.—Karl H., act. 3 years. Treated patient knife; at any rate, considerable hæmorrhage ensued. The smallest tracheotomy tube was too small for the small wind-pipe. Immediately introduced silver male catheter, but patient died the same moment, twenty four hours after beginning of treatment, and ten days after initial hoarseness.

Case 12.—Annie T., æt. 7 months. Scrofnlous. Symptoms of croup came on January 1, 1884, at 1 A.M., after slight prodroma of several days' duration, and were well developed when I saw patient. Began immediately with continuous pepsin inhalations. Internally gr. 1/2 pilocarpin q. h.

January 2 gave also calomel gr. $\frac{1}{2^{10}}$ q. h. with pulv.

January 4, added to pilocarpin mixture gr. 500 February 6. Omitted pilocarpin. Ferri et quin, corrosive sublimate, tr. ferri mur. gtts. 1j., am. mur.

January 5, returned to calomel. Symptoms became considerably milder from beginning of inhala-Case 9.—Mathias Sch., æt. 5 years, living seven tions, but increased in severity whenever apparatus vere cough.

January 9, last regular visit for the time being, but no fever; all these symptoms of two weeks' duration. dyspnoa at night, wherefore spray had to be used at stridor in trachea masks everything. Thinking it to enlargement.

identity of croup and diphtheria, provided the child Respiration 48 to 56. In spite of this, child was exhad true croup in January, as the long duration of cessively and wildly playful, laughing, crowing, kickthe stenosis would seem to indicate, while the sud- ing all the time, so that friends who came in thought den onset at night rather speaks for spasmodic lar- it under the influence of liquor, although none had previous attack, but on that occasion I promptly ex- 1 ly, but at present only water was used in the spray.

diagnosis. three months ago for acute Bright's disease, of which tinued. Coughing spells more severe, child turning the cause could not be discovered, and two weeks red in the face during the attacks. Found child ago for bronchitis, which developed into lobular asleep in the evening. Respiration 32, pulse 132. pneumonia. Had not seen her for several days, as Increased pilocarpin to gr. 312 q. h. Spray used she seemed convalescent. On the night of April 8, 1885, she was taken with croupy symptoms, which the mother relieved temporarily with a dose of hive that of croup; cough more aphonic. Hands cold. Considerable fever, pulse 150, respiration 57, and of creatic spray was substituted. not yet reached the vocal cords. Gave grs. v calomel. Pancreatic spray to be used all night. Pilocarpin mur. gr. 214 q. h. Breathing soon became night with the spray playing in her face.

phragmatic attachments during inspiration. Pro-became more stridulous. longed expiratory sound, some dry râles. Ate a soft egg for breakfast. Calomel grs. x, continue other treatment. Ate some dinner. Played all afternoon potash gr. j, q. 2 h. and had two liquid stools. Six P.M., respiration 45, dry rales, no longer recession of lower ribs. Used only steam with atomizer during following night.

April 10, patient playing, pulse 120, breathing accelerated but noiseless. Made a prompt convalescence.

recovery.

Case 14.—Karl H., et. 8 months, brought to office April 21, 1885, with very loud wheezing in- and expirations, little if any hoarseness when crying, but

patient was kept under observation for some time Playful during day and sleeps all night in spite of longer, during which time there was more or less the dyspacea. Auscultation of lungs negative, as those times, and always with marked benefit. Child be a catarrhal affection, I prescribed am. carb. and remained sick for a long time, passing successively tr. sanguin. āā gr. 13 q. 2 h., with hot poultices of through whooping cough, pneumonia, and gastro-in-linseed and mustard to chest. Wheezing soon imtestinal disorders, and in August of same year had proved some, but on 23d I was sent for in haste at an attack of undoubted diphtheria, with glandular 5 P.M. Wheezing much worse, with inspiratory recession of supra-clavicular and supra-sternal fossæ, The last fact would rather militate against the xyphoid cartilage and free border of ribs. No feveryngitis. Almost two years later the same child was been thus far given. I now prescribed pilocarpin taken in the middle of the night with croupy sympegr. $\frac{1}{4\pi}$ q. h., with brandy, no iron, and an initial dose toms more alarming to the parents than those of the of grs. v calomel. The atomizer was used constantcluded true croup, and the recovery by morning un-Calomel operated several times, and child slept well der simple treatment proved the correctness of the during intervals of taking medicine. Vomited once.

October 24. Respiration seemed somewhat slower, Case 13.—Annie W., set. 3 years. Treated her but could not be counted, as child's excitement cononly during sleep, as child was too wild when awake.

October 25. Strider increasing, and more like Next morning, breathing accelerated, but As symptoms seemed to be increasing under water not stridulous. Grew worse until I saw her at 7 P.M. spray, and diagnosis of croup more certain, the pan-Pilocarpin gr. 3/2 the character indicating stenosis of larynx and trach-| only every two hours, as salivation has been considea, with recession of supra-clavicular and supra- erable. Atomizer became deranged for awhile and sternal fosse, as well as of border of ribs, during in- cough became still more suppressed. Child was spiration. Auscultation showed only prolonged ex- restless and feverish. Ten P.M., collapse, cold, clampiratory sound, no râles of any kind. Pain in throat; my perspiration, pale, no cyanosis, ceased breathing no exudation visible. No hoarseness of voice in for a few moments, then vomited large quantities of speaking, but cough aphonic. Diagnosticated as-glairy mucus; after this some improvement of stridor cending croup, beginning in the bronchi, which has and cough; pulse 132, full, respiration 40, more moist. Thinking that the pilocarpin had caused the depression, it was diminished to gr. $\frac{1}{48}$ q. 2 h., and the salivation then ceased, and calomel was now added, easier, although still stenotic, and patient slept all gr. 24 q. 2 h. From this time gradual improvement to 27th, when respiration during sleep, 28; no more April 9, stool at 5 a.m. At 8 a.m. respiration 54, recession of ribs. Pilocarpin stopped on 29th, but pulse 150; no stridor, but some drawing in of dia resumed again on November 2d, as respiration again

> November 3. Oil-silk jacket instead of poultices. November 7. Slight recession of ribs. Chlorate

> November 9. Stopped atomizer. Some wheezing when awake, but breathes noiselessly during sleep. November 13. Breathes much louder, so that the

> stridor can be heard through two rooms, yet no dyspncea whatever when asleep.

November 1.4. Wheezing only during expiration. The above case I will exclude on account of quick Sounds very much like asthma, yet the stridor is distinctly in the larynx and trachea; no râles in chest.

November 15. Has been taking iod, pot, several

days, which has produced iodism.

November 18. Expiration whistling. Boils have high pitched, almost completely suppressed cough, been forming on head, and muco-purulent and bloody casts are discharged from nose.

November 20. Breathing natural. November 28. Aphthic of tongue.

several days, has ended in perforation of left drummembrane.

December 10. now gone.

December 12. Double pneumonia, which underin left ear and broke.

January 8, 1886. Still considerable cough and dis-

charge from left ear.

of chronic catarrh, beginning in the larynx and tion 40. Discontinued pilocarpin. Calomel has trachea, ascending into the nares and middle ear, operated several times. Thought I heard a creaking and descending into the bronchioles and air vesicles, inspiratory râle, which to me indicated extension of and the improvement following the use of the digest- the disease into the bronchi. Little cough; sleeps

ing spray was probably only a coincidence.

Case 15.—Julia K., act. 1 year, scrofulous child, has been sick a good deal, almost dying of entero- mel gr. 14 q. h. Brandy 5 j, and quinia sulph, gr. ij colitis last August, living in the basement of a damp q. 2 h. Inunctions of oleate of mercury over larynx house. On morning of November 18, 1885, during q. 2 h. Room to be filled with steam by immersing cold, wet, foggy weather, was suddenly taken with red-hot flat-irons in vessels of water. Spray to be hoarseness, which became worse by evening, with used for a minute every fifteen to thirty minutes, some stridulous respiration. Still worse on following patient breathing through mouth. Tracheotomy not morning, but quite well again in the evening. Worse allowed. Was called at 1:10 A.M. and found patient again on morning of the 10th, and in the evening of asphyxiated, unconscious. Died quietly in a few same day I first saw the child. Cry and cough deminutes, fifteen hours after beginning of treatment, void of all sound. Had a suffocative attack in my and five days after first symptom of sore throat. presence, and I thought I could hear a loose mem-| Having given a sketch of the cases treated, and brane flapping in the larynx. Dyspncea not very recognizing the imperfections of which I was guilty severe in intervals between these attacks. Retrac- in their observation, I would like to urge physicians tion of lower ribs and xyphoid cartilage very slight. to give the digestive ferments a fair trial in conjunc-White membrane on posterior wall of pharynx. Lit-tion with such other treatment as the individual tle, if any, glandular enlargement. Cannot nurse cases may demand. If it would seem impossible for well. Prescribed pilocarpin mur, gr. $\frac{1}{4\pi}$ q. h., with the extract of pancreas or trypsin to have any soltr. ferri mur., and an initial dose of gr. v calomel. vent action in the small quantities inhaled in this Spray of ext. pancreatis was kept up continually, and way, how much more inert must be the lime-water child slept well, breathing almost noiselessly until, at spray used in the same manner, and if the former be and by 10, at my visit, the child was again in about virtue of being equally harmless. Should any one, the same condition in which I had left it the night stimulated by this report, devise a readier means of before. In the meantime it had nursed without apparent difficulty. I cleansed the tube, but after I left it membrane, making the method applicable also to soon became clogged again, and at 5 P.M. dyspnea fulminant cases, and doing away with the reckless was extreme, with deep recession of xyphoid cartil- and dangerous doses of mercury now in vogue, the age, evanosis, apathy, child lying with its head strongly extended, as in opisthotomos. Respiration 48, pulse very frequent and feeble. The medicine had been given in only one-third of the intended doses. The child's mouth was now held open with a spoon, and the spray used continually by myself for an hour. at the end of which time respiration seemed much Read before the Chicago South of Ogl. I done grand Otelogy, moister. Tracheotomy not allowed. The parents kept up the spray until 8:30 P.M., when the child died quite easily, apparently of asthenia, twenty four hours after the beginning of treatment.

Case 16.—Fannie T., let. 6 years, began to have sore throat on morning of December 5, 1885, a severe snow storm having occurred on previous even- account of its frequent occurrence and, until the past ing. Better on 6th. Went to school on 7th. Very few years, its almost incurability, I beg to call the

lous, and there was some inspiratory recession of free border of ribs. Pulse 120. Small spot of diph-December 1. Otitis media, which has existed for theritic deposit on left tonsil. Ordered salt pork to be tied around throat, and gr. 214 pilocarpin mur. to be given every hour, after an initial dose of grs. x Last traces of aphonia of cough calomel. The pancreatic spray was used so diligently that by 7 P.M. 214 quarts of the solution had been atomized. Respirations were then 28, pulse went resolution in about a week, when a boil formed 132. Considerable perspiration, ptyalism, and some vomiting. Had eaten some potatoes and squash for supper. Almost incessant cough, for which gave gr. ¹6 pulv. opii. By 8:30 p.m. pultaceous deposit had The above case I am now inclined to consider one spread over whole of left tonsil. Pulse 160, respiraby snatches.

Dr. J. H. Lewis was called in consultation. Calo-

5 A.M., the suction-tube of atomizer became stopped, not more active than the latter, it has at least the bringing the digestive fluid in contact with the false object of this paper will be accomplished.

Dubuque, Iowa, January, 1886.

LUPUS VULGARIS.

100 Dr. O Cor 14. 1880.

BY LYMAN WARE, M.D.,

MEMBER ILLINOIS STATE MEDICAL SCIPTLY AND CHECAGO MEDICAL SO-CLETY: SURGEON TO THE HILLINOIS BYLAN, FAR INFIRMARY, OCCULIST AND A BISE TO THE ORIHAM, ASYLUM,

History.—Lupus vulgaris is no new disease, but on slight hoarseness on evening of the 8th. When I attention of the faculty to a few cases which have first saw patient on 9th, at 10 A.M., there was com- come under my observation. Before referring to the plete aphonia, breathing was beginning to be stridue history of these cases or submitting to your examination two or three patients who have kindly consented term "scrofula," or "struma," yet in a case of indoto appear before you, I would, in a few words, recall lent swelling of the lymphatic glands, large lips, flab-

recognized at least 500 years since, and designated mation, followed by suppuration, we would not hes-"lupus." That in many cases it may have been con- itate to designate such a condition as scrofulous, or founded with carcinoma, by ancient writers, is highly strumous. In most of the cases that have come under probable. Willan was the first to apply the term my observation such a condition was not present, lupus exclusively to certain forms of ulceration about nor was there any history of syphilis. Some writers, the face. Bateman made no actual distinction be- while not considering lupus a syphilitic disease, think tween the effects and course of carcinoma and lupus, that it shows a syphilitic taint, yet 1 was not able to except that he considered the latter cured by arsenic, discover a single symptom that pointed toward hethe former not.

age the severity of the disease is often diminished, mary attack. Lupoid tubercle may terminate either in involution, or in disintegration and ulceration.

It may occur anywhere upon the body, although lignant, most frequently, by far, upon the face. The cases Volki which have come under my observation have origi- fact that every portion of the diseased tissue should nated on the lower lid, extending gradually to the be most thoroughly eradicated by the scoop, and the eye and nose. Lupus of the alæ nasi and the tip of same thing has been taught and attempted for many the nose assumes the dissiminatic form. The tuber- years by means of the knife, the caustic, or the galduces, first, complete ectropion, in consequence of and unflinchingly carried out, and repeated, if necesorbit. As the disease involves the conjunctiva it cally, some by constitutional remedies only. imparts to it a dark, reddish-brown color, and is decomes smooth, glistening and atrophied.

ed, and that the term "scrofula" originated in the acid in crystals. fact that the submixillary furrow, which does not term "struma," or "strumous diathesis."

to your minds some notable features of this disease: by, soft muscles, with a feeble constitution, and There is no doubt that the disease was generally where the slightest irritation produced chronic inflamreditary syphilis. The patients generally were in ex-Symptomatology.—Lupus varies much in appear- cellent health, appetite and digestion good. The ance, according to the age of the patient, constitu- more I compare the two conditions the less resemtion, state of health, kind of diet, and the part af- blance I find. Lupus is an exceedingly chronic, infected. At first it appears in the form of tubercles, dolent disease, arising from small tubercles imbedded either isolated or in groups, which may be deeply in the substance of the skin, does not become rapidly imbedded in the true skin, beneath it, or quite su- worse, may persist for years without producing conperficial, and always spreads by infecting the adja- stitutional disturbance, and is wholly unaffected by cent skin. It is never congenital, though it may anti-syphilitic treatment. It is also essentially a disappear early in life. Unchecked by treatment it in- ease of early life, seldom making its appearance beincreases more or less steadily for many years. At fore the third year and hardly ever after the twentimes the disease may appear checked for years, when tieth or twenty fifth. When it appears later, it will it will again break out with renewed vigor. In old generally be found to be a recurrence and not a pri-

The treatment of lupus rather indicates that it may leaving the skin atrophied and glistening like a scar, be allied to the malignant diseases, a connecting link, as it were, between the non-malignant and the ma-

Volkmann has recently laid great stress upon the cles are prominent, and coalescing, form large, irreg-vano-cautery. It has long been insisted upon that ular protuberances. Lupus on the lower lid pro- whatever method be adopted it must be thoroughly cicatricial contraction of the skin; then gradually sary, from time to time, according to the exigencies extends to the palpebral conjunctiva, the ocular and of the case, or its tendency to relapse. Most authors deeper tissues of the eye, involving at last the entire have considered it necessary to treat the disease lo-

In the cases reported I have tried each method cidedly trachomatous in appearance; later it be-|separately, then unitedly, and have no hesitancy in saying that when the local treatment was combined Etiology.—Many theories have been advanced with proper internal medication, the advance toward respecting the cause of lupus. Both ancient and recovery was much more rapid and satisfactory than modern writers refer it to scrofula or syphilis. Al- when only one method was followed. The internal though the terms scrofula and scrofulous have been treatment consisted principally of tonics, as quinia, used for ages by physicians as well as by laymen iron, strychnia, phosphates, and particularly arsenic, throughout the entire world, it must be confessed we either in the form of arsenious acid or Fowler's soluhave no very clear idea as to what scrofula is, or to tion, and special attention to a plain, nutritious diet, what exact condition scrofulosis should be applied, and out door life. The local treatment consisted in In my younger days I was taught that scrofula, being the complete destruction of the existing lupoid tua literal translation of the Latin scrofa, swine, was a bercles, in whatever state of development, by means, disease common to those who eat pork. I have first, of the scoop, or Volkmann's curette; then by since thought that such an explanation was unfound- a thorough and prolonged application of pyrogallic

In some cases, after removing the superficial layer, exist in well-fed swine, was obliterated by glandular consisting of morbid products, scales, secretions, etc., enlargements. Some who hesitate to use the word a pledget of absorbent cotton was saturated in a scrofula, designate exactly the same condition by the four per cent, solution of cocaine and firmly held on the diseased tissue. In other cases, where the lupoid Although we may not be able clearly to define the tubercles were deeply imbedded or where the disease

duced. The patient's never complained so much curette, and the wound dressed with powdered iodoof the acid application as of the curetting or scoop- form. Two weeks subsequently, a few lupoid tubercles uniting with the blood and lupoid tubercles, pro- but were easily removed by the curette without duces a thick, brownish, syrupy substance, and as anaesthesia. The patient made a rapid recovery, long as this is produced the acid should be applied, and remained under observation about six months,

tion of the medical profession to the local use of ing, that should there be a return of the disease he pyrogallic acid, though it had long been used in the would surely let me know. He was placed from arts, particularly in photography. Dr. A. Vesey the first upon Fowler's solution of arsenic and ad-(Dublin Journal Med. Science, 1878), observing its vised to continue its use for at least six months. remarkable astringent effects on the hands of those engaged in photography, was led to employ it in internal hemorrhage, and especially in the hemophysis of phthisis, in which he found it very efficient in grain doses frequently repeated (every hour or oftener.)

Jarisch first used it in the form of a ten per cent. ointment, with vaseline. Besnier, of Paris, makes use of a saturated solution of the acid in ether, applies it with a camel-hair pencil to the diseased portion, and at once covers this with a layer of tranmaticine. These applications are repeated until the

disease is thoroughly eradicated.

Schrummer, of Buda Pesth, after destroying the lupoid tubercles by means of the ten per cent, ointment already mentioned, prevents a return of tubercles in the cicatrix, which is of frequent occurrence,

by the application of mercurial plaster.

In some few cases in which pyrogallic acid has been used extensively and long-continued, poisoning has resulted; but when its use is restricted to the removal either of lupus or epithelioma, it is not at all likely to be complicated by any such unpleasant result. In cases of poisoning the kidneys are first affected, prostration and febrile disturbances appear, the urine becomes brownish or olive-green in consequence of hæmoglobinuria, the skin tinged with green, and a glairy mucus is vomited.

Dr. Charles W. Allen, of New York, has reported a number of cases of lupus treated by pyrogallic acid, and has expressed himself as most pleased with its effect. He made use of both the powder and ointment of varying strength, made with vaseline. He considers the acid of great value because it specially attacks the lupoid tubercles, induces destructive ulceration in and about them, leaving the healthy tissue

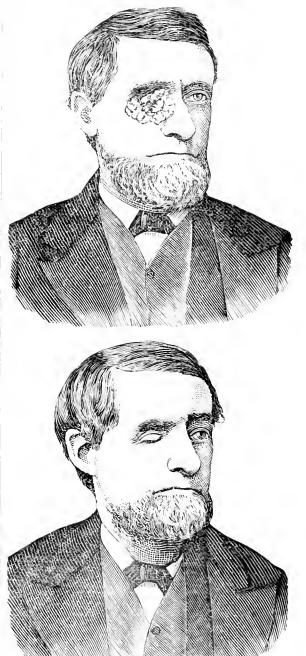
unchanged.

In any preparation of pyrogallic acid care must be exercised not to combine it with an alkali, which would neutralize it; nor with a metal, which it would

Six cases have been treated, but in Case 1 iodoform in powder was used instead of pyrogallic acid.

Case 1.—Jas. M., &t 45 years. Was first attacked twenty years since while in the U.S. Army. The disease made its appearance at the inner canthus of R. eye. He attributed it to an injury received while riding under a tree and being hit by an overhanging limb. The disease gradually extended to the under lid, involved a portion of the upper, encroached upon the cheek, and finally the deeper tissues of the eye itself. The patient was given ether and the dis-

was at all extensive, general anaesthesia was first in- eased mass thoroughly removed by means of the ing out of the lupoid mass. The pyrogallic acid again made their appearance at the inner canthus, farisch, of Vienna, was the first to call the atten- and no relapse occurred. He assurred me on leav-



The cuts shown give a good idea of the appearance of the case before and after treatment.

Case 2.—F. W., .et. 50., stone cutter; residence 441 Desplaines St., Chicago. Twenty years since a small tubercle about the size of a pea made its ap-the Académie de Médecine on December 14, M. pearance upon the left ala nasi. It slowly increased until it attained the size of a large bean, ulcerating and extending at its edges. A few years later lupoid tubercles appeared at the inner canthus of the L. eye, and gradually extended to the lower lid.

Mr. W. had submitted to a great variety of treat- the following conclusions: ment, which had only partially kept the disease in check. When he came under observation the pro- origin, even when their presence is not manifested tuberance on the ala nasi was, at least, the size of a until an advanced age. large lima bean, dark-red and ulcerated at the edges. The ulceration at the inner canthus occupied an ir- with the bronchial clefts of the embryo. regular space, about the size of a ten cent piece. Although there was at least an inch of perfectly liquid fat) may vary without the dermoid origin being healthy skin and tissue intervening between the two, doubtful, and this is due to the histological constituthe patient was confident that there was some con-tion of their walls. nection between them. When the ulcer of the nose As the patient had considerable fortitude the lupoid de l'Académic de Medecine, No. 50, 1886. tubercles of both nose and eye were thoroughly curetted without the aid of ether, and the pyrogallic acid applied until the brownish syrupy substance PINE.—A man æt. 18, who had been greatly broken ceased to form.

the others, in this respect, that for years there had expectorants, etc., resulted simply in a fresh lighting had been so great that it was impossible for him to secretion as well as those that regenerate the blood time he appears to be completely cured.

companied by any pain. When she first came under time. With like good effect this drug was used in treatment, the entire upper and lower lids and about the case of an old lady sick with broncho-pneumonia, one third of the adjacent check were involved, with intense dyspnea, -Memorabilien, 11ft. 4, 1886. Ether was administered, the entire ulcerated surface

was curetted and the acid applied.

Ear Informary, and my term of service about expiring, came under the charge of my colleague, Dr. Gardner, who continued the same course of treatment. After remaining a month or two in the instishe was allowed to return to her home. Six months normal condition.

ered it prudent to protect the cornea from the action teturn the same day, and may sleep and play in the of the acid, by means of a thick layer of absorbent disinfected rooms,—Lancet, Dec. 18, 1886.

I have now used the pyrogallic acid in five cases, and in three or four very extensively and freely, yet (Therap. Gaz.) states that tea-drinking acts in the in no case have I seen any symptoms which would direction of producing sterility in females. indicate poisoning.

MEDICAL PROGRESS.

SEROUS CYSTS OF THE ORBIT.—At the meeting of Panas read a communication on "The Pathogenesis of so-called Serons Cysts of the Orbit." The greatest obscurity has hitherto attached to the nature and pathological signification of these cysts. After a careful consideration of the subject M. Panas draws

1. These cysts, without exception, are of congenital

2. They present seats of election, corresponding

3. Their contents (epithelium, hairs, teeth, solid or

M. Panas gives the record of an interesting case, was red and painful that of the eye was also worse, with a full histological account of the cyst.—Bulletin

Double Pneumonia Treated with Pilocardown with dysentery complicated with nephritis, sud-The history of this case differed somewhat from denly acquired a double pneumonia. Antipyretics, been more or less pain. In fact, of late, the pain up of the dysentery. As in this way the organs of work at his trade or sleep, sometimes for several became unfit for their work, uramia and asphyxia nights in succession. The operation relieved him combined threatened to set in, and to combat at completely of the pain and he was able to sleep, and least one of these dangers, recourse was had daily to returned at once to his work. Several operations hypodermatic injections to 0.1 gm. of pilocarpine. have been necessary, but he has been able to sleep. Thanks to the profuse perspirations and the salivaregularly and work constantly, and at the present tion, parification of the blood was in this wise obtained until the lungs were again able to do their Case 3.—Minnie —, æt. 16. The hipoid ulceration work. Improvement became more pronounced after first began when she was 12 years of age, unac-every injection, and patient recovered in a very short

TREATMENT OF WHOOPING-COUGH.—The follow-This case being at the Illinois Charitable Eye and ing method of disinfection of sleeping and dwelling apartments and clothes is recommended by M. Moun in the treatment of whooping cough. It is said to cure the cases immediately. The children are washed and clothed in clean articles of dress and tution, and no indication of the disease reappearing removed to another part of the town. The bedroom and sitting room or nursery are then hermetically have now clapsed and there has been no return of scaled; all the bedding, playthings, and other articles the disease, but as there is slight ectropion of the that cannot be washed are exposed freely in the lower lid, in consequence of the deep ulceration, a room, in which sulphur is burnt in the proportion of plastic operation will be necessary to restore it to its 25 grammes to the cubic metre of space. The room remains thus charged with sulphurous acid for five In all cases of lupus about the eye, I have consid- hours, and is then freely ventilated. The children

STERILITY FROM TEA-DRINKING. - DR. DAVIS

THE

Journal of the American Medical Association. PUBLISHED WEEKLY.

THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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PROGRESS OF MEDICINE AND VOLUNTARY MED-ICAL ORGANIZATION UNDER A FREE GOVERNMENT.

The brief message of President Cleveland recently true representative form of government, both State resting on the voluntary support of a free people. and National, suggested the question, What progress such form of government during the same period?

which the previously existing thirteen loosely con-tive counties and States, and have it in readiness for federated States became one Nation, was passed by such demonstration of the real progress of medicine a Congress or Convention of delegates chosen for during a century almost untrammeled by legislation, that purpose by the several States, and was officially and equally unsupported by Government appropriapromulgated on the 28th day of September, 1787. tions. The fact that the Ninth International Medical Consequently the 28th of September, 1887, will mark Congress is to be held in Washington, during the the completion of the first century of National pro- same month that marks the centennial of our constigress under a well-defined constitutional form of gov-tutional government, gives much additional interest ernment, adopted by the unrestricted choice of the to the medical review we have suggested. people, and administered in all its departments by representatives chosen either directly or indirectly by the same people. Measures will undoubtedly be instituted for appropriately celebrating so important an wealth, and political freedom, but equally so in edu- "The Action and Therapeutic Value of Vegetable grand a scale, unbroken for a century, has been all into the blood, and of ascertaining to what extent

lowed for determining how far a people holding not only ail political power in their own hands, but equally the shaping and maintenance of all educational institutions, from the grammar school to the University with its departments of science, art, law, medicine and theology. In no department would such a review be more intensely interesting and profitable than that of medicine. Commencing the century in 1787 with but one organized medical college in actual operation in the entire country, and that one patronized by much less than one hundred students and granting less than a dozen diplomas annually; with State Medical Societies existing only in New Jersey and Massachusetts, and not a single medical periodical issued from the printing press of the country, and ending in 1887 with more than 100 organized medical colleges, educating more than 10,000 students and granting 3,000 or 4,000 medical diplomas annually; with active State Medical Societies in every State and inhabited Territory, all represented in one National Association, constituting a Republic of Medicine; while one hundred medical periodicals, weekly, monthly, quarterly and annual, calling the attention of Congress to the propriety of are regularly issuing from the printing presses in all making preparations for properly celebrating the com- parts of the country, what a field for philosophical pletion of the first century of our country's progress study is afforded by such a professional development, under our present written Constitution establishing a in comparison with all other elements of progress, all

It has been suggested that the attention of all the has medicine and medical organizations made under. County and State Societies should be directed to a careful collection of all items of educational, scien-The written Constitution of the United States by tific, sanitary and practical interest in their respec-

THE VEGETABLE ASTRINGENTS.

A valuable contribution to our knowledge of the anniversary day in our country's history; and if so it vegetable astringents is a report to the Scientific must provide for a careful and impartial review of Grant's Committee of the British Medical Associaour progress, not only in population, commerce, tion, by Dr. RALPH STOCKMAN, of Edinburgh, on cation in its broadest sense, popular, scientific, and Astringents." Dr. Stockman's investigation was professional. It is perhaps the first time in the his- undertaken with the purpose of determining the actory of the human race, that an experiment on so tion of the vegetable astringents, after absorption

the current ideas as regards their therapeutic value in which tannic, or its derivatives, circulate in the Journal of December 4, 1886. Briefly, the term mouth, and the rabbits killed by bleeding at various of this acid is not identical in all of them, the variety tated with alcohol, filtered, and the residue washed of tannic acid present being designated by such with hot alcohol-ether and water." The filtrate and terms as "kinotannic," "catechutannic," etc. But washings contained only the merest trace of a suball have the common property of precipitating albu-stance striking a greenish color with persalts of iron. men and gelatin from watery solutions, of producing Various other methods were tried, and with no betan "astringent taste in the mouth, and of giving ter success; and it therefore seems evident that tangreen or blue color reactions with persalts of iron.' | nic and gallic acids are absorbed slowly and in small The different varieties, however, have different pow- amounts from the intestines, and are so rapidly exers of precipitating albumen. Gallic acid, which creted from the blood that only a very small quanmay be more properly classed as a remote astringent, tity is present in the circulation at any one time; does not precipitate albumen or gelatin, and does not and the experiments also show that tannic and gallic tan; and its astringent taste is but barely perceptible acids are excreted chiefly by the bowels, to a small *Pyrogallic acid, while it precipitates albumen, differs extent by the kidneys, and by no other channel. markedly in other respects from tannin. In making his investigations Dr. Stockman selected, as representative members of the vegetable astringents, gallotannic, catechutannic, rhatany-tannic, gallic and pyrogallic acids, using the pure material, or as nearly pure as it could be obtained, first giving attention to the form and amount in which these bodies are absorbed, in which they circulate in the blood, and are excreted, and then to their action on the bloodvessels and circulation.

The experiments on absorption and excretion were made with gallotannic (ordinary tannic) and gallic acids. When tannic acid, says the writer, is taken into the stomach, it unites with the alkalies and the albumen present, and both these, and in the intestines, becomes converted, wholly or partially, according to the dose and time allowed, into gallic evaporated to dryness, and extracted with acetic acid—as was shown by Schroff in 1853. "Absorp- ether. The acetic ether was then drawn off at a tion into the blood may take place as tannate and gentle temperature, and the residue (which must be gallate of alkalies, or possibly as tannate of albumen quite free from water) washed several times with dissolved in the alkaline intestinal secretion." Cav- hot benzole. The washing with benzole was for the arra, Mitscherlich and Hennig, who investigated this purpose of removing any pyrogallic acid which might subject over thirty years ago, found only a trace of be present, tannic and gallic acids being quite inthese substances in the blood; and it is probable soluble in it. The gallic acid was then removed by that their failure may have been due to crude pro- washing with anhydrous pure ether, in which tannic cesses of analysis. Dr. Stockman made ten experi- acid is insoluble. The residue left is dark-brown in ments on rabbits to ascertain the form and amount color, syrupy in consistence, and contains the tannin

are supported by experimental research. Dr. Stock-, blood. Tannic acid, in doses varying from one to man's paper may be found in the British Medical ten grammes, dissolved in water, was given by the "astringents," including "styptics," may be defined periods after the administration of the drug; but not as "substances," which, either when locally applied, until it was ascertained by examination of the exor after absorption into the blood, cause contraction pressed urine that the addition of ferric chloride gave of tissues, diminished secretion, and arrest hæmor-, a copious blue precipitate. In no case did the blood rhage;" and those which act in this manner after ab-|or serum show the faintest blue coloration when sorption into the blood are known as "remote as-ferric chloride solution was mixed with it on a white tringents." All the vegetable astringents which porcelain slab. The ordinary method of examining now have a reputation as remedial agents owe their serous fluids was followed in the analysis of the value to tannic acid, but the chemical composition blood. "The freshly defibrinated blood was precipi-Careful examinations of the various organs and secretions showed that only the urine, genito-urinary apparatus and the alimentary canal gave any reactions at all.

The only remaining method left by which to determine the forms in which tannic acid is absorbed, was by examination of the urine. Dr. Stockman confirms Lewin's observation that the amount of tannic acid excreted in the urine of rabbits is always considerable. Gallic acid is also invariably found, both being in combination with alkalies. The details of his method of analysis may be interesting. "The urine was distilled to a scrapy consistence either in vacuo, at a temperature of 110° to 120° F., or in a carbonic acid atmosphere. The residue was shaken up with alcohol, the whole filtered, the filtrate mixed with various impurities. When dissolved in naturally suppose that neutral gallate of soda would its conversion into gallic acid. amount of gallic acid in the urine. The observa-centre in the medulla. tions on man were conducted in a similar manner, and long time, without obtaining any bluish coloration

tract vessels and gallic acid dilates them, we would gards tannic acid, the matter is somewhat more

water, if tannin be present, it precipitates albumen have no effect on their calibre; and a large number and gelatin (the alkali-tannate being decomposed of experiments showed this to be the case. The by the acetic ether), the precipitate being soluble in circulation of salt solution containing gallic acid lactic acid and alkaline carbonates. It also gives a through mammalian blood-yessels also causes them copious blue-black precipitate with ferric salts, not to dilate. But when gallic acid is added to blood it clearing up on boiling." This method has the ad- becomes neutralized, and if the blood be circulated vantage that it is carried out at a low temperature, through an organ, either slight dilatation or no effect and oxidation is thus in a great measure prevented, at all is produced on the calibre of the vessels. In From experiments on dogs it was found that when the experiments the dilatation was in all cases so pure uncombined tannic acid was given there was slight that it might be attributed either to accident, generally found in the urine only gallic acid, with or, more probably, to the addition of the gallic acid sometimes a varying, but always small, quantity of diminishing the alkalinity of the blood. Though it tannic acid. Whatever pyrogallic acid may be pre- has been generally assumed that tannic acid consent cannot be detected by ordinary test for it. But tracts blood-vessels, the experiments made by Dr. if tannate of soda be given a large quantity of tannic Stockman show that dilute solutions act exactly like acid will be found in the urine, along with a smaller dilute acids, and cause vascular dilatation. Solutions quantity of gallic acid, pyrogallic being also absent of catechutannic and rhatany tannic acids, made with in this case. Dr. Stockman's explanation of this is saline of the strength of 1:7500 to 1:1500, caused as follows: When uncombined tannin reaches the distinct dilatation. With such solutions it is somestomach (the contents of which are acid), it com- times possible to recover vessels which have been bines with the albuminous matters present to form tan- contracted by the circulation through them of alkanate of albumen, only a minimal quantity combining line solutions. From the fact that gallotannic acid with alkalies to form alkali-tannate. In the alkaline in- is insoluble in sodium chloride solution it is difficult testine, only such of it as has escaped combination to investigate its action; for when it is added to the with albumen is free to form alkali-tannates. The tan-saline it is immediately precipitated, and in the cirnate of albumen thus formed is absorbed from the in-culation solid particles come in contact with the testine with difficulty or not at all, and hence, re- vessel-walls, thus causing contraction at once by mains there a comparatively long time, thus afford-coagulating the albumen. Still, in spite of the diffiing ample opportunities for the conversion of the culties attending the experiments with it, it is proper tannic into gallic acid, in which latter form it is to draw the conclusion that its action is similar to absorbed; the greater part being, however, excreted that of other varieties of tannin; and experiments by the bowel. When, on the contrary, tannate of on the excised sheep's kidney show that when the soda reaches the stomach, the chemical affinities chemical affinities of tannin are satisfied it has no of the tannic acid are already satisfied, and it is action on the vessels. Dr. Stockman's experiments rapidly absorbed into the blood, thereby affording with hypodermatic injections of tannic acid showed much less time for its sojourn in the intestine, and that it does not produce the effect stated by Fikent-Hence the large scher—that hypodermatic injections cause contracamount of tannic acid and the relatively smaller tion of the arteries from stimulation of the vaso-motor

What, then, is to be said of the therapeutic value gave exactly similar results. Tannic acid may be of vegetable astringents? In regard to gallic acid; given to man in considerable quantities and for a it has no other action than that of a weak inorganic acid, either locally or when absorbed, and cannot be on the addition of ferric salts to the urine. The said to have any special action as an astringent. It fact that pyrogallic acid was not obtained in any does not lessen the calibre of vessels, either by pericase seems to show that it is not formed in the body. pheral or central action; and the fact that it does not Experiments with gallic acid showed that it has a precipitate albumen when used locally shows that it dilating action on the blood-vessels; and that it has has no influence on catarrhal inflammation. It does the power of dilating them again after they have diminish the alkalinity of the blood, and thus inbeen made to contract by the circulation of a weak creases its tendency to coagulate; but stronger acids alkaline solution through the frog. As alkalies con- act in the same way, and more powerfully. "As re-

complicated. Locally applied, its action for good depends on its power of precipitating albumen, the layer of tannate of albumen which is formed acting as a protective to the underlying mucous membrane. To this action is due its value in catarrhal inflammations of the alimentary canal, and in discharging surfaces generally. Its usefulness is limited to such cases, and as a remote astringent it is valueless. In weak solution, and uncombined, its action on contractile tissues, such as the vascular walls, is simply that of a dilute acid, while it is only when stronger solutions are used (much stronger than can ever exist in the blood, even if it were not in combination there) that its power of precipitating albumen comes into play. When its chemical affinities have been satisfied it is no longer capable of precipitating albumen, and therefore exercises little or no influence on the parts with which it comes in contact." The very small quantity in which it can exist in the blood at any one time also precludes its having any marked remote action; and as it is excreted by the bowels and kidneys, it can scarcely exert any effect on other mucous membranes, as the bronchial. Finally, while it is conceivable that it may have some influence in albuminuria, this is to be regarded as very doubtful; and the reported cases in which it has been used and careful measurements and analyses made confirm this doubt.

W. C. WILE, M.D., Editor of the New England Medical Monthly, has been appointed to a Professorship in the Medico-Chirurgical College of Philadelphia, and makes his future address 1006 Walnut Street, in that city, from which he will continue to edit his journal, as heretofore. Dr. Wile is one of the most active and talented members of the New England profession, and the Medico-Chirurgical College, though the youngest of the regular medical schools of Philadelphia, is nevertheless organized on a full graded system of instruction, and manned by a Faculty as worthy of the confidence and patronage of the profession as are her older competitors.

THE INTERNATIONAL MEDICAL CONGRESS OF 1887 AND TRANSATLANTIC STEAMSHIP FARES.—On the last page of The Journal of February 5 we gave a card from the Chairman of the Committee of Arrangements, Dr. A. Y. P. Garnett, giving information concerning liberal arrangements with several of the steamship lines, and the following appropriate acknowledgment should have been appended to the card: "The Committee wish to express their thanks to Mr. Edward Droop, of Washington, for his active interest and efficient aid in consummating this ar- eral days earlier than that usually assigned. When, rangement."

SOCIETY PROCEEDINGS.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Stated Meeting, January 12, 1887.

THE PRESIDENT, Jos. TABER JOHNSON, M.D., IN THE CHAIR.

H. M. Cutts, M.D., Secretary.

Dr. D. S. Lamb presented

A PORTION OF THE ILEUM, WITH PERFORATION, FROM A CASE OF TYPHOID FEVER.

This specimen consists of a portion of ileum removed about 1½ feet from ileo-colic valve. It contains several Peyer's patches, all of which show slight thickening. The lowermost one is thickened, ulcerated and perforated. The ulcer is irregular in outline, edges slightly undermined; the base shows muscular fibres. The perforation is one-eighth inch in diameter; peritoneal surface of specimen plastered with pseudo-membrane. The case is one of typhoid, or perhaps more properly *enteric*, fever. The patient was a white man, age 29; had been perfectly healthy until this sickness. After several days malaise, typhoid fever was diagnosticated. He died ten days afterwards. The disease appeared in all to last two weeks. Temperature, taken twice daily, ranged from 102° to 104°. Symptoms of perforation occurred the day before death. The attending physician, for whom I made the necropsy, was unable to arrive at the cause of the disease. The post-mortem examination showed the body well nourished, lungs and heart normal. There was dirty, malodorous liquid in abdomen; some flatulent distension of stomach and intestines; intestinal peritoneum reddened, and in right iliac region plastered with dirty looking lymph. In lower two feet of ileum some Peyer's patches were nearly normal, others thickened and irregularly ulcerated; and one of them ulcerated and perforated, as described. Small ulcers in cæcum and vermiform appendix; liver normal; gall bladder ulcerated and contained over eighty gall-stones with facettes; spleen large and soft; kidneys normal.

According to Murchison, quoted by Fagge, peritonitis occurs in three per cent. of all cases of typhoid fever, and in nearly twenty per cent. of all deaths from the fever. The cause of the peritonitis is usually, as in this case, a perforation of the ulcerated Peyer's patch and escape of the intestinal contents into the peritoneal cavity. The perforation is most often excited probably by a sudden movement of the patient, as vomiting, straining, rising up; or by flatulent distension of the bowel, enemas, etc. The indication is, of course, to prevent so grave an occurrence by insuring the utmost quietude to the patient. And since perforation occurs sometimes in cases called mild, the patient perhaps walking about, the necessity of absolute rest is the more emphatic. In this particular case the date of perforation is placed at the end of the second week, which is sevtain the precise date of beginning of the disease, the cial stricture would be likely to follow. actual date of perforation becomes doubtful. The fact that many Peyer's patches in the lower ileum cian could not find the cause of this particular case were but little thickened, while scattered among of typhoid, not that the specific germ of the disease these were others ulcerated and one perforated, seems was not known. to confirm the theory that usually all the patches are not involved at one time, but with some hours or phoid perforation has been done, but he cannot now days of interval between. The fever, depression and recall where he has seen the report. He thinks the danger are doubtless greater when all the patches diagnosis of perforation easy, and that laparotomy are involved at the same time. But few cases recover would be justifiable. after perforation in typhoid fever. It is quite likely that laparotomy has been tried in some cases, but I have not looked this up, and from what we know of CAN THE CESAREAN SECTION SAFELY SUPPLANT CRAthe disease I should not expect healing to take place. I regret that the attending physician has not found it convenient to furnish a history of the case.

Dr. S. C. Busey remarked that as Dr. Lamb bad brought up the question of laparotomy in perfora- upon the masterly manner in which he handled the ject discussed. Neither Dr. Lamb nor himself could senting his figures. Two years ago, he said, he read recall an operation with this in view. As he under- a paper giving some conditions in which craniotomy stood Dr. Lamb, he said that the physician attending would be absolutely necessary, and now, if after the case could not make out the cause of the fever. hearing them once, he had understood them cor-There is no question but that there is a specific cause rectly, he endorses Dr. Johnson's views and declares ter, food, etc. While it is easy to diagnosticate ty- ble operation. phoid, it is not always so easy to tell when perforation has taken place. The peritonitis, which is some-lowing Dr. Johnson's paper very closely, and as near times present in typhoid, cannot always be ascribed as he could make out the doctor recommended crato perforation. He has seen cases complicated with niotomy in this country and Caesarean section in peritonitis get well, but he was sure that there was Germany, where there are better operators. no perforation, because such cases usually die. Cases Johnson even expresses his personal preference for of recovery after perforation have been reported, but Casarean section, but advises us to do craniotomy. the diagnosis was only presumptive.

omy is justifiable, as the only hope of saving life. the scientific surgeon is to find out the truth as to Of course, the diseased Peyer's patches and extrava- which is the better operation. There must be somesation of fæces would complicate matters a great thing better than the ghastly operation of cranioto-deal. He thought it difficult to make a diagnosis of my. There can be no doubt, however, but that in perforation. He said that he used to think that all the hands of the ignorant more mothers will be saved cases of peritonitis were from perforation, but now by it than by Casarean section; but the ignorance

perforation.

DR. J. FORD THOMPSON said that he had had no more lives, is what we must endeavor to find out. experience in laparotomies for perforation in typhoid. If he had a good case and was called upon to de-He thinks that while the operation may be justifia-cide on the operation, he would choose the Casable, it would, probably, be unfavorable, not only on rean section. He would not select the Sänger operaccount of the local condition of the bowel, but on ation in all cases. Sänger's operation has a wonderaccount of the general condition of the patient as ful list of successes following it, but on the other well. He does not think that union of the gut would hand he has seen C. Braun save three mothers and take place readily even if it were healthy. A better three children by the Porro. It is not so much the procedure would be to make an artificial anus, with operation, as the time at which it is done. It is like the intention of operating again when the patient had the operation for strangulated hernia. The operator somewhat recovered. He thinks the diagnosis of is hardly responsible for a fatal issue when the paperforation easily made. The wound cannot be tient is brought to him after a prolonged taxis. If closed as a bullet wound, for if it was it would prob- done in time the result would almost certainly have ably tear open in a few days and we would be worse been successful. Thus, no one system can be imthan when we started. He thinks that the artificial plicitly followed out, and he would advise the Porro anus will eventually be the legitimate operation.

one reason why repair of perforation would be diffi- was a possibility of a subsequent premature delivery. cult. There was so much diseased tissue about the Craniotomy may also be useful. If he found the perforation, which it would be necessary to take away, patient very far gone and the feetus dead, he would

however, it is considered how difficult it is to ascer- that, as Dr. Cook has just suggested to him, cicatri-

Dr. Lamb explained to Dr. Busey that the physi-

Dr. R. Reyburn thinks that laparotomy for ty-

Dr. Jos. Taber Johnson read a paper entitled NIOTOMY IN THE UNITED STATES AT THE PRESENT DAY?

(See page 169.)

DR. A. F. A. King congratulated Dr. Johnson tion of typhoid fever, he would like to hear the sub-points of his argument, and upon the mode of prefor typhoid fever. Usually we get it in drinking wa- his belief that craniotomy will always prove a valua-

Dr. J. FORD THOMPSON said that he had been fol-This cannot be the scientific way of looking at the In his opinion, if the diagnosis is certain, laparot-question. One or the other is right, and the duty of he believes that if they get well there has been no of the operator is not the question to be considered. Other things being equal, which operation will save

If he had a good case and was called upon to dewhere the pelvis is so small that a future pregnancy DR. H. D. FRY said that the specimen illustrated would be likely to be fatal, and a Singer where there

is to be regarded, craniotomy is the safer operation; in craniotomy as they do in Cæsarean section. In but if the child be alive, and we are to consider how Europe craniotomy gives a mortality of only 8 per most lives are to be saved, Casarean section is the cent. or 5 per cent, and some operators have had a operation.

the fact that craniotomy is more fatal to the mother cess in this line is not so good as that of our foreign than Casarean section, when the pelvic diameters brothers viz.: They follow antiseptic precautions are below 17.2 inches, Dr. Thompson said he sup-more rigidly; they have had greater experience with

posed that that exception was understood.

as to whether the argument advanced by Dr. Barnes, Dr. King added, more cases of pelvic deformity. viz.: that of considering the number of human lives Two of these disadvantages, the doctor continued, that might arise from future pregnancies if the woman the surgeons of this country should overcome; the were saved, was a legitimate one. Should we admit third is more difficult to remove, because the facilities this argument, on the one side, by saying that if the for obtaining equal knowledge in pelvimetry do not woman survive she might bear other children by in-; exist in our country. duced premature delivery; so, on the other hand, it would then be at liberty to find a better breeder in thus: another wife. Moreover, if the question of increasing population is to be admitted, we should also have diameter of the brim is ascertained to be three inches. to consider the future capacity of the child, or chil- With this amount of contraction of the conjugata and dren, in this respect. But he thinks it is not a mat- with no knowledge of the transverse and oblique diter so much of populational increase as it is one ameters, efforts may be made to deliver by version, mostly, or entirely, applying to the individual life of symphysiotomy or craniotomy. If the case, howthe lying in woman and the individual child to be de- ever, should be one of justeminor or equally faulty livered. We deal with the existing emergency only, pelvis and a decrease of one inch in all the diameor at least chiefly: future children, yet unbegotten, ters, the early performance of Cæsarean section would must be left for the future.

ation of Dr. Garrigues's position in regard to the Sanger operation was due to that gentleman. It did is shown by the fact that before the introduction of origin of the so called Sänger modification. He raised maternity hospitals. Now, they obtain brilliant rethe question whether an operation should be named sults by the use of antiseptics. The German operafirst performs it. Dr. Garrigues thought it might tion. Let the surgeons of this country advance in with equal justice be called after his name because, this respect. They can do that and they can operate in a published list of the number of Sänger's opera-skilfully, and adopt all the improved modifications of tions performed, he occupied third place and Sänger performing Cæsarean section. eighth. His operation therefore antedated Sänger's. of uterine tissue. He said, further, he was not famil- men had opposed his ideas. iar with the histories of the five cases operated upon in this country after the Sanger modification, all of views. He had opposed the complete doing away which, as Dr. Johnson states, terminated fatally. In with craniotomy, which Dr. Busey had advocated, the case operated upon by Garrigues, the patient had and had himself shown conditions in which it would phthisis and was in the worst possible condition to be absolutely necessary.) Dr. Busey replied, that at stand any grave surgical operation. At the autopsy, all events he had made some progress, as he had just the peritoneal wound was found united and the uterine cavity entirely separated from that of the peritoneal. In this instance it is unfair to attribute the himself not a little that the views expressed by him result of the operation to a failure of the Sanger two years ago were coming to be held by the profesmodification.

gree of pelvic contraction existing in a given case, be practised is that it is an easier operation than Cæwhen considering the advisability or not of craniot, sarean section—that there are still so many men illomy. The statistics of the operation in this country taught that it cannot be entirely done away with. show a mortality of 40 per cent, in the higher degrees This cannot be, as Dr. Johnson says, the scientific of contraction. Consequently our surgeons make as standpoint from which to look at the question.

advise craniotomy. In any case, if the mother alone bad a showing, compared with Continental operators, series of cases without a single death. There are Upon Dr. King's calling the speaker's attention to three principal causes, Dr. Fry thinks, why our sucthe improved modifications of Cæsarean section; and DR. R. F. A. King said he had long been in doubt they possess a better knowledge of pelvimetry—and,

The importance of being able to ascertain the demight be said that if she did not survive, her husband gree and nature of the pelvic deformity is indicated

Suppose, in a case of dystocia, the antero-posterior offer the best chances for the mother, and efforts at DR. H. D. FRY said that he thought some explan- delivery in other ways would jeopardize the result.

The great value of enforcing antiseptic precautions not seem to him that Dr. Garrigues, as implied in this method, Casarean section was uniformly fatal Dr. Johnson's paper, meant to claim for himself the when performed by skilful operators connected with after the one who proposes it or after the one who tors take the most minute precautions to avoid infec-

Dr. S. C. Busey said that he would like to con-The method, moreover, differs as now practised from gratulate Drs. King and Johnson on the reformation the original one suggested by Sänger. It has been of their opinions. Two years ago, when he had adfound unnecessary to remove the wedge-shaped piece vocated entirely abolishing craniotomy, these gentle-

(Dr. King explained that he had not altered his indorsed Dr. Johnson's paper.

Dr. Busey, continuing, said that he congratulated sion at large. If he recalls Dr. Johnson's paper Dr. King very properly makes a point of the de-rightly, the chief reason why craniotomy should still

The doctor quotes from a table of Sanger operations prepared by Dr. Harris (Med. News, September 18, 1886), in which 38 cases are reported. Of the 76 lives involved 59 had been saved. He compared these with 38 cases of craniotomy, where at The President, Chas. Warrington Earle, M.D., the outset it is only possible to save the 38 mothers, and called attention to Dr. King's remark that in the high grades of contracted pelves craniotomy was more fatal to the mother than Cæsarean section, thus making the outlook of saving even the 38 mothers a

good basis of comparison.

Dr. Busev replied that the two operations were always to be compared. Each was the alternative of craniotomy or Casarean section who could be deliv- by Dr. Christain Fenger. ered by forceps, version or symphysiotomy.

Dr. Johnson thought that 38 cases of Sänger's operation was rather more than had been done, and put in evidence an autograph letter from Dr. Harris giving the synopsis of only 26 cases collected by the writer, and he further reminded Dr. Busey that his United States.

there will be men too ignorant to do Cæsarean sec- and others. The more craniotomies there are done, the as teachers teach to kill at will the killing will be there. done.

be said to be done at will.

at will. The operator fully considered the mother cellent and exhaustive remarks, said that "my statebefore proceeding, and then voluntarily and at will ments regarding actiology were the most complete" killed the child.

around the objections of the friends and relatives to Fallopian tubes. The latter were enumerated by the Cæsarean section?

lieve the doctor of his responsibilities—that because *Naturforscher* in Magdeburg. (See report, Archiv. they will not permit the right thing to be done, it f. Gynæk, Bd. XXV, pp. 126-33.) In this classifidoes not make it right to do a wrong act.

to conflict with the meeting of the American Med-body," yet I do not think that this defense of my ical Association.

CHICAGO GYNÆCOLOGIAL SOCIETY.

Regular Meeting, Friday, December 17, 1886.

IN THE CHAIR.

(Continued from page 16.1.)

ÆTIOLOGY, PATHOLOGY AND CLASSIFICATION OF SALPINGITIS.

The Secretary, Dr. Edward Warren Sawyer, read Dr. King remarked that he did not think that a the following communication from Dr. Sanger, of Leipsic, in reply to a letter by Mr. Lawson Tait, read before the Society, May 28, 1886.

Dr. Sanger's letter was translated by Dr. Ivo the other, and no woman was to be delivered by Bernauer, of the Cook County Hospital, and revised

Leipsic, Oct. 10, 1886, Lindenstrasse 16.

TO DANIEL T. NELSON, M.D., PRESIDENT OF THE Chicago Gyn.ecological Society.

Dear Sir: I have been personally attacked by Mr. Lawson Tait in a letter addressed to you; as I paper dealt only with the Casarean section in the desire that my reply go by the same way, I take the liberty of requesting you to bring my letter to the Dr. Busev replied that the discussion of such a notice of your Society and to have it assigned a question should not be limited by any boundaries. place in the Transactions of the same. Nobody will Even if we confine ourselves to the United States, dispute that up to the present time Mr. Lawson Tait, Dr. Johnson has wrongly undertaken to lay down a of all laparotomists, has had the best results, at all law by previous unlucky experiences, and to assert events in regard to ovariotomy and salpingo-oophorthat the results will continue bad, in the face of the ectomy. His practical results have, however, raised fact that surgery has made the most astonishing ad- his conceit to so high a degree that in pathological vances in the past few years, and is capable of questions also he assumes a certain infallibility, advancing still further. By limiting the discussion to which vents itself in numerous sallies and attacks one locality he is discouraging the surgeons of that upon others. The consequence of this is that just locality from making advances, and just so long as at present, Mr. Lawson Tait is being subjected to craniotomy is taught, it will be practised, because various energetic criticisms as by Bigelow, Schröder

Now Mr. Lawson Tait has also shot one of his more there will be done. He agreed with Dr. Mead-|shafts at me. I feel very thankful toward Dr. Chrisows that it will have to be discussed from a moral as tain Fenger for having received it on my account. well as from a scientific standpoint, for just so long However I do not wish to allow the matter to rest

At the sessions of the Gynæcological Society of Dr. King remarked that the killing could hardly Chicago, held in February and March, the treatment of pelvic abscess by laparotomy was discussed in a Dr. Busev replied that it was most assuredly done highly instructive manner. Dr. Fenger in his exinasmuch as there must necessarily be as many forms Dr. Acker asked Dr. Busey how he would get of pelvic abscess as there are forms of disease of the Dr. Fenger, according to the classification given by me Dr. Busey replied that their objections did not re- in a paper read at the Versammlung Deutscher cation six different forms are recognized, and it is this distinction which Lawson Tait is pleased to style "absurd." Although Dr. Fenger reiterated his state-Michigan State Medical Society.—The execu-ment "that he regarded my classification as correct tive committee have changed the date of the annual and complete and in accordance with the laws govmeeting of the Society to May 12 and 13, so as not erning inflammatory processes in all organs of the position is sufficient. Considering the great influuse and interest.

cavity, and thence gain entrance into the tubes.

peritoneal cavity.

them into three groups:

GROUP L .- FORMS OF SALPINGITIS PRODUCED BY KNOWN SPECIFIC MICRORES.

- ococcus of Neisser.
- tuberculesis of Koch.
- actinomyces box is of Bollinger.

ence Lawson Tait exercises upon the profession, I quently met with. This fact was clinically estabdeem it my duty to refute him in every particular. lished as early as 1872, by Nöggerath, long before I shall attempt to do so in a scientific manner, and Neisser had discovered his gonococci or Lawson I may thus hope that my reply will prove of general Tait performed his first operations for "suppuration of the uterine appendages." In Germany, I myself The pathological anatomy and the course of sal- was one of the first gynacologists who at our meetpingitis can be understood only when we bear in ings showed the frequency of gonorrheal salpingitis, mind the theories of infection. The whole sexual emphasized its causal connection with pelveo-peritract, from the ring of the hymen to the ostium tuba: tonitis, and removed by operation the gravely impliabdominale, is open to the entrance of the external cated uterine adnexa. (Magdeburg, 1884, and Munair and the germs suspended in it. Carriers of in- ich, (886.) Gonorrhead salpingitis is never followed fection coming from the abdominal cavity and its by a destructive "suppuration" of the uterine apcontained organs may also enter at the ostium tubæ pendages; it remains invariably a disease of the abdominale. Even microbes originally lodged in the surfaces of the mucous and serous membranes. The external parts, in the vagina around the cervix, may, pus formed by the specifically diseased mucous memby way of the lymphatics, reach the peritoneal brane gradually distends the tube; in one class of cases in which there is a great accumulation of free The normal vaginal and uterine secretions at the pus the tube is transformed into a large sac with age of puberty and the menstrual blood contain thin walls, in another in which the wall of the tube, numerous non-pathogenous micro organisms. Still especially its muscular tissue, is hypertrophied to a greater numbers are found in the catarrhal secretions greater extent, the tube becomes much thickened of the uterus in cases of endometritis as was demon- and rigid. In most cases, both conditions are found, strated by Küstner. As to the normal tubal secre- the uterine portion of the tube is thickened, the abtion and the tubal secretion in cases of salpingitis dominal end dilated. The serous surfaces of the catarrhalis, consequent upon endometritis catarrhalis, tubes, the albuginea of the ovaries, the serosa of the no investigations have as yet been made to show peritoneum are attacked or become pus secreting whether or not they likewise, contain non pathogen-surfaces only in cases in which gonoriheeal pus has ous microbes. However, as the secretion of an en-rescaped from the tubes, and thus infected the above dometritis contains microbes we may assume that if named structures. We may then have peri-salpingitis, the inflammation is continued into the tubes, its se-peri cophoritis, peri-metritis, s. pelveo perutonifis purucretion will here likewise contain the same. It has lenta gonorrhoica. I do not believe that gonorrhoad been clearly proven that pathogenous micro-organ. pus ever penetrates the walls of the tubes and thus isms pass from the external parts to the tubes, and produces these diseases. But a specific gonorrhead the peritoneal cavity, a fact which is doubted by no inflammation of the mucous membrane of the tube, one, perhaps, except by Lawson Tait. These organ- with secretion of pus into the cavity of the latter, isms have, in part, been acurately studied, and it is is accompanied by a non-specific inflammation of the well known that different kinds produce distinct entire tubal wall. This may also excite peri-salpinforms of salpingitis, and secondarily pelveo-periogitis, peri-oophoritis and so forth; the organs intonitis. The fact was already established by Gurcin volved may become adherent to each other and and Guerrier, that in making vaginal and intra-uterine displaced, but we never meet with a purulent exuinjections air, and thus, also micro organisms, might date of the same nature as that found in the cavity pass into the tubes (Physo-Salpinx). S. Hennig, of the tube itself. This also explains why, in some in his book "Krankheiten der Eileiter," p. 52, sur. instances, gonorrheal disease of the uterine apmises that, in cases of putrid endometritis and phy-pendages is accompanied by severe and violent sometra, gases may escape from the tubes into the symptoms, frequently resembling those of a peritonitis following perforation, whereas in other in-Our present knowledge of the above mentioned stances it develops insiduously, scarcely manifesting pathogenous micro organisms will enable us to divide any symptoms at all. In the former cases, gonorrheeal pus escapes through the ostium abdominale into the peritoneal cavity; in the latter the inflammation of the external surfaces of the adnexa is non-specific in character.

According to what I have just stated, I must 1. Salpingitis gonorrhoica, produced by the gon- necessarily regard the terms, "suppuration of the uterine appendices and peri-uterine s. pelvic abscess." 2. Salpingtis tuberculosa, produced by the bacillus—as inaccurate, and from a general pathological point of view, as productive of confusion; we invariably 3. Salpingitis actinomycotica, produced by the find free pus in the tubes and peritoneal cavity or an inflammation of the adnexa, but never destructive sup-1. Salpingitis gonorrhoica in the only specific in- puration of the tissues of the pelvic organs. In fectious form of salpingitis which is recognized as cases in which abscesses are discovered in the walls such by Lawson Tait, although he stops short of ad- of the tubes, in the tissues of the ligamenta lata and mitting that the gonococcus is the exciting agent, in the ovaries, these abscesses are, as I shall later on Without doubt the gonorrheeal is the form most fre- show, due to septic infection, but not to gonorrheea.

attention. Gonococci have not always been discov- pus, and the nature of the infection presented to us ered in pus coming from the tubes, in cases in which in an individual case. Now, we certainly know that clinically there existed no doubt as to the gonor- the microbes producing the different kinds of traurheeal nature of the infection. The conditions under matic infection known clinically as septic.emia, which the gonococci are destroyed, or prevented pytemia, diphtheria, phlegmon, crysipelas, may one from further development, have not yet been ascer- and all invade the general tract; we may, hence, intained; further investigation will also have to show fer the existence of an equal number of varieties of whether, in cases in which gonococci are absent, salpingitis, i.e. salpingitis septica, pyamica, diphtherthere are not present other microbes belonging to thica, phlegmonosa, erystpelatosa. In order to comone of the groups mentioned further on.

published work, "Enstehung, Diagnose und Chirur- culties are still further increased. gische Behandlung der Genitaltuberculose des Weibes," salpingitis, whether it be gonorrheal or otherwise, fection has given us some positive results. may of course undergo cascation. This was called tuberculization before Koch's discovery of the ba-fundamental: cillus tuberculesis; now it is termed coagulationfection by the bacillus of tuberculosis.

from unless there be added a tuberculous infection, than at other times.

3. Salpingitis actinomycotica.—This form is called by Lawson Tait "an equally ridiculous subdivision and Rosenbach, all suppuration is due to the action based on mere theory, not on fact." It seems to me of microbes; several varieties of these, like the before making such an unintelligible assertion it streptococcus progenes and staphylococcus progenes, would have been his duty to enquire whether there have been closely studied, but it is known that they really is no case on record to support me in including are not the only varieties which produce pus. As this form in my enumeration. In my paper, above doubtless all of these carriers of infection may play this case; I will now accurately give my authority: see how complicated the question of infectious disfells und der Baucheingeweide beim Menschen, Medi- and untenable is the meaningless name of pyosalpinx. know, has no existence for him. "Germanica sunt, lymph channels. non leguntur."

MICROBES IDENTICAL WITH THOSE PRODUCING TRAUMATIC INFECTION.

diphtheritica).—The term salpingitis septica, is rather effects are produced by the virus of putrid infection,

The latter disease produces suppuration only on general and inaccurate; as when speaking of a pyosalpinx we simply mean that the tube contains I purposely enlarged somewhat on gonorrheeal pus, when employing the term salpingitis septica we salpingitis and its consequences, as this form presents merely indicate that the disease is due to infection a typical example of infectious salpingitis in general. by a septic virus. It is at the present time, a matter There is one more point to which I wish to call of extreme difficulty to diagnose the nature of the plete our scheme we should add salpingitis putrida, 2. Salpingtis tuberculosa.—Alfred Hegar's lately corresponding to putrid infection, whereby the diffi-

Notwithstanding the progress made in bacterirelieves me of the necessity of entering more fully ology, we have not yet succeeded in isolating and into the consideration of this form of salpingitis, classifying the microbes which cause the clinically Lawson Tait denies the existence of this form, or different forms of traumatic infection; consequently rather, he admits it, but only "for the third and con- it is impossible to do this with regard to the different tracting stage of pyosalpinx." This admission simply forms of salpingitis septica. However, the work discloses his ignorance of the true nature of tubercu- done by Doleris, E. Frankel, Lomer, A. H. Barbour, lous infection. The pus in a case of purulent Noggerath, Cushing, in the domain of puerperal in-

These are two points which are to be considered

(1). The microbes of puerperal septicæmia are necrosis, according to Cohnheim Weigert. It is this, identical with those producing traumatic infection in which Lawson Tait confounds with the genuine in- general. During the puerperium after abortion, as well as after parturition at term, the genital track is A pyosalpinx may remain in this third stage indefi- far more susceptible to infection, or the conditions nitely; a tuberculous salpingitis will never result there- are far more favorable to the spreading of infection,

(2). As has been demonstrated by Ogston, Hueter mentioned, I named the author who had furnished a role in the production of salpingitis, we can readily Adolph Zemann, "Uber die Aktinomycose des Bauch- eases of the tubes has become, and how unscientific cin. Jarhbücher der K. K. Gesellsch, Arzte in Wein," Yet there is a certain comfort in hoping that the 1883, S. 477, Fall 4. The tubes in this case were matter may be somewhat simplified. Some of the dilated and filled with pus and clumps of the actino- forms of traumatic infection, for instance, sepsis, myces, their walls were thickened and exhibited and diphtheria, py.emia and phlegmon, are probably numerous granulations produced by the fungus, produced by identical micro organisms, and the The fungus had migrated either from the vagina or course of the disease may be modified by the nature from the intestines which were found extensively ad- of the tissue first attacked, and by the manner in herent to the tubes. What Lawson Tait does not which the infection spreads, whether by the blood or

All of these infections, as is well known, have a double effect—a local one in the genital tract, and a GROUP IL-FORMS OF SALPINGITIS DUE TO SPECIFIC constitutional one, which is brought about through the medium of the circulation, and which is seen not only in the system at large, but also in the localization of the infection in organs distant from the point Salpingitis septica (pyamica, ichorosa, purulenta, of entrance of the micro organisms. When systemic

the disease is called sapriemia; when by the virus of toneum by way of the tubes and exceptionally only ing; when by that of purulent infection, pytemia.

or may even be absent in the diseases of the first the staphylococcus pyogenes. group, i. c. gonorrhea, tuberculosis, actinomycosis, the malignity of their course may almost entirely tion took place and a pelveo-peritonitis exudativa folobscure the local disturbance in the genital tract.

are not independent diseases; aside from the local the operation both tubes were discovered to have disturbances co existing in the uterus, vagina and thinned walls and to contain thick pus resembling external genitals, the whole circulatory system is that found in an abscess. The ovaries were small usually affected. In this respect, as Lawson Tait and enveloped in masses of very dense, connective rightly remarks, septic disease of the tubes is not a tissue. I removed the tubes, but left the ovaries. specific ailment; this, however, is of no importance The woman made a good recovery. The adnexa in an enumeration of the varieties of salpingitis, had been in a healthy condition before the mucous An endometritis or a colpitis gonorrhoica may co-membrane of the uterus had been scraped. I have exist with a salpingitis gonorrhoica, and in the same already published the other case ("Verhandlungen way salpingitis septica may be accompanied by other | der Geselleh. f. Geburtsh," zu Leipzig, 17 April, 1882; diseases of the sexual organs, which are due to the "Centralls. f. Gymek." 1882, p. 558); multipara of same cause. There is, of course, no such thing as twenty-nine years; three spontaneous deliveries, at

an affection of the tubes merely.

ral septicamia or "lymphatic peritonitis," has never covery, but permanent pains in the right epigastrium. as yet, it is true, given the surgeon an opportunity to A short time after, renewed pregnancy, in the third remove the principal focus of the disease by extirpal month of which a prominent gynecologist ascertion of the tubes. It is possible, however, that un-tained disease of the right uterine appendages; at der certain circumstances such a procedure might be full term rapid and spontaneous delivery. On the indicated. B. S. Schultze, "s. Verhandl. d. gynakolog. Section d. Versammlung deutscher Naturforsch- high intermitting fever, icterus, in short the symper," in Berlin, 1886, has lately succeeded in amputoms of acute pyemia. Death on the thirtieth day. tating a puerperal uterus, in a case in which it was The autopsy revealed salpingitis purulenta dextra, impossible otherwise to remove the placenta, which and several abscesses in the right ovary and right had become the source of septic infection. Lately broad ligament. The remainder of the genital ortwo cases came to my knowledge in which the tubes gans, the adnexa on the left side normal. I explain burst from over-distension with pus, whose nature, the course which the disease took in this case in the whether gonorrheeal or septic, was not ascertained. following way: At the fourth parturition, septic inproved fatal, in one on the fourth, in the other on and the appendages on the right side; subsidence of the twenty-first day after confinement. It is clear the grave constitutional disturbances and persistence that in both these cases the salpingitis had existed of a pyosalpinx, probably due to streptoccocus pyobefore delivery. 1 shall afterwards relate a case of genes, latency of pyosalpinx during subsequent pregmy own in which this certainty was the condition, nancy. After delivery increased absorption of pus, Cases of this kind will be diagnosed more frequently abscesses in the ovary and broad ligament, acute and more readily as soon as our attention has been pyaemia and death. In a case of this kind a septiccalled to them, and we may then expect to hear of infectious disease, originally extending over large their treatment by operation. Cases of salpingitis, portions of the sexual tract, is finally concentrated consequent upon traumatic infection in non-puerpe- in the tubes. Why should not such a case, in which ral women, are, of course, of much more frequent the tubes chiefly appear affected, present a "specific occurrence. The carriers of infection may, for in-ailment" as well as does a case of pyosalpina gonorstance, be directly introduced into the tubes by rhoica, in which ceteris paribus we have the same means of an infected sound. The introduction of a limitation of the disease to the tube as a principal sceptic instrument into the uterine cavity may be fol-, focus for further infection. lowed by a septic salpingitis. In cases in which we What I desire to prove by these somewhat extenobserve an exudative pelveo-peritoritis after the in- sive remarks is, briefly, as follows: troduction of an infecting sound, after an intra uter1. Numerous eases of salpingitis purulenta ("pyoine injection or a curettement of the mucosa uteri, the salpinx") are due to traumatic infection, are septic infection almost always spreads to the pelvic peri- forms of salpingitis.

septic infection, septic toxemia or ptomaine poison- through the muscular walls of the uterus. The severe systemic disturbances, the diseases of the uterus We thus meet with an essential difference between and pelvic peritoneum, may gradually subside, wherethe diseases of the genital tract, produced by the as the tubal affection remains. A pyosalpinx has microbes of Group I, and those of the traumatic in- formed, the tubes are filled with pus, which can have fection. The above mentioned severe and acute been produced only by the action of one of the speconstitutional symptoms are but slightly indicated, cific microbes of traumatic infection: perhaps by

Two cases of my own may serve as illustrations. whose course is chronic; whereas in diseases of the In one of them a physician had performed abraiso second group, the rapidity of their development, and mucosæ uteri without antiseptic precautions, infeclowed, after the subsidence of which I could easily As is readily seen, the septic diseases of the tubes feel each tube thickened to the size of a thumb. At fourth placenta pravia, and forceps applied before Salpingitis septica, co existing with severe puerper complete dilatation of the os. Puerperal fever. Rethird and subsequent days of the puerperium, chills, In both cases a general peritonitis resulted, which fection and localization of the disease in the uterus

crobes producing the same.

son Tait denies septic salpingitis to be a specific ail-sweeping. ment. As we see from his startling remarks in the of the non existence of septic infection. We are ac-solving itself into a science. customed to Lawson Tait's reckless statements. lowing questions:

1. What disease, before the introduction of Listerism, killed trousands of patients who had received wounds or who had been operated upon? What, according to his views, was the cause of death in his own cases, when he lost patients after operations, if not, as everybody else believes, septic infection?

2. What is puerperal fever?

ings regarding infection, but he has failed to give us any other explanation of its phenomena.

(To be concluded.)

DOMESTIC CORRESPONDENCE

"ELECTROLYSIS IN UTERINE FIBROIDS."

Dear Sir :- In Dr. Cutter's letter of last week, "Electrolysis in Uterine Fibroids," I am indirectly criticised for remarks that I wish to modify somewhat as far as they concern me. Dr. Belfield's remarks on my article, "Electrolysis in Gynecology, with a Description of Dr. Apostoli's Method," were quoted by is moist and clearing, the fetor is subsiding and the Dr. Cutter, and these remarks made me appear to appetite is improving. In fact, the child is consay, "During the last twenty-five years various at- valescing. tempts have been made to reduce fibroids of the uteused in an ignorant, inaccurate and bungling way." I do not wish to be understood as saying, "yet none of them have been recognized as being successful," because I have reported successful cases within the last two years of my own, and have also quoted successful cases of other operators. Neither do I wish

2. There are as many forms of septic salpingitis as diseases, has been by many, for some unaccountable there are forms of traumatic infection, and of mi-reason, greatly misunderstood." This statement, while it does not differ widely from the remark There is, however, an additional reason why Law-quoted, is somewhat modified and not nearly as

Dr. Cutter, I am sure, will agree with me, after Medical News, April 24, 1886, he does not believe having had sixteen years' experience with this method in sepsis, at all, does not believe in infection, denies of treatment, that there is a great deal of ignorance the principles on which the practice of modern sur- abroad in regard to the principles it involves. He gery and obstetrics is based. He has been taught must also admit that improvements in the methods of nothing by the researches of Semmelweis and Lister, electrolytic treatment have been rapid, and that with Pasteur and Koch. And why? Because his own the new improvements in electrodes and means of success in combating septic infection is to him proof measurement of the current, its usage is rapidly re-

Within the last three years I have been able, by Without taking the trouble to refute them scientificadopting improved electrodes, to increase the maxically, I but wish to call to mind his assertion that mum strength of current used through a fibroid tumor menstruation does not depend upon the ovaries, but without causing pain enough to require an ancesupon the tubes; that the mortality of the Casarean thetic, from 25 milliampères to 10 ampères—and this operation is still 9923 per cent. His denial of trau- with one surface electrode. All who are acquainted matic infection is a statement of the same kind. I with the history of electrolysis in the treatment of should like to hear Lawson Tait's answer to the fol- fibroid tumors will concede to Dr. Cutter his claim of priority in that field. Respectfully yours,

Franklin H. Martin, M.D.

163 State St., Chicago, Feb. S, 1887.

CASE OF GANGRENE OF THE MOUTH.

Dear Sir: — I desire to report the following case: Stella S., æt. 4 years, was attacked with Lawson Tait disputes the correctness of our teach- gangrena orum on December 22, 1886. A gangrenous condition presented itself over all the visible part of the mouth, including the lips. There was fever, rest-lessness, loss of appetite. The face had a livid, sunken appearance. The discharge from the mouth was fetid and had the ante-mortem odor. The mouth finally presented a brownish black and dry appearance, with black ulcers on the lips. The mouth and lips often bled. I put the child first on tinc. of chloride of iron and chlorate of potassium, and washed the mouth with a saturated solution of chlorate of potassium. No improvement took place until Christmas day, after I had changed the chlorate of potassium wash for a wash of bromo-chloralum, 5ij to the pint of water, and to day, December 31, the mouth

About the time I commenced the solution of brorus by the galvanic current; yet none of them have mo-chloralum I had a powder of subnitrate of bismuth been recognized as successful; because, doubtless, as blown through a quill into the mouth of the child. I Dr. Martin very properly says, the current has been think the bromo-chloralum is worthy of trial in these cases of gangrene of the mouth. J. M. Batten.

309 Fifth Ave., Pittsburg, Pa., Dec. 31, 1886.

SECRET REMEDIES.

Dear Sir: -In The Journal of January 15 is a to be quoted as saying, "the current has been used communication from Dr. Amos Sawyer on "Rumex in an ignorant, inaccurate and bungling way," because Acetosa" as the probable secret remedy used by it is not what I said, although I do not impute to the traveling cancer doctors for taking out tumors. His author of the remark any intention to misquote. falling on the article used by chance reminded me of What I did say, however, was this: "Unfortunately, a secret with which I was entrusted some two years the term electrolysis, as applied to the treatment of since. I had operated on an old gentleman for cat-

aract, and one day, when visiting him, he told me if he received sight from the operation he would give me two valuable recipes: one a sure cure for cancer, the other a never-failing cure for all kinds of sore eyes. To sum up the results of the operation, I got College. Chicago, was on Wednesday made the rethe recipes. Here is the one for cancer: Gather the leaves of the common sheep sorrel, bruise them by pounding, and press out the juice; put the juice in a thin layer in a wide and flat-bottomed new tin pan and set in the sun; when evaporated to the consistency of honey, scrape up with a knife and spread on a piece of cloth large enough to cover the cancer, and bind it on. For two or three hours the pain will be intense, but will then subside. In twelve to twenty-four hours, according to the size and depth of the cancer, it should be taken off, and the cancer will be found loose to its *roots* and will readily come out. He claimed to have seen it used successfully a number of times, and never knew it to fail. Of course, diagnosis was a small matter with him; the cure was all he wanted.

On speaking of this one day to one of our old and respected physicians, he told me he saw this same remedy tried twenty-five or thirty years ago. A pasheep sorrel. He consented and it was applied. The cancer failed to come away and the patient finally died from it. According to the above formula, would not oxalate of tin be the product? Might it not be well to experiment a little along this line? I write remedies sometimes are. Very truly,

T. E. MURRELL, M.D.

III E. Fifth St., Little Rock, Ark.

ASSOCIATION ITEMS.

AMERICAN MEDICAL ASSOCIATION. Section of Medical Jurisprudence.

be read at the coming meeting:

James G. Kiernan, M.D., Chicago (two papers): "State Supervision of the Insane;" "Medico-Legal

Relations of Epilepsy." Joseph F. Edwards, A.M., M.D., Editor The An-

York Bar: "Medical Jurisprudence in its Relations Capt. Junius L. Powell, Asst. Surgeon, granted leave of abto undue influences as affecting Wills and Contracts."

These papers the authors positively promise to be present and read. Besides these, almost positive assurance of papers has been received from Prof. H. O. Marcy, Boston, Mass.; Dr. W. C. Wile, Philadelphia, Pa.; Dr. F. E. Daniels, Editor Texas Med ical Journal, Austin, Tex.; Dr. E. C. Spitzka, New York; and Dr. Herman J. Boldt, New York.

As titles of papers are received they shall be forwarded for publication in The Journal.

I. N. QUIMBY, M.D., Chairman. 582 Jersey Ave., Jersey City, N. J.

MISCELLANEOUS.

Dr. J. Adams Allen, President of Rush Medical cipient of a handsome present from the students of the College. The doctor had entered the class-room for the purpose of delivering his usual lecture when L. E. Tifft, one of the students, interrupted the routine proceedings, and on behalf of his fellow-students presented "Uncle Allen," as the doctor is familiarly called, with a "tripod," consisting of a fat, chubby hand, made of solid gold. The thumb and little finger of the hand were bent so as to touch, the remaining digits being extended. The hand was set on a small block of alabaster, and this, in turn, on a base of black onyx. On the onyx was a solid gold plate bearing this inscription:

> UNCLE ALLEN'S TRIPOD. Remember these three When we practice the art: The condition of blood, The nerves, and the heart.

The quotation is a verse of a college song based tient of his had cancer, and friends urged a trial of on some of Dr. Allen's sayings, and the position of the hand is a favorite one with him when addressing the students. The doctor was greatly surprised on receiving the present, but managed to thank the boys in a way to make them feel happy. He sails Saturday next for Europe, to be gone until September, and this, also, to show Dr. Sawyer how widespread secret this presentation was a token of the good wishes of the students.

> THE Governor of New York, in his annual message, has called attention to the practice of adulterating drugs, and denounced it in appropriate terms. Governors of the other States might follow his example with advantage to the profession and the people.

Dr. Wm. Perry, the oldest person in Exeter, N. H., and the oldest graduate of Harvard College, died on January 11, aged 98 years. He was the sole sur-The following valuable and instructive papers will vivor of the passengers on Fulton's first steamboat trip down the Hudson River, seventy-nine years ago.

> A Physician's Protective Association is being organized in Indianapolis.

Joseph F. Edwards, A.M., M.D., Isanot The Zinnals of Hygiene, Philadelphia, Pa.: "The Suppression of the Illegal Practice of Medicine."

Judge Amos G. Hull, Counselor-at-Law of New To FEBRUARY 4, 1887

sence for two months, to take effect when his services can be spared by his department commander. S. O. 24, A. G. O., Jan. 29, 1887.

First Licut. Paul Clendenin, Asst. Surgeon, ordered for duty as Post Surgeon at Camp Pena Colorado, Texas. S. O. 14, Dept. Texas, Jan. 26, 1887.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U.S. MARINE HOSPITAL SERVICE FOR THE SIX WEEKS ENDED JANUARY 29, 1887.

Wyman, Walter, Surgeon, granted leave of absence for three days. Jan. 14, 1887.

Wheeler, W. A., P. A. Surgeon, to proceed to Erie, Pa., as Inspector. Jan. 12, 1887.

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EDITED FOR THE ASSOCIATION BY N. S. DAVIS.

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No. 8.

ORIGINAL ARTIGLES.

THE AFTER-TREATMENT OF CATARACT EXTRAC-TION AND IRIDECTOMY ACCORDING TO DR. MICHELL'S METHODS.

> BY T. E. MURRELL, M.D., OF LITTLE ROCK, ARK.

after extraction of the lens and after iridectomy, together with the non-exclusion of light from the eye a small opening at the inner canthus to allow the at any time subsequent to the operation, was brought escape of tears. I don't know whether he uses a dark before the general profession of the country for the room or not, but he could not more effectually exfirst time in St. Louis last May, in the Section of clude the light than by the above dressing. In the Ophthalmology of the American Medical Association. August issue of Progress, Dr. Dudley S. Reynolds, As might be expected, it created no little surprise. of Louisville, Ky., puts in a claim in the following Opinion was divided as to the propriety of such seem words: "The use of the bandage after extraction ingly extreme measures. Dr. Chisolm said, for one, of cataract has long since been abandoned by the he would test it. How many others have made a writer. Instead of this useless and sometimes dantest of it 1 know not, but it is somewhat surprising gerous form of dressing, a little dry absorbent cotton, that so little literature on the subject has thus far secured by strips of adhesive plaster drawn from the appeared. Evidently few have ventured to put the cheek to the forehead, answers a better purpose." been written in commendation of so valuable an ac-Inot regarded the light, he would not have omitted Journal of Ophthalmology, June number, Dr. Chis- strong points in Dr. Michell's methods. Dr. Reyin the third number of the Archives of Ophthalmol- measure certainly belongs to Dr. Charles E. Michell. ogy for 1886. He has been too modest in bringing In my former experience after extraction I had this matter before the world; besides, I regard it so much trouble with slow convalescence, and long-convaluable as to have made it his duty long since to tinued photophobia oftentimes; and, in addition, have done so. As for myself, I am willing to sub-quite a large percentage of iritis of a mild grade, scribe to Dr. Chisolm's strongest commendations, which usually made its appearance after the fifth having used no other after-treatment in extractions day. None of these have troubled me with the new and iridectomies since last May, when Dr. Michell after-treatment, and I now feel quite sure that the very kindly gave me in person all the details of the majority of iritic inflammations were the result of treatment. Nothing can be more simple, and nothing exposure of the eye to a bright light at the time of more sensible.

coming in. One writer asserts that for fifteen years used to go through the eye wards in Baltimore and

bandages. He is not alone in this. Some of the English and Continental surgeons have been in the habit of dressing the eye after extraction with strips of adhesive plaster, but they were very careful to keep the patient in a dark room. See "Wells on the Eye," third edition, p. 268; "Haynes Walton on the Eye," third edition, pp. 788-89, and other works that might be cited; some preferring the compress bandage, some the adhesive strips. As I understand, Dr. Dr. Charles Michell's method of dressing an eye Levis' dressing consists of a piece of black courtplaster completely covering both lids, leaving only matter to the test else, I think, more would have He makes no mention of a dark room, but had he quisition to ophthalmic surgery. In the American putting in his claim here also, since it is one of the olm reports sixteen cases in which he used Dr. nolds dressing defeats two important features in the Michell's after-treatment with most flattering results. after-treatment under consideration, viz.: the filling Again, in a more lengthy report in the N. Y. Medi- in of the orbital space with cotton heats the eye, excal Record, of July 31, he further comments on the cludes the light, and precludes the daily inspection after management of extractions, and adds other of the lids without disturbing the dressing; and seccases from which he draws conclusions more firmly ond, the play of the facial muscles would certainly confirming his faith in the safety and advantages of disturb the equilibrium of the dressing through tracthe innovation. Dr. Michell very modestly gives an tion on the adhesive strips. These, the two strongaccount of how he came to adopt this dressing, and est claims yet put forward, speak for themselves, to allow the patient abundant light after extractions, while whatever honor may come of this valuable

ore sensible.

As would be expected, claims of priority are now caused a flow of tears.

The first examination. It was always painful at decreased a flow of tears. Well do I remember how I or more Dr. Levis, of Philadelphia, has discarded in New York with the surgeon to dress the eyes opto change the dressing. And when I began practice tember 29 I removed the lens and its capsule. The I followed in my preceptor's tracks, and carefully after-treatment was the same as before. No pain at excluded every ray of light. I came to notice, how- any time. On the eighth day removed the plaster ever, in the course of time, that the more effectually and gave her the liberties of the house. There was the light was excluded the more intense and the more union by first intention, a clear black pupil, and not persistent the photophobia; hence I came gradually the slightest trace of iritic engorgement. The effect to be less careful of utter darkness, until I had come of full daylight was not at all disagreeable from the using the cotton and bandage dressing over the eyes. ination revealed a fluid vitreous with floating opacia piece of black goods over the bandage, but I found but moderate vision. they seldom called for this. On hearing, therefore, ple treatment, a few cases from my record book:

right lens, leaving a thick calcareous capsule. Dark ned for fully a month, and it was after two months trade—type setting. or more that she could tolerate full daylight without lens in its capsule, which was also treated with bandage and dark room, and was followed by a like train of iritis and long continued photophobia. These operations were performed last winter and spring. In September of this year I extracted the calcareous capsule from the right eye. It was a dense hull of lime salts so thick that it crushed like egg shell. large corneal section was made and the mass seized with forceps and withdrawn. Both eyes were dressed with a narrow strip of isinglass plaster just long enough to catch well on the two lids and hold them together. The room in which she stayed had two large east windows without blinds, curtains or shades. and I directed that none be put up. The walls be ing white, the light in the room was very bright. The morning sun shone in her face and she found it more comfortable to put a screen between her face and the window until the sunshine had gotten off of her bed. No other discomfort was complained of. On the fifth day the left eye was turned loose, and on the seventh day the right. She was at once given the liberties of the house, and on calling to see her the next day I found her walking in the yard barehead, with a bright sun overhead, utterly indifferent to the light. There was no iritis or photophobia at any time.

Case 2.—Mrs. R., æt. 81. Hyper-mature cataract in the right eye, dislocated downwards fully one-third, its diameter; fluid vitreous.

with narrow strips of isinglass plaster and full day Medical College before the class, removing the right light allowed in the room. Six days later liberated lens. Operation smooth. A narrow strip of plaster both eyes and let her go where she pleased. A mild to close each eye. After the operation he walked conjunctivitis ensued, but there was no photophobia down stairs and sat by a stove nearly an hour, waitwhatever. The result of the iridectomy was not sat ling for some way to get home. Finally a wagon isfactory as regards vision on account of a filmy called and he got in and rode to his home, more than

erated for cataract, with candle in hand, to see how opacity above the periphery of the lens; so on Septo using a well lighted room for the patient, and only first exposure of the eye. Ophthalmoscopic exam-I always directed, if the light was too bright, to put ties from former choroiditis, and of course there was

Case 3.-Mr. S., &t. 76. Cataract in both eyes. of Dr. Michell's after-treatment, I felt prepared to August 2 I extracted the right lens and dressed both try it at once. To show what I founded my faith on, eyes in the usual way, allowing the light in the room I give, by way of illustrating the effects of this sim- just as they had been accustomed to having it. On the fifth day I removed the strip of plaster from the Case 1.—Miss W., et. 23. Old irido cyclitis, with left eye, and on the seventh day from the right. exclusion of the pupils and opacity of the lens in Perfect healing, no iritis, no photophobia or lachryeach eye. V= perception of light. Extracted the mation, no discomfort of any kind. He was out in the bright sun in less than two weeks, and remarked room and bandage. Ten days later removed the that daylight seemed brighter to him than it ever did bandage permanently and put on a shade for the in his life, much like being near an electric light; There was some iritis at this time, which soon but it was not at all disagreeable, and caused no irrisubsided, but the most intense photophobia contin- tation of the eye. He soon went to work at his

Case 4.—Mr. Y., &t. 60. Is nearly blind in his discomfort. Some months later I extracted the left left eye from old choroiditis, and has immature cataract in his right eye, with which he can still count fingers readily at four feet. I determined to operate. On September 12 I extracted the right lens, taking pains to remove as nearly as possible all the cortical substance. Closed the eyes with a strip of isinglass plaster on each, and directed that the window blinds be left open and the curtains kept up. Before leaving the room I noticed that the lids of the right eye had not been drawn closely together, sufficient space intervening for me to see the cornea. I did not interfere, however, as Dr. Michell had told me he frequently left a small space between the lids on purpose to allow the easy escape of the tears. When I called the next day the patient exultingly told me how he lay in bed and counted the bars in the window frame, and his fingers at arm's length, and saw across the street with the eye that had been operated on. As all was going well, I did not disturb his recreations.

> On the sixth day I turned his eyes loose, and on the eighth day he walked to my office, underwent a thorough ophthalmoscopic examination and test for glasses, and took the train for home, one hundred miles distant. I received a letter from him a few days since, saying his eye had never given him a par ticle of trouble. I never saw so little restraint after operating for cataract as in this case, nor did I ever see smoother healing.

Case 5.—G. W. Negro, at. 70. Cataract in both July 22, made an upward iridectomy. Lids closed eyes, mature in left. November 6 operated at the

nicely healed, I did not put on the strips again, but treatment. let him go free. About two weeks later I saw him with the effect of which he was delighted.

It is not worth while to report other cases, include either. The same orders were given as yesterday. ing iridectomies, as those already given are sufficient to demonstrate the effect of not placing the patient in the dark after an extraction or iridectomy. The foregoing cases have not been selected from the most favorable. In the second case there was fluid which I undertook with considerable misgivings. lens with a fluid vitreous can appreciate my feelings. of the nasal duct, chronic abscess of the lachrymal rous and sibilant rales to be heard all over chest. sac, and a lachrymal fistula. I should have greatly cotton, it healed without an untoward result.

office operation, as does Dr. Michell, but my experience with case 5 goes far toward proving its safety. I leave to others to draw their own conclusions from experience, as I have done, and in conclusion will extractions and iridectomies until something better few days. offers, which, in the nature of things, I cannot now conceive of.

111 E. Fifth St., Little Rock, Ark., Dec. 20, 1886.

INTUBATION OF THE LARYNX, HISTORY OF FOUR CASES.

BY L. H. DUNNING, M.D., SOUTH BEND, IND.

The unusual interest manifested by physicians in the treatment of pseudo-membranous croup by the O'Dwyer method, induces me to report the following

Case 1.—Nov. 18, 1886, I was asked by Dr. Kettring to see a child of Mr. Galata, of this city. I 1 P.M. the tube was introduced, and considerable difresponded at once and found a well-marked case of ficulty was experienced in securely placing it in posi-pseudo-membranous croup that had been in progress tion. The difficulty was in pushing it down into six days. It had commenced lightly and gradually place. There was considerable resistance, and when grown severe until now it threatened to prove speedily left in place was inclined to rise out of the larynx. fatal. I advised intubation of the larynx or tracheot- After the second effort it was left well in position.

a mile distant, over very rough streets. I directed omy, giving preference to the former procedure. The that the light should not be excluded from the eyes, family consenting, Dr. Kettring was called and conbut his prudent wife carefully sealed all cracks and curred in my diagnosis, and agreed to the plan of hung quilts over all windows. On calling the fol- treatment. We proceeded at once to introduce the lowing day I found a pitch dark room, and in additube, using the size for a child 2 to 3 years of age, tion found the old darkey lost in a wilderness of our patient being 2 years and 4 months old. A blankets and comforts wrapped about his head. I marked improvement in respiration occurred in two at once stripped all the windows and uncovered his or three minutes after the thread was removed. head, and enjoined him and his wife not to repeat it. Stimulants were ordered, and drachm doses of a sat-On the fifth day from the operation 1 found the old urated solution of potass, chlor, every three hours. man with both eyes wide open, enjoying himself in At 4 P.M., five hours after intubation, the patient was looking about the room. Finding the corneal wound resting and breathing easily. Continued the same

10th. Patient rested well last night, but did not driving a wagon on the streets. Not long since he sleep much. She is now breathing easily. Temp. called at my office and received a formula for glasses, 100, pulse 115 and resp. 24 per minute. The child objects to medicine and nourishment, so everything has to be forced, and family are not willing to give

20th, 8 A.M. Patient rested but little during the night, but breathed easily. This morning is quiet. There is considerable cough and profuse expectoration, in which occasionally appear shreds of pseudomembrane. The patches of membrane have nearly vitreous and a very hazardous eye to operate on, and all disappeared from the fauces. The bowels moved which I undertook with considerable misgivings, several times during the night. Temp. 99.5, pulse Those who have attempted removing a dislocated 105 and resp. 20 per minute. Has taken but little nourishment. Same treatment. 5 P.M. Same con-And in case 3 there was an incurable stricture dition as in the morning, except that there are sono-

21st, 8 A.M. Bronchitis somewhat more prodreaded bandaging this eye, covered with cotton, nounced. The breathing is easy and regular, and and yet with free escape to the secretions and care- the pseudo-membrane has all disappeared from the ful daily inspection of the lids and soaking away the fauces. The expectoration is profuse. The patient secretions from the inner canthus with absorbent is very weak, and this is due largely to its refusal to take nourishment. Believing the danger from croup I have not yet ventured to treat iridectomy as an had nearly or quite disappeared, the tube was removed, Dr. Hitchcock assisting. It was quickly removed upon first effort, and came away clear of obstruction. After its removal there were but slight indications of croup. From this time on the case say, I shall use no other method of after treatment of was uneventful, passing on to complete recovery in a

> Case 2.—Essie B., aged 2 years and 4 months. She had been ill of bronchitis several days. Upon November 26 she became very hoarse, and there was a slight croupy cough.

> Nov. 28, 7 A M. During the night the child had had several slight paroxysms of dyspnæa that yielded readily to emesis.

> Dec. 1. Despite the most energetic measures. there has developed a most alarming case of membranous croup. There is continuous labored breathing and severe and prolonged attacks of dyspnæa. Dr. Kilmer had seen the case with me a number of times. He was called again, and after consultation we decided to intube the larynx, as in this procedure or tracheotomy we saw the only hope of recovery. At

In removing the thread it broke off, but as we could learned he had had the croup during the night. see nothing of it on depressing the tongue, we thought amination showed loss of voice, stridulous expiration, best to wait a time to see if it produced any reflex and extreme recession of the chest walls. Fauces irritation. At the end of one half-hour the tube had were covered by pseudo-membrane. He had two given no relief and the child had one severe attack severe attacks of dyspncea while I was examining . of dyspricea, so it was removed, and in a few min- him. I advised intubing the larynx. The parents utes replaced with the assistance of Dr. Hitchcock, consenting, a messenger was sent to town for instru-Dr. Kilmer being detained elsewhere. This time the ments. At 2:30 P.M. they were brought, and Dr. child experienced perfect relief, and soon fell into a Hitchcock accompanied the messenger. The doctor quiet sleep.

apparently in a state of collapse, having cold hands that it would prove fatalic a few hours unless relieved and feet and a pinched, sunken appearance about the by intubation. We proceeded at once to introduce face. The respirations were hurried, but not difficult. the tube, and succeeded without difficulty. Imme-Ordered whiskey and comp. spts. lavender by mouth, diate relief was given, the child falling into a quiet stimulant and nutritive enema. The nurse was dissleep within five orten minutes after he was lain down. rected to rub the child with hot whiskey frequently. We directed the mother to give enemata of beef-tea 8 p.m. Patient has rallied and is now breathing easily, and whiskey, or milk and whiskey, every four hours, whole chest.

a few slight attacks of dyspnæa.

ing the last hour. Large quantities of mucus and drop doses every hour, that the chiid be bathed freshreds of pseudo membrane are being coughed up, quently with hot whiskey and water, and take tr. Loud sonorous and sibilant râles heard over upper digitalis and tr. nux vomica in appropriate doses. part of chest. 12 M. Dyspnæa more frequent. much less than it was before the tube was inserted possible by the mouth. that the parents refused to allow it to be removed. From this time the patient grew gradually worse until coughing the child expelled the tube, with a consid-9:30, when it expired.

internally small doses of calomel, and sponge baths grs. ij every two hours. of tepid water, to be followed by inunctions of quinia

and lard, were also ordered.

and patient otherwise improved.

13th. The father of the child reported at my office that his son was resting well, but that he complained 130, resp. 28, breathing easy.—Concluded to remove of the same tired feeling, and that his throat was not the tube and attempted to do so with the assistance ticed that morning to be covered with the same white of the attendants, but made a complete failure. m Ipatches.

little boy. Reached his bedside at 11:30 A.M., and failure in part to the inefficiency of the assistants, as

examined the patient and gave it as his opinion that 6 P.M. Was called in haste and found the patient we had a case of diphtheritic croup to deal with, and though sonorous and sibilant râles are distinct over and ordered quiniæ and potass, chloras by mouth, with limited quantities of liquids. Cracked ice in limited Dec. 2. Child rested well during the night, but had quantities was allowed. 9:30 P.M. Child still breathing easily. The pulse was quite rapid, 140 per min-Dec. 3. Respiration hurried and somewhat diffi- ute, temp. 101.5 and resp. 34. The hands and feet cult. Patient has had two attacks of dyspnæa dur- were inclined to be cold. Ordered whiskey in 10-

15th, 7 A.M. Child in better condition than last Breathing more labored and rales more distinct, night. Hands and feet are warm. Respiration 30, Over the upper part of the chest rough grating sounds temp. 100 and pulse 130. Considerable mucus and are heard instead of respiratory murmurs. 5 P.M. shreds of pseudo membrane are being coughed up. The condition above described is more marked. Had The alæ nasi expand and contract during respiration, consultation with Drs. Kilmer and Hitchcock. It and there is slight rising and falling of the trachea. was concluded that there was an extension down- Continued whiskey and enemata, discontinued digiwards of the diseased condition, that the larger bron- talis and nux vomica, and ordered sol. pot. chloras chial tubes were becoming gradually occluded by in teaspoonful doses every two hours, and left gr. ij intumescence of the mucous membrane and by de-doses of Dover's powders to be given as needed to position of pseudo-membrane. Prognosis exceed- relieve restlessness. The child swallows readily, but ingly unfavorable. Even now the respiration is so coughs violently after each act, so we give as little as

16th, 3:30 A.M. During a violent paroxysm of erable quantity of mucus and flakes of pseudo-mem-Case 3.—Metritt F., aged $3\frac{1}{2}$ years, resides in the brane. I saw the patient at 6:30 A.M. The father country. I was called to see him December 9, 1886, stated that during the first two hours after the tube Found a well developed case of diphtheria, with was expelled the child breathed without much effort, pseudo-membrane covering both tonsils, soft palate but that during the last hour he had encountered and uvula. Patient complained of being tired; was more difficulty, and that the difficulty was increasing. sitting up part of the time, and the remainder of the Now there is marked dyspnæa and occasional severe time lying upon the lonnge. The temperature was paroxysms. The tube was reinserted with the assist-100.6, the pulse 120, and resp. 22 per minute. Pre- ance of the attendants, and gave complete relief. scribed tr. chlor, ferri and chlor, potass, locally, and Same treatment continued, with addition of quinia,

17th, 7 A.M. Patient showing signs of exhaustion. Continued same treatment and ordered more nour-Dec. 11. The throat is clear of pseudo-membrane ishment by mouth. Child swallows better when he

drinks from the cup.

18th, 7 A.M. Patient better. Temp. 99, pulse made four attempts, each time seizing the tube, and 14th. Was sent for early in the morning to see the each time the forceps slipping off. I ascribed my

the mouth. On this account my left index finger of nourishment on account of the difficulty the pawas fearfully bitten by the patient. Our patient being tient has in swallowing also has its influence in much exhausted by our efforts, he was put to bed and bringing about exhaustion.

ness. Owing to difficulty in swallowing, enemata upon the skill exercised in the after-treatment. were directed to be continued.

produces coughing; his strength is returning. From has never experienced any such difficulty, except as this time on the case pursues a favorable course, mentioned in the history of case 3; indeed, he has though the patient was not able to speak aloud for invariably, except in this instance, found it much

mer to see a case of membranous croup. The pa- never had any previous practice upon the cadaver. tient was a child 2 years and 3 months old. The He does not believe either is essential to skilful and croup was of six days' standing and had gradually successful accomplishment of this surgical procedure. developed. Now there is marked dyspnæa, consid- Any surgeon possessing a knowledge of the anatomy erable pallor, and rising and falling of trachea, all of the parts and a good degree of surgical skill, will indicating the approaching fatal termination. We be able to easily and quickly introduce the tube, and concluded to try intubation. It was accomplished to remove it when the proper time arrives. easily and relieved the dyspnæa. Prescribed stimulants and inunction of quinine and lard, and directed and forceps for its removal, I came to the conclusion child a liberal quantity of cracked ice.

exhaustion.

not hope for any greater benefit.

all the cases except the first—and it may have been handle of the forceps was carried slowly and gently present in that case, as it was not under my observa- from side to side. While thus describing an arc of a tion—was the condition of exhaustion that appeared circle with the handle of the forceps, the blades were no further need of the powerful voluntary effort so withdrawn together. the patient rests easily, and, like the freezing man, is doubtless think it required so much time to execute

the one holding the gag would allow it to slip out of willing to sleep his life away. The partial withdrawal

allowed to rest. Same treatment continued.

Moderate doses of alcoholic stimulants, quinine, 19th, 6 A.M. This morning, with the assistance of nutritious food, and gentle means calculated to arouse Dr. Hitchcock, the tube was easily and quickly re- the flagging energies of the patient, were the means moved. Our efforts produced but little exhaustion, found most beneficial in this unfavorable condition. and patient continued to breathe without effort after. It is my firm belief, after having observed, these few the removal of the tube. Ordered citrate of iron and cases, that the recovery of the patient after intubaquinine, also tld. ext. hyoscyamus to relieve restless- tion of the larynx will many times depend largely

Much has been written and said about the difficul-20th, 12 M. Patient breathes easily. Swallowing ties encountered in removing the tube. The writer easier to remove the tube than to introduce it. He Case 4.—January 3, 1887, was called by Dr. Kil- has never given an anæsthetic in either case, and

By a little experimenting at my office with the tube the parents to give nourishment freely and allow the that the difficulty in removing the tube in case 3 was due largely to the fact that the position of the tube 4th, 7 A.M. Patient seen by Dr. Kilmer, who was such that the long diameter of the opening in the kindly reported to me as follows: "The child breathes upper extremity ran obliquely across the larynx ineasily, though rapidly. There is slight expansion and stead of antero posteriorly, as intended. Upon trial contraction of the ala nasi during respiration. Temp, it will be found that as we ordinarily introduce the 99, pulse 140, and resp. 40 per minute. She swallows forceps into this opening the blades expand, if the well without much cough. Heel hopeful of recovery, tube is in normal position, in the direction of the long but there is a condition of exhaustion that is somewhat diameter, but if the tube is rotated, even slightly, it is unfavorable." At 2 P.M. the doctor reported to me not so; the blades of the forceps will not open in the the patient died at 10:30 A.M., and that from the de-direction of the long diameter of the opening in the scription given him by its father it probably died of tube, but obliquely across it. Now, if the blades of the forceps are opened and traction is made, one of two things will occur: either the tube will rotate so There are a few points I have observed in the five that the axis of the long diameter of the opening in cases (one previously reported) of intubation of the the tube and the expanded blades of the forceps will larynx I consider worthy of note. One is the marked correspond, or the blades of the forceps will slip out relief this means gave to the most distressing symp- of the opening. The latter occurred to the writer tom, viz.: the labored breathing. So great has been four successive times in case 3. Having discovered this relief in all the cases that, if called upon so to the difficulty, the tube was the following day quickly do, I should use the tube in a child of mine if I could removed by the following procedure, viz.: the forceps were introduced in the usual manner, and the closed Another notable feature in the clinical history of blades inserted well into the opening in the tube, the a few hours after the introduction of the tube. In opened two or three times to determine, if possible, both of the successful cases this condition very nearly the direction of the long diameter of the opening. proved fatal, and in the fourth case it is believed to Very soon it became evident that when the handle have resulted in death. There are doubtless several was considerably to the right of the median line, the factors operative in the production of this exhaus blades of the forceps, when expanded, seized the tion; the disease itself is one tending toward ex- tube in the line of the long diameter of the opening, haustion, after the introduction of the tube there is and then, with slight effort, the forceps and tube were

long required to obtain sufficient air to sustain life, One reading the description of this procedure will

it that the child was in great danger of suffocating. ble nutriment as the system can assimilate with the It was not so, as only a few seconds were required to least expenditure of force; and hence, we give milk effect the end in view, the removal of the tube, and meat juices, sometimes alcohol, but rarely opiates. Whether the tube was placed when inserted in the There is a tendency, I believe, to rely very much position he found it, or was properly placed and upon hypnotics in these cases, as in all cases of sleepsubsequently rotated, the writer is unable to say. It lessness; and I believe this to be wrong. To say seemed to be a matter of little importance so far as nothing of other objections to their frequent use, the recovery of the patient was concerned, but was they disorder the stomach, and in the weakened conin the matter of its removal of considerable conse- dition of the patient his system soon falls into the quence. Should be in the future experience much habit of demanding these aids to artificial sleep. difficulty in the removal of the tube, he will conclude There is usually but little positive appetite, and broit is in a mal position and resort to the same proce- mides and opiates take away whatever there is. dure that was successful in the case related.

THE TREATMENT OF INSOMNIA BY FOOD, BATHS AND EXERCISE.

BY WM. G. EGGLESTON, M.A., M.D., ONE OF THE PHYSICIANS TO THE DISPENSARY OF THE CHICAGO POLICIANIC

in all cases of insomnia; my remarks must be taken necessary. to apply only, so far as my experience goes, to felast may often be classed together.

duce insomnia, sleep may be often produced by the necessary. use of warm or tepid baths. In many of these cases of | istered just before the food was given.

may be considered as the symptom of an irritable coffee, sometimes immoderately. weakness of the brain or nerve centres. We know gone on for some time, there is an evident condition that in the latter stages of a protracted illness the of anaemia. The first thing 1 do is to unload the condition of insomnia often depends upon the mal-bowels, and keep them open with cascara sagrada, nutrition of the patient, and that the indication is to though to begin with I usually order blue mass. furnish material which will delay or stop the pro-1 The medicine ordered, as a tonic, is usually either cesses of malassimilation or disassimilation. The nitro-muriatic acid (equal quantities of nitric and failing power of the heart, due probably to the same hydrochloric acids and water), or tincture of the irritable weakness of the nerve centres which causes, chloride of iron 5ij, Fowler's solution 5ij, and strychthe wakefulness, demands, as we all know, such diffusi- nine gr. j. Two to six drops after each meal (or

But it is not alone in the cases of febrile insomnia that the nervous system is in a condition of irritable weakness. It is frequently seen, and I believe it to be the cause of a very large proportion, if not all of those cases of insomnia from intense mental activity or excitement, and of insomnia from exhaustion. Among hard working college students, newspaper men, accountants, and men whose lives are given up to literary pursuits, insomnia from exhaustion or ex-The first case of insomnia with which I had to citement is not an uncommon affection; and it is comdeal, my own case, taught me the utter uselessness of mon also in women who have been exhausted by depending solely upon hypnotics for the relief of this protracted nursing of a sick child or friend, or who condition; and subsequent cases treated successfully have been subjected to some unusual excitement. by food, baths and exercise have shown that hyp-In dealing with this condition it is not sufficient to say notics are not only not to be depended upon, but that a complete change of habits must be made. In that in many cases they are not required at all, and the majority of cases the patient cannot change his do more harm than good. I do not wish, however, to or her habits, and take a long vacation or a protracted be understood as advocating the disuse of hypnotics voyage; and in the majority of cases this is not

I have noticed that most students, and women, brile insomnia, or the insomnia of convalescence who are troubled with insomnia are dyspeptic; and, from acute diseases, to the condition of sleeplessness in fact, I rather believe that a greater or less degree arising from long hours of mental activity or excite- of dyspepsia or apepsia, and gastric irritability, will ment, and to insomnia from exhaustion. The two be found in all persons who are much troubled with insomnia. It must be very evident that a course of In febrile insomnia there is a greater or less degree, bromides or other hypnotics will not ameliorate the of cerebral excitement, which, when active, calls for condition of the gastric or intestinal mucous meman exhibition of bromides and chloral. In a still brane. It is quite clear also, that bromides will not more active stage morphia may be indicated, especi- permanently lessen the degree of nervous irritability ally if pain, such as headache or backache, be so which depends on the want of proper food. I have pronounced as to demand attention; but as a rule, found it not only possible, but comparatively easy to drugs which interfere with elimination should not be treat cases of this kind without a single dose of any given. On this account paraldehyde is of very great hypnotic, and without a change of or vacation from value in some of these cases. In the eruptive fevers, work. In some cases one or two doses of bromide when the cutaneous irritability is so great as to in- of sodium or potassium, or paraldehyde has been

In cases of students and women who complain of febrile insomnia, I have noticed that the patient insomnia, I have usually found that they take but would often fall asleep soon after the administration little exercise, that they are constipated, have but of food, and more particularly if a bath was admin-little appetite, and suffer with gastric oppression after the main meal of the day, whether it be about mid-Wakefulness in these cases, and in many others, day or in the evening. They usually drink tea or If the case has

more), or else Fowler's solution alone. In the ma-1 slept well; and 1 now make it a rule never to go jority of my cases with students, I have used small to bed-hungry, and always to eat at night when I am doses of these drugs, and sometimes no medicine ex- in the midst of an unusual amount of work, or encept the purgative. They are then instructed to eat gaged in work of an unusually exciting character. before going to bed, having put aside every form of I have had to deal will only two cases of insomnia work at least half an hour before bed time. A formal in old people. In both these cases they had been menu cannot be made out for these cases; they advised to take a "maint cap" before going to bed. should simply be instructed to eat, and if they are At first the remedy was efficacious, but in a short hungry they should eat whatever they want. A glass time it was found that the printity of alcohol in the of milk and a biscuit or a piece of toast is sometimes "night cap" had to be a consequence, or it had no effect, all that can be taken at first; or a mashed potato and finally an excess expective of alcohol was debuttered. In a short time the night appetite will manded. I rapidly car is had the quantity of algrow, and the appetite will then need no particular cohol as the amount eaten was a screased, until, with directions. If possible the night meal should be with the aid of a full support to alcohol whatever, taken in another room than the sleeping apartment, the sleep was plentiful and much more refreshing and for men in the city, it will be found advantage- than before. I do not know of anything which will ous to go out to a restaurant. The idea of going more readily impair a dignistive apparatus than alcoout for something to eat, and having to wait a short hol on an empty stometh. Further than this, one time for it will exite the appetite.

I much prefer cold or cool baths, which should be that the drowsiness induced by alcoholic drinks will given with a sponge or stiff brush, and the body not pass into a natural and calm sleep; and an artithoroughly rubbed off with a coarse towel afterwards, ficial sleep is only demanded when a patient is pos-The bath need not be more than five minutes in duritively ill. A cup of hot beef tea (made from ation. The objection to the warm bath is that the some good extract of beef) taken just at bed time, patient is liable to take cold after it, and it is not so will often be sufficient to cause a good natural sleep, refreshing as a cool or cold bath. After the bathing and rubbing, or after eating, a moderate amount of should not eat immediately before going to sleep; exercise should be taken. For this a few minutes that it will give them indigestion or "night-mare," or with Indian clubs or dumb bells is sufficient. Further both. I cannot see why adults are so very different than this, the patient should go to bed at the same in this respect from babies. We know that young hour every night, and arise at the same hour every children awaken at night and must have something

the newspaper office to a restaurant, and eat what has the better chance for thoroughness. they want. Here we usually find that the appetite is good. After eating, anything from half a dozen: ovsters to a good steak, or as much, in fact, as one would eat for a hearty breakfast, they go home, bathe the face, head, neck and chest, take five minutes' exercise and go to bed. In each one of my cases of this class, the patient has reported that the treatment; was a success from the first.

Since the age of 181 have been more or less troubled Accidentally, I found that after eating late at night chipped beef, and all had eaten freely of it for supper.

runs the risk of inducing the alcohol habit by pre-Before eating, however, a bath should be taken, scribing it in this way; and it must be acknowledged

There is a popular superstition that grown people to eat before they will sleep quietly; and some chil-I have seen a considerable number of cases of dren actually fall asleep with a nursing bottle leaking insomnia among night men on morning newspapers. into the mouth. It may be true that digestion is These men usually take the evening meal about 6 carried on slowly during sleep, and that the digestive o'clock, and then often work until 2 A.M. Within the function is less active; but here one need not be in past two years and a half, I have had more than twenty a hurry for the completion of the operation. The cases of this class, and I have not given a dose of mediaverage person should be in bed seven or eight cine, other than a purgative, to a single one. These hours, which is time enough for the digestion of patients cannot conveniently stop to take a bath, and almost anything edible. In our American city life I then go out to eat. They are instructed to go from think that digestion carried on during sleep probably

65 Randolph St., September 2, 1886.

CASES OF POISONING FROM THE EATING OF DRIED BEEF.

BY R. HARVEY REED, M.D., OF MANSFIELD, OHIO,

On July 31 I was called to the family of Mr. James by insomnia, and nothing has ever given such de E., living at 92 East Market St., and found all the cided relief as a course of hearty meals just before members of the family then at home, sick with a pegoing to bed. When the temporary insomnia has culiar line of symptoms, of a similar character. I been relieved by this, I continue the sponge baths at once suspected a toxic agent of some kind, and and exercise before going to bed; but sleeplessness on inquiry found my suspicions well grounded. The often returns after a sustained degree of mental family consisted of Mr. E., aged 67, Miss E., aged labor and excitement, and is almost immediately re- 21, James E., aged 16, and Mrs. E. (age unknown); lieved by a generally hearty meal before going to the last being away from home at that time was not bed. At 19 years of age, while a student of meditaken ill. Upon further inquiry I found they had all cine, I was dosed for this condition with every then been in their usual health the day before (July 30), known hypnotic, without any perceptible effect, on the afternoon of which day they had bought some

Miss E., a rather delicate young lady, was taken violently ill about 8:30 o'clock on the same evening, acid; sp. gr. 1020. No albumin and no sugar, and first vomiting the contents of the stomach, after which but few earthy phosphates or deposits of any kind. the emesis still continued throughout the night, the patient throwing up a greenish, frothy mucoid sub- acid; sp. gr. 1028. No albumin and no sugar, but stance, which came up in great quantities. She had large quantities of earthy phosphates, and the chlomarked thirst, with constriction of the fauces and rides. great prostration. Shortly after the vomiting commenced the bowels began discharging, and would use of opium and bismuth, together with lime-water move every time she vomited; the discharges con- and milk, with stimulants and diuretics, followed with sisting of a brownish liquid substance. This was as-tonics and pepsin; while locally were applied heat sociated with more or less griping.

A homeopath had been consulted in the evening, but considered it a case of cholera morbus and treat- felt as well as ever. The young lady was several ed it accordingly. The patient not improving as days in making a recovery, and did not get over the desired, sent for me the next morning, at which time effects for almost a fortnight. Mr. E., Sr., did not I elicited the above history, and found the patient entirely recover from the effects of the poison for with a fiery red tongue, a bitter taste in the mouth, more than two weeks. They were all troubled more vertigo, twitching of the muscles, cold extremities, or less with indigestion and constipation for some no fever, and with a pulse of 120, and very much time after they had recovered from the primary efprostrated. With others of the same family suffering fects of the poisonous ptomaines. in a similar manner, and the associated history, I

result of eating poisonous beef.

of July 30, but being a very strong, healthy young reported finding the ptomaines. His full report is lad, was not taken sick until after breakfast the next morning, at which time he ate still more freely of the same dried beef. In about an hour and a half he was taken with severe vomiting, which continued from Dr. Reed, Mansfield, Ohio. Determination of for several hours, but was not followed with any considerable diarrheal discharge, although the bowels analysis—described by Selmi. were moved quite freely. He complained of a bitter taste in the mouth, with a deathly sickness and weakness, and vomited a peculiar mucoid substance, after discharging the food contained in the stomach; his croscope. The method of analysis is described in pulse was 88, and not associated with fever.

James E., Sr., ate but little of the beef for supper, but said he had had a bad taste in his mouth all Leech, of Columbus, for microscopical examination, night. He was not taken sick until after breakfast, at which time he ate of the beef more freely, and in of the meat himself, which revealed in both instances about an hour and a half was taken violently sick; degeneration of the muscular fibres, with myriads of first with purging, which was soon followed by vio-micrococci. lent vomiting, first of the contents of the stomach, and then of a greenish frothy mucoid substance M. and son Claude, the former aged 42 and the latter which was very tenacious, and would string out from 17. They had bought and eaten a lot of dried beef, his mouth to the floor like white of egg; the tongue and in the course of an hour or more were taken viowas fiery red and covered with slime. He said he lently sick. had a peculiar sickening sweetish taste in the mouth, and was very dizzy. He had aphonia, twitching of the matters vomited were, after the contents of the the muscles, some trouble with the vision, but not stomach were discharged, of a viscid, ropy character. marked, at times complete loss of consciousness. She complained of a nauscous, sweetish taste in the and at one time was for several seconds in a spasm. mouth, twitching of the muscles, was badly nauseatscanty and high colored; pulse So and weak, no was very red, with pulse 120, but no fever. fever; extremities cold, and the surface of the body covered with a cold sweat, with general exhaustion the dried beef, with vomiting and purging, and vomand depression cured from all the patients suspected of beef poison-| had a bad taste in his mouth, cold extremities, tongue ing, and carefully examined, chemically and micro- red, pulse 100, but no fever. scopically, showing the following results:

min. Earthy phosphates not materially increased, being an antiseptic.

James E., Jr.: Color, very light brown; reaction

James E., Sr.: Color, a dirty yellow; reaction

The general outline of treatment consisted in the and stimulating lotions, together with brisk rubbing.

The young man soon recovered, and in a few days

Specimens of the meat were procured, and through was led to the legitimate conclusion that it was the the kindness of Dr. J. U. Barnhill, of Columbus, O., sent to Prof. David O'Brine, of the Ohio State Uni-James E., Jr., had eaten of the beef on the evening versity, for a chemical analysis, who subsequently herewith given:

> "No. 341. Chemical Laboratory of the Ohio State University. Quantitative analysis of —— beef - ptomaines or cadaveric alkaloids. Method of

"Found ptomaines and confirmed by tests=H_a

SO₄—l₂O₅Cu (C₂H₃O₂)₂ H₃PO₄.

"The substance was nicely shown under the mi-·Blyth on Poisons,' pp. 461-468."

Dr. Barnhill also sent some of the meat to Dr. besides making a careful microscopical examination

On August 5, 1886, I was called to visit Mrs. John

Mrs. M. was taken with vomiting and purging; He had great difficulty in urinating, the urine being ed, had cold extremities, with vertigo; the tongue

> Claude M. was taken ill very shortly after eating Specimens of the urine were se-lited large quantities of a ropy mucoid substance;

The treatment in these cases was the same as in Miss E.: Color, light straw; reaction neutral; sp. the others, with the exception of using small doses of gr. 1022. A trace of sugar was found, but no albu-calomel instead of bismuth, on the principal of it

I considered both of these cases the result of eating poisonous dried beef; although not quite so severe as the cases of the Ewing family. The young man soon recovered and in a day or so was all right; but Mrs. M. was several days regaining her health, professor of anatomy and physiology in the american medical and in fact the arithment of this report). and in fact is still (at the writing of this report) troubled more or less with gastro intestinal icritation.

mens of this meat.

Remarks.—That the ptomaines or cadaveric alkaloids were the cause of the illness in the above cases is without a question in the case of the Ewing family, and scarcely without a doubt in the last two cases. That there is a poisonous alkaloid which is liable to form in meat, under certain circumstances, has been established without a doubt; but the question of chief importance to the public in general is, when, and under what circumstances, these poisonous ptomaines may and do form, and how to prevent their formation.

When it is remembered that these poisonous alkaloids were first discovered by Selmi in exhumed leader Chosroes. They are, therefore, Caucasian corpses, the key to the mystery is at our command; chemistry has unlocked the door that led to their once mysterious approach, and has shown their presence to be synchronous with the decomposition of size and antiquity of this collection, it can hardly fail meat of any kind. This being the fact, all tainted of being a valuable one. The great traveler and meat, from whatever source, should be strenuously writer, H. B. Tristram, once on looking at it said: avoided; the "shop soured" meat that has spent days on the counter, or in the ice chest, should be ciety might envy, and out of which they might select shunned, even when cooked and canned, or when as many types as it suited their fancy to create." made into bologna sausage, or pudding meat, or salted or dried; for it must be remembered that no amount of cooking or curing will remove these poisonous ptomaines from meat in which they have once formed. They are not like the trichina spiralis, or the cysticercus, which can easily be destroyed by thorough cooking.

large cities or packing houses, is another source of the occiput to the starting-point. these ptomaines; the rapid and slip-shod methods meat is turned out upon the market in a few days as cured (but which, in reality, has not been cured sufsult the formation of these poisonous alkaloids), should not only be shunned, but these "near cut" and imperfect methods of curing condemned; and no process of curing and packing meat should be permitted that does not insure the most perfect preserving of the same; and no meat should be put little openings at the base of the skull, then filling through any preservative process of any kind that is its interior with mustard seeds, which are then poured not perfectly healthy, "sweet meat" to begin with, out and measured in a graduated vessel. that is not absolutely free from any taint or decomposition.

The detestable habit of working up beeves that have been killed by railway accidents, and have not been bled or dressed for days after being killed, and the wholesale slaughter of "bony old cows" and "unborn calves" and placing them on the market for food, is a disgrace to any country.

MEASUREMENTS FROM SKULLS OF THE SEVENTH CENTURY.

BY C. F. DIGHT, M.D.,

During a recent visit to Jerusalem, Palestine, I had I regret very much my inability to procure speci- an opportunity to examine and take the measurements of a large and rare collection of human skulls, which are stored away in the old monastery of Mar-Saba, a distance of three hours' horseback ride down the Kedron Valley, midway between Jerusalem and the Dead Sea. The results of this examination are such as are believed to be of interest, and for this reason 1 am led to publish them.

> These skulls are said to be those of the early Christian monks, who in the fifth and sixth centuries lived in great numbers along this Kedron Valley, as far down as the Dead Sea, and also in and about Jerusalem, who in 614 were massacred by the Persians, when they invaded Syria and Palestine under their skulls, and probably those of the ancient Greeks and Romans, which were gathered up and stored here to the number (they say) of 10,000. Such being the "It is certainly a collection the Anthropological So-

> The measurements which I will give are the only ones, so far as I have been able to ascertain, that have ever been taken of any of these skulls. Omitting as far as possible anatomical terms, the five measurements which I took are as follows:

1. The horizontal circumference; learned by measuring with a tape the distance from the middle of the The commercial process of canning meat in our lower part of the forehead around the largest part of

2. The naso-occipital length, or the distance from resorted to by the most of these houses, by which just above the root of the nose, back over the top of the head to the external occipital protuberance.

3. The height, or the vertical distance from the ficiently to prevent its decomposition, and as a re- opening of the ear to the level of the centre of the top of the head.

> 4. The width, or the greatest distance through the head from side to side above the level of the cheek

> 5. The cranial capacity, learned by closing the

Of the ninety-one skulls which 1 measured, the largest one gave a horizontal circumference of 22.45 inches (570 millimetres), which is 34 of an inch above the average for all races. This same skull gave a cranial capacity of 113.6 cubic inches, which is 28 6 cubic inches greater than the average for all races, and 18.1 greater than the average for the Caucasian race (whose cranial capacity exceeds all other races), and but 4.4 cubic inches less than the capacity of Cuvier's skull—the largest on record. Its width was also the greatest, being 6.38 inches (162 mm.).

Its naso occipital length, 13.39 inches (340 mm.), skulls, and probably all males, and that among this inches (120 mm.).

the portions of this brain had been very small.

occupital length of 11.85 inches (301 mm.).

wards.

8.94 inches (227 mm.), gave a horizontal circumference of 19.7 inches (500 mm.), height 4.37 inches (111 mm.), and width of 4.92 inches (125 mm.).

The average measurements of the ninety-one skulls are found to be as follows:

Average horizontal circum...... 19.98 in. (507.2 mm.). naso-occipital length.... 11.84 in. (300.6 mm.).

The average cranial capacity of the nineteen whose

should have skulls above rather than below the average), it follows:

1. That ours, the Cancasian skull, has, during the in height, and not at all in width, and has gained in cranial capacity 3.7 cubic inches.

- 2. From the fact that our skulls have not gained in width, it follows that this gain in capacity of 3.7 cu. in. is due to increase in their height and length, which, bearing in mind the plan of development of the brain, implies an increase in size of the upper and the antepriori grounds, we should expect to increase by edufunctions.
- which specially preside over the selfish propensities, or the so called interior functions, and which give of our wives, our children, and our families. breadth to the head, being called into activity less as skulls.

was reached by but one other, and its height was 4.72 large collection numerous abnormalities and peculilarities exist—such as absorption and perforation of The smallest of the ninety-one skulls gave the both tables of the skull from growth and pressure of smallest horizontal circumference 18.91 inches (480 the Pacchionian bodies; non union of the two halves mm), and a cranial capacity of 76.6 cubic inches, of the frontal bone in the usual way, leaving a perwhich is 18.0 cu. in, less than the average Caucasian sistent frontal suture; marked difference in size of capacity. Its height was the lowest, being 3.97 inches the two halves of the skull, the left half usually being (101 mm.), its width 5.27 inches (134 mm.), and its the larger; and Wormian bones in different localities. maso-) cipital length 11.42 inches (290 mm.). All A few presented spots which appear sometime to have been burned, and the knife shows these places to be The one giving the greatest height, 5.2 inches (132 charred. Many of them yet contain a considerable mm.), gave a horizontal circumference of 20.68 inches number of teeth, which were sound at death, but are (j=2 min.), width 5.63 inches (t43 mm.), and naso- now brittle because of their great age. Others present fractures at different places, and those which The one giving the least width, 4.72 inches (120 are broken open show internal depressions at points mm.), gave a horizontal circumference of 20.48 inches corresponding to external elevations, and vice versa, (520 mm.), a naso-occipital length of 12.21 inches showing that the inside of the skull corresponds in (310 mm.), and height of 4.45 inches (113 mm.), shape to the outside, and that, consequently, the being narrow and low, but long from before back, shape of the brain may, as a rule, be determined by the shape of the head, as certainly as the shape of a The one giving the shortest naso-occipital length, tree may be known by the shape of the bark which

POISONOUS ARSENICAL WALL-PAPERS.

Read before the Section for Clinical Medicine, Pathology and Hygiene, of the Suffolk District Medical Society, January 12, 1887.

> BY JAMES R. CHADWICK, M.D., OF BOSTON, MASS.

In the presence of so many chemical experts and capacities were measured was 91.8 cubic inches. learned general practitioners, it would be presumpt-Comparing the average measurements of these uous in me to treat this subject systematically or skulls with the present average measurements of skulls exhaustively. Moreover, my purpose in opening of the same race (the Caucasian), and if the above this discussion is to present, by fresh instances, to measurements are taken as the average of the race the public and profession, the dangers to which every at that time (and persons of their rank at that time citizen of this commonwealth is exposed by the manufacture and sale of papers for our walls, so charged with arsenic as to produce characteristic symptoms of the poisoning by that mineral in the past thirteen or fourteen centuries, increased in hori- persons occupying the rooms thus papered. The zontal circumference 1.72 inches, and to a less extent Legislature of this State, last winter failed to pass a bill prohibiting the use of arsenic in the coloring of wall papers, so that the only means by which we can save ourselves from this poison, is to disseminate so full an appreciation of our danger throughout the community as to cause every individual to protect himself and his family. This end can only be attained by the publication, by every one who has rior parts of the brain—the exact parts which, on a suffered, of the exact circumstances attending his experience, together with the names of the dealers cation and civilization, since these parts of the brain retailing the papers and the chemists who have specially preside over the moral and intellectual analyzed them. This I shall aim to do without animosity to any individual, but with the single purpose 3. The lower portions of the brain, being the parts of making every one feel more keenly than they now appear to do, the responsibility for the lives and health

In September, 1885, Messis, J. F. Bumstead & education and civilization advance, have failed to Co. put upon my nursery and one sleeping-room grow as rapidly as other and more exercised portions new papers, which they assured me had been of the brain; hence the non-increase in width of our analyzed and pronounced free from arsenic. In the nursery slept a boy of 4 years and a nurse, in the It need scarcely be said that these were adult chamber slept a girl of 13, in a third room, not then

girls yielded somewhat, but never fully, to treatment. During the summer of 1886 they regained their health and strength at Mt. Desert; within a month of their return to their homes many of the old symptoms reappeared. About the first of December, the attacks of colicky pains became more severe and frequent in the two affected girls, and were attended by vomiting and diarrheea.

My attention was then aroused, and I set about to discover a common cause for all these similar symptoms. Having suffered severely in past years from the poisoning of my family by arsenic, I naturally thought of that possibility, and sent samples of the papers most recently put upon the walls (nursery and small chamber) to Professor E. S. Wood for analysis, and received the following reply:

"Boston, December 10, 1886. "The enclosed paper (from the nursery) is very arsenical, I should advise its removal. The other was all right, non-arsenical. EDWARD S. WOOD.

I was naturally in a state of great indignation that, despite my care, I should have put upon the ence whether the symptoms manifested by two of wall of my nursery a paper which contained a dangerous amount of arsenic. I wrote at once to J. F. Bumstead & Co., asking the name of the chemist who had made the analysis for them. The reply was as follows:

"Boston, December 13, 1886.

"Dr. James R. Chadwick:

Dear Sir:—The paper about which you enquire was analyzed by Professor S. P. Sharples, and by him pronounced free from Yours truly, arsenic.'

J. F. BUMSTEAD & Co., per HENRY."

It happened that a week previous to this correspondence my wife had taken a friend to the store of J. F. Bumstead & Co., where he had purchased had no symptoms since the paper in my nursery was several hundred dollars' worth of papers for a newlyerected house in California. On the same evening I questioned my wife closely as to whether she had been careful to select only papers that were free from arsenic. She said she had insisted upon that point with Mr. Bumstead himself, and had been told that only those papers would be shown her which had been analyzed and pronounced to be free from arsenic. I asked if she had inquired who their chemist was, to which she replied that Mr. Bumstead had told her that their chemist was a Professor Hills. As I knew that this could only be Professor Wm. B. Hills, of the Harvard Medical School, I felt as to give one dose in the evening to secure a quiet sured that the papers were safe. A week later, night, in cases of high delirium it has been repeated however, on discovering that my own paper was within four or six hours with advantage and safety. arsenical, and feeling responsible for my friend in If given by the mouth, larger doses are required, as California, I went to the store of Bumstead & Co., much as $\frac{1}{120}$ to $\frac{1}{90}$, or even $\frac{1}{50}$ of a grain given at and demanded to see the reports of Professor Hills bedtime, having proved satisfactory in the hands of upon the seventeen papers selected by my friend. 1 Dr. Wetherill, Jr. In America, 100 of a grain has was told to call the next day when they would be been fixed upon as the average working dose. Mr.

re-papered, slept two other children. All the chil- shown me. I did so, and then found that all the dren passed several hours of every day in the nursery. papers had been, (owing to a misunderstanding) sent During the winter of 1885-86, the boy and nurse re- to Professer Hills for analysis since my visit the previmained in good health, the girl of 14, however, suf-ous day. One of them had been pronounced by fered much, for the first time in her life, from dyspep- him to contain "considerable arsenic," and ansia, colicky pains and headaches; the younger of the other a "small amount," both being regarded two girls had many attacks of palpitation of the as more or less dangerous to health. The others heart, lost color and strength; the other girl kept in were all practically free from arsenic. On asking good health. The symptoms in the two affected upon whose certificates the two first mentioned papers had been supplied as "free from arsenic," I was shown the certificates of Prof. S. P. Sharples.

> In order to confirm the presence of arsenic in dangerous amount in the three papers about which the reports were conflicting, I have since had each of them analyzed independently by Professor E. S. Wood, Professor W. B. Hills, and Dr. Chas. Harrington, all of the Harvard Medical School, with the result of perfect concurrence as to finding arsenic in dangerous amount.

But little comment is needed on this recital of facts. It is, however, but just to Mr. Bumstead to say that I fully exonerate him from any intent to mislead my wife with regard to the analyst of the papers supplied to my friend. His statement that Professor Hills is now his analyst is true, yet I think I am right in pointing out to him that his reply was so framed as to be misleading, because the papers he was offering for sale had many of them, as is manifest, been analyzed in previous years by other chemists.

I may say, in conclusion, that it makes no differmy children be adjudged by those present as due to arsenic or not; if I demand papers free from arsenic I ought to be able to obtain them. My own belief is that the symptoms are attributable to that cause, and that the exemption of the nurse and two other children, though in two instances more constantly exposed to the influence, was attributable to the fact that they were less susceptible to the poisonous effects of arsenic. I pass around samples of the papers with the arsenical mirrors obtained by the Berzelius-Marsh test.

I should add that the two affected children have removed a month ago.

MEDICAL PROGRESS.

HYDRIODATE OF HYOSCINE is recommended by DR. J. MITCHELL BRUCE as being the most convenient salt of the alkaloid for use as a cerebral sedative (Practitioner, pp. 321–333). He finds that it is best administered by subcutaneous injection in doses of $\frac{1}{2\sqrt{0}}$ of a grain. Although it is usually only necessary Freeman and Mr Hardy, of Charing Hospital, have, than the right. There was no alteration in the kneehowever, come to the conclusion that $\frac{1}{2000}$ of a grain jerks, and no ankle clonus. Perhaps the left side of of the hydriodate produces most of the benefit that the head was more sensitive, but no one place could may be expected, without any risk of unpleasant be made out to be more sensitive than another. At effects. Dr. Bruce confirms the results obtained by times the boy said his left arm felt "heavy." The previous investigators as to the little value of hyos- fits were not opisthotonic, as happened in feigned cine as an anti-hidrotic. On the contrary it fre-lifts. Dr. Jackson described three forms of epilepsy quently produces a distinct increase of perspiration. -(1) epilepsy proper; (2) epileptiform seizures; (3) It does not produce unpleasant dryness of the skin due to nervous discharges in the pons Varolii or meand the throat like atropine. The province of the dulla oblongata. In the case above there was a application of hyoscine is defined by Dr. Bruce to local lesion somewhere, as the hemiplegia showed. be in combatting urgent symptoms in cases of de The epileptogenous zone was less defined than oclirium and to procure quiet and sleep. It must not curred in Brown Sequard's guinea pigs. Nervous be expected to cure any disease, although it is true discharge in some part of the pons was the probable that cases have occurred in which symptoms once cause of the falls or fits.—Lancet, Nov. 20, 1886. controlled by hyoscine have not returned. Sometimes hyoscine gives rise to unpleasant symptoms in connection with the circulation and respiration. Within half an hour after the administration of a full dose $(\frac{1}{100}$ to $\frac{1}{75}$ hypodermically) it may cause failure of respiration in the form of shallow breathing, or even Cheyne Stokes' rhythm. It has been found, however, by Dr. G. W. Mann, that chloral can neutralize the effects produced by hyoscine. A lady who had taken $\frac{1}{30}$ of a grain of hydrochlorate of hyoscine by mistake, was seized with convulsions, loss of speech, illusions and hallucinations. Chloral in 10 grain doses was given every quarter of an hour until the convulsions had disappeared which took place in less than an hour from the commencement of the treatment. It was then continued in the same dose every hour, but after 90 grains in all had been given, there was no further necessity for its use.— Provincial Medical Journal, Jan. 1, 1887.

RARE CASE OF EPILEPSY.—At the meeting of the Medical Society of London, on November 15, 1886, Dr. HUGHLINGS JACKSON related the case of a boy, 7 years of age, in whom Epileptic Fts were artificially induced by an unexpected touch on the head. When 3 days old the boy had a convulsion. At the age of 215 years he had an "ordinary" epileptic fit. Of these latter fits he had four attacks of the same kind, or rather degree. Ever since the first so called ordinary epileptic fit some imperfect use of the left arm and leg was noticed, and has ever since remained. to have solved the problem of local anæsthesia in down, but these falls were really fits. He never different strengths, he has found that the soft parts "fell" unless the head or face were touched, but the about the maxillae may be rendered completely infit would not occur if he knew he was going to be sensible by the use of cocaine, associated with a 2 touched. Stoppage of respiration was very evident per cent, solution of carbolic acid. Five minutes in the fit. The eyes were turned to one side, gener | before operating M. Vian dissolves 5 centigrammes ally the right. Sometimes as many as lifty falls oc- (1 grain) of hydrochlorate of cocaine in 50 centisome. Touching any part of the head or face was into the gums, half-way between the neek and the he accidently touched his face or head. These sud-Ilution is injected on the palatine and the remainder den inopportune falls had caused enlargement of the on the labial side, pressure being made by the finger, left frontal eminence, and also that of the right side, when the needle is withdrawn, to prevent the exit of The left arm was slightly less in circumference, and the fluid. Anæsthesia is perfect in three minutes. its movements were clumsy; there was something The quantity of cocaine advised by M. Vian seems like athetosis in the left hand when the right hand somewhat large, but it is said to have been so used was engaged in drawing or writing. He limped with in eighty seven cases without causing any unpleasant the left leg, which was also less in circumference symptoms.—Medical Record, Jan. 15, 1887.

Pelletierine in Infantile Disorders.—M. F. MÉPLAIN, bearing in mind the difficulty of giving children vermifuge medicine in sufficient doses, and the fact that Dr. Bétancés had administered 6 centigrammes of pelletierine, which had expelled a tænia, resolved to try this remedy on an infant 32 months old, which was suffering from convulsions. Béranger Féraud and other writers recommend that pelletierine should not be given to children, on account of the symptoms of congestion of the brain, which it occasionally causes in adults. Be that as it may, M. F. Méplain administered to his little patient a large teaspoonful of solution of Tanret's pelletierine, which represents about 6 centigrammes of the alkaloid; twenty minutes later, 20 grammes of manna, dissolved in a cup of milk, were given. The expulsion was tardy, owing to the insufficiency of the purgatives used, but was, nevertheless, complete. M. F. Méplain, who remained several hours with the patient, observed no alarming symptom. From the observations of MM. Bétancés and F. Méplain, it appears, therefore, that whilst a small dose of pelletierine is sufficient to expel the tænia, the use of the drug is, in the case of children, unattended with the risks which might have been expected from its physiological action, and from the effects observed in adults.—British Medical Journal, Jan. 1, 1887.

Dental Anæsthesia.—M. Georges Vian claims About the age of $2^{\frac{1}{2}}$ years the boy began to fall dentistry. After numerous trials of solutions of curred in one day, and never a day passed without grammes (10 drops) of the solution, and injects it effective. Several appeared also during sleep when extremity of the root of the tooth. Half of the so-

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THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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THE MARINE HOSPITAL SERVICE.

recently received "Report of the Supervising Surgeon-tion, are sadly in need of repairs. The Government General of the Marine Hospital Service of the United does not own a hospital at New York, but the neces-States for the Fiscal Year 1886," There are many sity for one is without question. An appropriation medical men and health officers who do not seem to of \$250,000 has been asked for to enable the Secrehave yet seen the necessity or good of this Service- tary of the Treasury to purchase a site and erect a and this, we think, may be attributed to a want of suitable hospital, (and we have gained the impression information as to the duties required of and performed in some way that the site has been purchased). by the Service.

relieved by the Service was 43,822; number treated attendants had to be lodged in the cupola. It is in hospitals 12,624; number treated in dispensaries recommended that quarters for the medical officers 31,198; and days' relief in hospital furnished 316,- be constructed outside of the building. The other 205. Previous to October, 1885, the Service was hospitals are generally, with the exception of minor supported by a tax upon the beneficiaries, and it was repairs needed, in good condition. held that only those who contributed to the fund. of the law providing for the support of the Service year, the country was threatened from various from the tonnage tax, it was claimed that fishermen, sources, especially from cholera in Europe and whose vessels paid tonnage tax, became contributors small pox in Canada. Against the introduction of to the fund; and it was decided by the Solicitor of these diseases the Service did some very efficient licensed for the fisheries are entitled to the benefit of Hamilton says, and it is a matter which has long the Service. By a calculation based on the receipts been discussed, and needs still further ventilation, from all sources (including special appropriations) it that a more stringent law should be made regarding special appropriations are required from time to time medical officers are not subjected to examinations as

for extraordinary alterations and repairs for the lournal of the American Medical Association, older hospitals. In the long run the expenses would probably be reduced if the recommendation of General Hamilton regarding a laboratory and warehouse were carried out; for it would undoubtedly be cheaper to manufacture many of the drugs now in use than to buy them; and with ample store-room articles which cannot now be kept in stock could be purchased at better rates, and be subject to more thorough inspection. Certainly, all non-perishable articles needed for use in the hospitals should be kept in stock.

Of the hospitals, the one at Baltimore will probably be occupied this winter; the one at Boston is in bad repair, especially with regard to the heating apparatus; and the one at Chicago is probably in a worse condition. The hospital at Detroit is too small, and that this is a very important station was shown during the small-pox epidemic in Montreal little more than a year ago. The hospitals at Key There is much of general medical interest in the West and New Orleans, each a very important sta-The hospital at Wilmington, N. C., is also too small, During the last fiscal year the number of patients and during the last year it was so crowded that the

Although there were no epidemic diseases imcould receive relief from it; but after the enactment ported into the United States during the last fiscal the Treasury that seamen employed on vessels work, as will be seen from the "Report." General will be found that the average cost of each patient hospital and other accommodations of the steerage relieved during the year, supposing that all the funds on merchant passenger ships. The berth decks are were expended, was a trifle over \$12. Even at the badly ventilated, and in many cases there is an present low rate of tonnage tax, the tax alone is absence of light. These ships also need better medsufficient to support the necessary general expenses ical attendance, and laws should be made which will of the Service with the exception of the amount give the medical officers some voice in matters renecessary for fuel, light and water. Of course lating to their position and duties. At present the

to qualifications, and in some cases they have to per- fluence are required: one, the primary, directly conform the duties of purser in addition to those of the nected with the battery; and the other, the secmedical attendant. "That portion of the quaran- ondary or induced, with a telephonic receiver. In tine act requiring the publication of weekly abstracts each there are two coils of No. 25 wire, one of which of sanitary reports, etc., has not been carried into is twice the size of the other; the larger coils being effect of late years, the force of this office being in-designated as 'exploring coils," and the smaller as adequate for the performance of the duty. The de- "adjusting coils." The former, which are simply tail of an additional officer to act as registrar of laid one upon the other, are secured to a large disc vital statistics would fulfil the requirements, at a of wood, provided with a handle, which is called the minimum expense. These reports are very much "explorer," and which is to be moved over the sursought after by State and local boards of health, and face of the body in the locality where the metallic were the publications resumed it would be of great mass is supposed to be lodged, while the "receiver" service to them." Since this was written these ab- of the instrument is held to the ear of the operator. stracts have appeared with an irregular regularity.

Hitherto the annual reports have mentioned the would be \$155.000.

of Medicine Dr. John H. Girdner gave an interest-duction balance, as that at which the sound in the ing demonstration of the detection and locating of telephonic receiver of the latter is most distinct. metallic masses imbedded in the human body, by As soon as the point of the needle comes in contact means of the induction balance and the telephonic with the metallic mass a sharp "click" is heard in the probe. As is well known, this apparatus is the inven-receiver; and the special value of the telephonic tion of Professor Alexander Graham Bell, of Wash-| probe lies in the fact that this "click" is never heard ington, and the method was suggested in the summer when the needle comes in contact with bone or of 1881, in connection with the case of the late other non-metallic substance. At the meeting at President Garfield. It will be remembered that an which the instrument was described and exhibited, attempt was then made to locate the ball in the Presi-its practical working was shown by the detection of dent's body by means of the induction balance; but the location of a mass of lead in a piece of beef. It on account of the crudity of the apparatus, the lack was also shown to some extent by the detection of of experience in its use, and, more than all, to the the location of a ball in the chest of a gentleman disturbing influence of a large steel mattrass on who was wounded in the late war; but the gentleman which the patient lay—the existence of which was respectfully, though firmly, refused to allow the teleunknown at the time of the attempt—the result was phonic probe to be used. The induction balance anything but satisfactory.

to the minute has been found to be most satisfactory. upon an asthetized dogs by shooting them and then For the induction balance two circles of electric in-; locating and extracting the bullet.

When no metallic body is in the vicinity of the "explorer" no sound whatever is heard through the necessity for providing for old, decrepit, and worn- "receiver;" but when the "explorer" is brought near out seamen, and those suffering from incurable affec. any metallic mass the presence of the latter is inditions. This would prevent the over-crowding of the cated by the sound heard in the "receiver." This hospitals to some extent, and concentrate these sea- sound increased in intensity as the "explorer" apmen in one place, where they could be better cared proaches nearer and nearer the mass, and the greatfor. It is recommended that a "National Snug est intensity of sound is, of course, reached when Harbor" be established in the District of Columbia, the centre of the "explorer" is at the nearest possiwhich would also serve as the headquarters of the ble point to the metallic mass. Fortunately for the Service, and of the purveying division, laboratory, successful application of the apparatus, experiment etc. The approximate cost of this establishment has shown that living tissue is the best conductor of the sound.

In the telephonic probe a telephonic receiver is brought into connection with an ordinary piece of THE INDUCTION BALANCE AND TELEPHONIC | steel upon the external surface of the body, and also with a long needle which is to be inserted into the At a recent meeting of the New York Academy flesh at the point indicated by the explorer of the inshowed that the bullet was about the junction of the In working the apparatus a bichromate of potas clavicle with the sternim. It seems, however, that sium battery of six cells is employed; and an inter-the practical working of the instrument might be rupted current with about six hundred interruptions easily demonstrated beyond doubt by experiments

THE LIGHTING AND HEATING OF RAIL-WAY CARS.

The recent disaster on the Vermont Central Railway, and others which have but lately occurred on other roads, seem sufficient ground for again calling attention to the dangerous methods of heating and lighting of railway passenger cars, especially since of the 300 lives already lost in railway accidents in this country this year about one-half have been caused by fires originating from the stoves and kerosene lamps with which the cars are heated and lighted. In a few States the State Boards of Health have undertaken systematic sanitary inspection of passenger cars, and it would be well if the Boards would set this matter before the legislatures in the strongest possible light; since it is clearly within the province of a State Board of Health to take cognizance of such matters—certainly as much as the disinfection of closets, water supply, means for rescuing passengers from wrecks, etc. In Dakota a bill has been presented to the legislature, and we are informed that it will most probably pass, which declares that a fire in a railway car is a "culpable negligence," and renders the road liable to the survivors of the person burned in the sum of \$10,000 damages; and in the Illinois Legislature two bills have been introduced the one requiring railway companies to use some other method than stoves for heating cars, and the other providing that a chemical fire-extinguisher shall be kept at each end of the car, or, in lieu of them, three hand fire-extinguishers.

It has been shown on the Connecticut River Valley Railway and on the elevated roads in New York City, that cars may be efficiently and satisfactorily heated by steam, without fire of any kind in the cars, and without danger to the passengers by breakage or disconnection. On the elevated roads in New York each car contains pipes in which is a quantity of soda solution, which is heated by steam from the engine; this solution being used because it stores more heat than any other available solution.

In the matter of lighting cars, it is now practicable to use the incandescent electric light, which is in partial use on the Pennsylvania Railway and on some of the cars of the Boston and Albany Road. gas, which has been used for several years on some of the roads, is much more safe than kerosene lamps. There may be said to be no danger whatever from the incandescent light, for any accident which breaks the glass bulbs at once extinguishes the light.

shall be superseded by iron bridges with a guard-rail quarantines and military cordons.

(such as is in use on the New York elevated railways)-a high rail on the outside of the track rail on each side, which prevents ears leaving the track even if derailed.

A CLASSICAL PATIENT.

The following message (?) was left on the slate of a Boston physician:

οί αναγραδιοι έμε χρήξουσιν δίκαδε ίέναι.

The physician, in writing to the Boston Medical and Surgical Journal, claims that his inability to translate the line "shows the necessity of requiring Greek" (in the colleges). To us it only shows that the patient should have been taught to express his wants in English.

Doubtless one or two dozen translations of the line (no two alike) have been sent in by lovers of the classics residing even under the shadows of Harvard and the Bunker Hill monument. It is, then, perhaps too late for us to venture a translation, and it would be presumption extraordinary for those who do not see the necessity of requiring Greek, and who are somewhat out towards the periphery of the universe, to do more than offer a diagnosis of the patient's malady. If the patient cannot write English it is scarcely probable that his tongue has no mastery of the words immortalized by Dr. Noah Webster, not to mention other lexicographers. We may therefore imagine the dismay and confusion of face of our enquiring confrère when the patient returns, finds him in his office, and begins to describe his symptoms in the native tongue of Aristotle, which has been more recently brought prominently before the public by Prof. Anthony and Mr. Charles Francis Adams. There is, of course, a possibility that the person who left the inscription on the slate was a Boston blacksmith who called to collect a bill. It is equally possible that what was written was not Greek at all, but a prescription written by a prominent consultant while thinking of something else. But, on the assumption that the perpetrator of the outrage was a patient, we venture the diagnosis of Anglo-agraphic aphasia, and would recommend a writing master and a school dictionary.

CHOLERA IN SOUTH AMERICA.—From the latest weekly abstract of sanitary reports, issued from the office of the Supervising Surgeon-General of the U. S. Marine Hospital Service, Feb. 3, 1887, it appears It is also within the province of the supervisors of that the cholera epidemic is steadily spreading to new public health to recommend that wooden bridges places in the Argentine Republic, regardless of both

PROPOSED AMENDMENTS TO THE LAW REGU-LATING THE PRACTICE OF MEDICINE IN ILLINOIS.

A few weeks since we called attention to the very imperfect returns of births and deaths in this State, as shown in the last general report of the Illinois State Board of Health, caused by the neglect of physicians in reporting cases as required by the law. Some amendments to the law designed to aid in securing more complete returns in future have been presented in the State Legislature, now in session, and we trust they will receive early and favorable consideration.

If the State will furnish the members of the profession in every town convenient blank certificates, both for births and deaths, and annually publish the results in a form accessible for convenient study or reference, most certainly the physicians should be willing to fill the blanks and promptly mail them to the proper town or county officer. Correct vital statistics relating to the population of any town, county or State, constitute necessary factors in the study of etiology and the results of various measures for sanitary improvements. As every physician has a personal interest in whatever will advance any department of the science and art of medicine, he ought to cooperate cheerfully and promptly in securing full and reliable statistics of births and deaths, so long as the published results return free in the form of reports from the Health Board of the State, tabulated and associated with much additional valuable matter, all arranged convenient for use.

Another Death from Chloroform.—According to the daily press, during the surgical clinic of Professor Wm. H. Pancoast in the Medico Chirurgical Hospital, Philadelphia, February 9, 1887, a patient, male, aged 30 years, presented himself on account of false anchylosis of the proximal joints of the thumb and index finger resulting from previous injury. On attempting to forcibly restore motion the patient complained so much, that the professor ordered him a few inhalations of chloroform, and while he was still sensible enough to voluntarily hold up his hand, the professor took it, quickly flexed the joints freely, and removed the napkin in which had been placed at the beginning only "half a teaspoonful of chloroform," but respiration had ceased. The statement gives the whole time during which the chloroform had been administered as "only four minutes;" and that from a napkin admitting free intermixture of performed on the left eye with a view of abating the

air. The most active and persevering efforts failed to resuscitate him. The post-mortem examination revealed much disease of the kidneys, and fatty degeneration of the liver and muscular structure of the heart.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Stated Meeting, January 17, 1887. THE PRESIDENT, EDMUND J. DOERING, M.D., IN THE CHAIR.

Dr. Lyman Ware read a paper entitled

A CLINICAL STUDY OF GLAUCOMA.

The author briefly referred to the history, pathology and etiology of glancoma, and expressed his belief in the curative power of von Graefe's operation of iridectomy. Unmistakable symptoms of glaucoma are supraorbital and ciliary neuralgia, increased ocular tension, periodic diminution of vision, the appearance of a halo around artificial lights, a sluggish and widely dilated pupil and a shallow anterior chamber. Although increased tension may be associated with other diseases of the eye, its presence should always lead to a critical examination. Several cases were detailed: Mrs. M., aged 50, while riding in an open street car, contracted a severe cold, which was followed by neuralgia over both eyes. The pain was so intense that at times she was delirious. Her weight was reduced from 110 to 80 pounds. She became entirely blind. On account of the eye being small and deeply set and the anterior chamber very shallow, sclerotomy was advised and performed. This gave immediate relief, but the pain returned again in a few days. When Dr. Ware saw the case the anterior chamber was almost obliterated, the glaucomatous lens pressed the iris forward until it came in contact with the cornea. With a von Graefe cataract ki ife a free sclero corneal incision was made and a portion of the iris excised, and the lens removed from both eyes. The pain greatly subsided, but the sight was irrecoverably lost. Another case was a man æt. 52 years, who complained of having had pain in and over the left eye for five or six months, and had seen the halo about street lights. On examination tension was found increased, vision diminished one-half. Some months later iridectomy was performed, and a solution of escrine (4 grs. to the oz.) instilled every four hours into the other eye. Pain was at once relieved and all symptoms of glaucoma rapidly disappeared. Mrs. M., aged 45, had frequent attacks of neuralgia and noticed defective vision in the left eye six months before coming under observation. Tension was found much increased; she had seen halo about artificial lights for eight or ten months. Distant objects could be clearly perceived by right eye. Iridectomy was pain and preserving the vision of the right eye. The ing the past year, but could not give me a definite restored and left eye much improved.

Dr. E. E. Holmes reported

A CASE OF FOREIGN BODY IN THE ANTERIOR CHAMBER.

was setting a machine punch so the punch would especially in the liver or other internal organs. They accurately fit the die. The power was applied, when must, consequently, be regarded as quite malignant. the punch did not accurately correspond to the die. At the same instant something entered the patient's eye. He came to my house twenty-four hours after the accident with the eye slightly red, but not painanterior chamber, in close contact with the cornea.

cornea did not please me.

Dr. Holmes also reported

A CASE OF INTRA-OCULAR TUMOR.

relief from pain was great, vision of right eye fully expression of their opinion. When he came to me, a few days ago, the comea was perforated and presented a staphylomatous projection of the growth. For a year there has been pain and for the last six months very great pain. The tissues of the orbit This case was of special interest to me on account around the globe were greatly swollen, but not inof the difficult diagnosis and the difficulty attending durated. In enucleating the eye I expected to find the removal of the foreign body. The doubt regard- the sclerotic destroyed posteriorly and the orbital ing the diagnosis arose from the fact that there was tissues invaded. The enucleation, however, was pera small central perforation of the cornea. Below formed as easily as in ordinary cases. The optic this, and not connected with it, was a fine greyish nerve is seen to be enlarged several millimetres beline extending downward and inward (R. eye), ap hind the sclerotic. The swelling in the orbit was parently in the substance of the cornea, fairly into caused by nodules of fat filled with numerous bloodthe angle of the iris and cornea. This resem- vessels. Dr. Ochsner pronounces the tumor to be bled the channels left after the removal of fine a small round-celled sarcoma with very little pigment. slivers of grain stalk which are sometimes thrown The nodules of fat are free from sarcoma cells. This into the cornea obliquely from threshing machines. class of tumors, if removed early, are not very liable The patient explained the accident as follows: He to return in the orbit. They may, however, reappear,

Dr. Boerne Bettman read a paper on the

CONNECTION BETWEEN OCULAR AND NASAL DISEASES.

The author thought that numerous pathological ful. I prescribed atropine and sent him to the hos- conditions of the eyes and lids are attributable to pital. The next morning the pupil was round and abnormal changes in the nose, and that in these cases fully dilated. The media were all clear. I felt great treatment of the ocular organs alone will fail to alleanxiety in regard to the case, but inasmuch as during viate the trouble. After referring to Hack's monofive days there were no symptoms of inflammation graph on the subject, Dr. Bettman detailed several along the supposed track in the cornea, I finally be cases in substantiation of his theory: A boy of 10 came convinced that there was a fine splinter in the applied for treatment of epiphora of both eyes. The eyes were constantly weeping. An examination of I made quite a long incision through the lower, the nose revealed an extensive swelling of the anteborder of the cornea, the knife touching and moving rior portion of both turbinated bones. When these the piece of steel. I endeavored by means of a parts were touched with the probe profuse lachrymafine forceps to seize the lower part of the steel tion was induced, and a light thrown into the eye by and disengage the point from the tissues at the angle means of the ophthalmoscope produced violent sneezof the iris and cornea by carrying the steel farther, ing. A deep incision was made in the swelling with towards the pupil. This was found to be impracti- a knife electrode, and a flat burner was also employed. cable, since the lower end of the piece was firmly. The slough was completely thrown off in fourteen held by the tissues. I used all the violence I consid. days and the boy cured in one month, the eyes reered warrantable. As the anterior chamber was ceiving no treatment. Polypi of the nose have been without aqueous humor, there was some difficulty in found to produce secondary affections of the eye: further procedure without violence to the lens or iris. Hermann S. was prevented from following his trade I consequently extended the wound in the cornea of a cabinetmaker on account of the excessive flow upward so the upper end would correspond with the of tears; he also complained of pain in the eyes. upper end of the steel. This end was easily seized Polypi were removed from the middle turbinated and with considerable force withdrawn. The splin-bone with the Jarvis snare and a cure effected. E. ter was three-sixteenths of an inch in length. Ese. B., aged 16, was extremely sensitive to light and the rine at first, then atropine with antiseptic dressings eyes were both bathed in tears. Each time the eyes were applied with great care. There was no reac- were exposed to a glare of light she sneezed violently. tion, the patient recovering perfect sight, except as There was Hack's swelling in both nostrils. Two far as there was dimness from the central cicatrix in pledgets of eotton were soaked in a 5 per cent, soluthe cornea. Vision was good five weeks after the tion of cocaine and allowed to remain five minutes at patient had returned home. I must confess the al. a time. There was an immediate effect, and in most V-shaped incision in the lower border of the three quarters of an hour she was able to bear the light. The patient refused cauterization and employs cocaine to avert photophobia. The majority of cases coming under Dr. Bettman's observation have been treated by applications of the galvano-cautery to the This tumor, filling the sclerotic, is a sarcoma of the nasal membrane. The appl cations restricted to the choroid. The patient, a man 62 years of age, had, anterior end of the turbinated bone frequently fail to been under the observation of several specialists durigive relief. It has been found that a sensitive area

exists at the posterior end of the inferior turbinated bone and also at the anterior part of the nasal cavity, in the angle forming the boundary of the vestibule. In conclusion, the author thought oculists should always subject the nose to a thorough exammation when seeking the source of ocular complaints.

Dr. H. M. Starkey read a paper entitled

SOME MODIFICATIONS IN THE TREATMENT OF STRIC-TURE OF THE NASAL DUCT.

The author said that about 1883 the Western Suppository Co. made a lachrymal bougie of medicated gelatine of such elasticity that it could easily be passed into the nasal duct. It was less painful than a metal probe, and its slow solubility kept the mucous membrane at the point of stricture distended so that it could be acted upon by the medicine from the use of electrolysis in these cases to be often unthe punctum without slitting the canaliculus, followed by astringent injections over the inflamed surface. This treatment proved entirely satisfactory, and in enucleation, but for the first stage, the premonitory destruction of tissue.

author's method of treatment: Mrs. L. suffered from lachrymation of each eye for two years. There was severe lachrymal conjunctivitis of the right eye, the punctum being contracted one-half. On dilating the right punctum a No. 2 probe could be passed without difficulty, but the whole interior of the nasal duct had to general practioners, the author attached so little the peculiar velvety feeling that is caused by thick villous mucous membrane. The same condition, in less degree, was found on the left side. Treatment was commenced by applying a weak astringent and washing out the lachrymal canals thoroughly each to discover glaucoma. I can recall a number of such day with boric acid lotion, followed by a weak as tringent. Once a week a probe was passed through who had been under the treatment of a physician for the dilated punctum down to the naris, using a larger four or five weeks for malarial fever and dyspepsia, probe each time until No. 7 was reached. The re- which was the beginning of an undoubtedly characsult was satisfactory, and in six weeks the patient teristic and typical attack of glaucoma. But the atreturned home apparently well.

Dr. W. Franklin Coleman read a paper on

SYMPATHETIC OPHTHALMIA.

Disease in the sympathetic eye generally occurs when there has been a wound or operation in the dangerous zone of the diseased eye. Becker, in a certain extent after the attack lost somewhat its 1875, collected twenty two cases of sympathetic severity. Another case: A poor woman lost one ophthalmia from cataract operations, foreign bodies eye from glaucoma ten years before; the eye was lodging in the eye, and degeneration of a lost eye, blind and hard, showing the characteristic state of or other causes. Dr. Coleman read in detail the clin- an eye in which glaucoma had run its course. She ical history of the disease, and enumerated the was attacked by a severe pain in the head extendcauses, histories and results of the treatment of a ing over the left side, could not sleep for several large number of cases. In regard to treatment he weeks, was nauseated, vomited, and showed sympadvised as per the following:

CONDITION DIS- EASED EVE.	CONDITION SYMPA* THETIC EVE.	TREATMENT.
Plindness.	Normal	Enucleation in unintelli- gent and children.
Blindness.	Sympathetic irritation.	Enucleate.
Blindness.	Sympathetic inflammation	Enucleation not often advisable.
More or less vision	Normal.	Do not enucleate generally.
More or less vision	Sympathetic irritation,	Better enucleate.
More or less vision	Sympathetic inflammation	Do not enucleate.
Acute ophthalmitis	Normal,	Never enucleate.
Acute ophthalmitis	Sympathetic irritation.	Puncture and foment dis- eased eye, then enucleate.
Acute ophthalmitis	Sympathetic ophthalmitis.	Treat oplithalmitis, and then enucleate.

Dr. F. C. Horz said: I think the theory of the thirty to sixty minutes. He thought results showed author in regard to the closing of Schlemm's canal and the approximation of the iris to the cornea insatisfactory. The object to be attained is to restore terfering with filtration cannot account for glaucoma. the diseased parts to as nearly a normal condition as Pathological anatomy has so far failed to find the possible, and the most satisfactory treatment is by cause, and we have to rely on clinical studies to build using injections more and probing less frequently. up a theory which will account not for the late stage, The author determined to try the effect of probing the fully developed glancoma, where the sight of the eve has been permanently destroyed by the disease, and which the pathologist gets from the oculist after about five weeks a patient went to his home in an-symptoms before it becomes an acute attack; a stage other State with apparently perfect recovery, and no which the pathologist has not yet investigated with his microscope. At that stage who can say certainly The following case was given as illustrating the what glaucoma is? It is probable that various causes lead to the same result. I believe that the agglutination of the iris to the cornea, the compression of Schlemm's canal or any other part of the eye, are consequences, and not primary causes of glaucoma. I was somewhat surprised that, in a paper addressed importance to the clinical symptoms in glaucoma, of a general character, such as gastric and febrile disturbances in connection with hemicranic headache. These symptoms often cause the practitioner to fail instances. Last October a lady came under my care tending physician's attention was attracted by the coated tongue, the nausea, vomiting, severe headache and excited pulse, and he treated the patient for these daily attacks of headache, which he diagnosticated malaria, and used antiperiodic remedies, utterly disregarding the condition of the eye, although the sight was at first nearly extinguished, and only returned to toms of some general disturbance. The physician

treated her for the stomach trouble and headache, common. In one of these cases I was able to effect and although she told him time and again that her a complete cure by cauterization of the nose. A sight was getting poor, and suggested that an oculist third type of nasal affection giving rise to ocular had better examine her eye, he paid no attention to symptoms is true catarrh of the upper and front part this, and the result was that two months after this of the mucous membrane of the nose, where the attack the sight was entirely gone and could not be membrane is distinctly reddened and where there are restored. In still another case both eyes were neg- generally slight and by no means prominent symplected until the patient could perceive only a little toms of catarrh. In these cases I have very freeyes. Dyspepsia, gastric fever, malaria, and sick made by using delicate probes. Such cases, I can headache were the diagnoses, and the treatment was testify from my own experience, are entirely curable ered in with these general constitutional symptoms, common adenoid vegetations.

Dr. Lyman Ware said: I have only a word to that they are secondary rather than primary.

Bettman presented are of great interest from the fact treatment by means of calomel, atropia, and the custhat they have only lately been recognized. Dr. tomary applications to the eye, proved inefficient, Gruening, of New York, was the first to point out while the addition of nasal treatment hastened the that there existed affections apparently of the eye, cure of some of these tedious cases. The nose was but which in reality originated from the nose. I have probably normal to start with, but the continued flow watched for these cases ever since Gruening's paper of tears produced either small erosions or some little first appeared, and would say that the cases in which catarrhal troubles of the mucous membrane at the the nasal trouble is entirely the cause of eye disease front of the nose, subsequently increased to chronic are not very frequent. But I have seen instances catarrh, leading to congestive obstruction of the tear where affections of the eye were certainly compli passages, or exerting an unfavorable nervous influcated by nasal trouble, and the nasal trouble pro ence upon the eye trouble. Finally, as a rare inlonged the eye disease. I recollect a number of cases stance, I will mention one case which is now cured, of eye disease either kept up or originated by nasal. The patient was sent to me for polypi, which, howtrouble. The first of these is a pseudo erysipelas of ever, proved to be the minor trouble in the nose, the lids, which is not an infectious disease, but merely the real trouble being an immense vascular tumor a secondary affection of the blood-vessels, only re- occupying the entire floor of the right side of the sembling erysipelas clinically. It is entirely due to nose, covering the inferior turbinated bone and reachirritation and engorgement of the blood-vessels in the ing about to the middle turbinated bone. The pafront part of the inferior turbinated bone. A second tient had been reduced in strength, and the slightest type of nasal affection giving rise to eye trouble is exertion on his part produced hæmorrhage, therefore true periodical hay fever, and a non-periodical irrita- the most careful operative procedure was necessary. bility of the nose, resembling hay fever. I have I finally succeeded in removing the entire tumor by published four cases, and have since seen another, of the galvano-cautery in twenty sittings. As the tumor periodic conjunctivitis characterized by the formation began to shrink the hæmorrhage was less, but he lost had been treated for trachoma by a number of special ists, where the history of the nose showed that the af- hind the eye, which receded by the time the tumor fection was of nasal origin. The same trouble may had been extirpated from the nose. exist in a non periodic form, and present all the symplasting a few days or weeks. But these cases are not although I have recorded in my case book about

flicker of light, before it was considered necessary by quently found troublesome epiphora without any the attending physicians to pay any attention to the stricture of the duct; in some cases the test was in accordance. I think it is well to bring out these by simple treatment of the nose. I have found a points, and to call the attention or every physician not sharply defined case of astheropia, due not ento the fact that such attacks sometimes mean some tirely to the nose, but complicated with refractive thing more serious than a disturbance of the stomach, trouble, where nasal treatment was necessary to comand that when the patient, during such attacks, speaks plete a cure. Once or twice I have seen polypi play of the eyes as being troublesome, or the sight as be- the same role, and a number of times I have found coming dim, it is worth while to pay attention to it, the starting point of the irritation not in the front of and to remember that acute glaucoma is often ush- the nose, but in the posterior part, in the form of the

This is a subject which has not been fully dealt say about the disturbance of the equilibrium of se- with in literature, but I have several cases where the cretion and excretion. It has been fully demon- extirpation of the large post nasal tonsil has given strated that it is only by restoring the equilibrium decided relief to the eye. Then I have found that that sight is saved. I quite agree with Dr. Hotz re- in a few cases ulcers or chronic inflammation of the garding febrile symptoms, but it is my experience cornea were kept up by nasal trouble, which was probably started in the first place by a copious flow DR. HENRY GRADLE said: The cases which Dr. of tears from the eye. I have observed that local of granules and follicles, which trouble always re-thirty or forty ounces of blood in six weeks. During ceded in winter, to reappear again in the spring or the latter part of the treatment his right eye began summer. In two of these cases a diagnosis of hay to bulge, and he complained of double sight. It fever has since been made. I have seen a case which has remained healthy, but there was an unmistakable development of vascular tissue in the orbit and be-

Dr. Boerne Bettman said: I was very glad to toms of hay fever, the trouble not being limited to hear Dr. Gradle corroborate my statements. I am any season, but occurring in any part of the year, well aware that these cases are comparatively rare;

twenty, seen during the last two years. I am ac-completely closed by injury or operation, and yet quainted with the article published by Gruening. My lachrymation is not annoying, although the gland has attention was first called to the subject by the work not been extirpated; tending to show, as mentioned of Hack, and since reading that I have made it a by Dr. Gilmore, that the normal secretion of tears is postit never to allow an eye patient to leave my office ordinarily very limited. It seems to me that in until his nose has received a very thorough examina- many instances lachrymation is due to irritation tion. I have seen a number of cases such as men-propagated reflexly, and therefore in treating such tioned by Dr. Gradle, but I thought it better to decases I thought of trying to restore the mucous memscribe to-night only the typical ones. The connection brane of the lachrymal canals to the normal condibetween ocular and nasal troubles is a point all ocu-tion, as well as to look for and treat points of irritalists should bear in mind, and when they find no tion elsewhere. local cause for epiphora they should examine the

one word in regard to glaucoma, and that is, the im- iary body, or the choroid, where the chances are that portance of tension does not seem to me to have in order to give all the advantages of treatment the been sufficiently dwelt upon. Any careful general patient must necessarily be idle for a considerable practitioner can ascertain whether the tension is in-length of time, and where the sight in the injured eye creased or not, simply by comparison with the ten- has been irretrievably lost, I think it advisable to sion of his own eye. All pain referred to the eye- make the operation of evisceration or abscission as ball, with or without the accompanying neurotic early as possible. The patient, if a laboring man, is symptoms mentioned in the paper, does not mean then relieved from a long enforced idleness and anxglaucoma. Unless there is increased tension you iety, and the danger that lack of care frequently cannot diagnosticate glaucoma. The author does causes in this class of cases. Where the appearance not mention Badal's operation in the treatment of is first to be considered, and the patient can be conglaucoma. It is certainly entitled to a place among stantly under observation, the operation can be postthe operative measures. I will only speak of one poned, but with the strict injunction the patient is point in Dr. Starkey's paper, viz.: epiphora. I do to be under constant surveillance. In a large manot believe, with many, that epiphora is due prima-jority of cases where there is great damage done and rily to a structure which prevents the escape through the foreign body is out of sight, it is safe and advisathe nose of the natural amount of fluid secreted, but ble to make the operation, trusting to that to save is due rather to reflex irritation causing an hyperse the other eye. In a case that came under my obcretion of tears. In health the eye is moistened servation recently a piece of steel entered the antewith a moderate secretion. When the lachrymal rior chamber near the centre of the cornea, passed gland is removed the eye continues to be moist and through the iris and lodged in the sclera. No operthe cornea retains its lustre. Tears are not essential ation was performed, and the fellow eye became symto the lubrication of the eyeball; their function is to pathetically affected, and on account of its sympa-protect the eye against foreign bodies. A bit of dust thetic disturbance had to be removed. The steel under the lids will cause profuse lachrymation and produced some local irritation, and the eye was the tears will flow over the face, not because of an caught and rolled strongly toward the nasal canthus, obstruction to the natural amount of fluid secreted and the piece of steel was found projecting into the through the natural passage, but because of a hyper- orbit from the sclera and was removed. The track secretion due to reflex irritation. For treatment 1 of the steel through the selera was surrounded by a never use a probe larger than Bowman's No. 6, us- large mass of fatty degeneration, which was also reually No. 4. I seldom find it necessary to make moved. Vision remained about one half. Bowman's operation in epiphora. I think its use is unnecessarily frequent. I use astringent and anti- Dr. Colburn as to the desirability of timely enucleaseptic solutions with a syringe small enough to be tion in the case of a laboring man to save his time, easily introduced into the puncture when slightly but should ophthalmitis set in I should not, under dilated. I am very careful to treat any nasal com- any circumstances, enucleate the eye. I believe it plications; it is impossible to treat diseases of the is rare for German operators to risk removing an eye eve successfully without recognizing and treating re- in a case of ophthalmitis, but in England they scarceflex irritations of the nose.

down very much. As first written I had given some have an eye enucleated, but I have sometimes respace and attention to cases similar to those men-gretted that I did not urge the patient to have the tioned by Dr. Bettman. I had also spoken of the eye out in order to avoid the fearful risk of sympaprobability that in many cases of epiphora, where thetic inflammation. I am astounded at the position there had been inflammation of the tissues lining the of so eminent an authority as Noves who says, "I lachrymal canals with partial closure, a continual hesitate to enucleate the eye on account of appearirritation of the canal in some way, perhaps reflexly, ances, and do not do so unless symptoms of irritaso stimulates the lachrymal gland that the tears are tion or inflammation appear which I cannot relieve pouted forth more abundantly. There are well- with medical treatment." In nineteen out of twenty known cases where the lachrymal canals have been cases the lost eye is not worth saving, but is a blem-

Dr. J. E. Colburn said: In cases of injury where there is danger of sympathetic irritation, a foreign DR. A. P. GILMORE said: I would like to add body being lodged in the anterior chamber, iris, cil-

Dr. W. Franklin Coleman said: I agree with ly hesitate to remove an eye under any circumstances. DR. STARKEY said: My paper was necessarily out. I have never regretted recommending a patient to ish, and an artificial eye would be more ornamental. poisoning in his own family on several distinct occasuch an extent as to menace the fellow eye.

try a magnet?

doubt what to do that he thought best to first try other countries, establishes beyond doubt the fact incision and forceps. He did not believe the best that arsenical wall papers will, in many instances, magnet could have liberated the end of the steel, produce symptoms of poisoning by arsenic in perburied in the tissues of Fontana's space. It is re-sons occupying the rooms whose walls are covered markable that so long a piece of metal could have by such papers. been thrown through the cornea, making so minute an opening, and lodged in the anterior chamber, as clared open for discussion.

magnet, it does not give satisfaction.

cases where the steel cannot be seen with the oph- arsenic. thalmoscope, but I think where a view of the foreign body can be obtained early, the magnet may be em- dealers should be placed before the profession in a ployed with brilliant results. There are now so many more correct light than is at present the case. The cases reported with excellent results after extraction efforts and desires of the dealers are directed toward with the magnet, that I cannot think it a delusion the elimination of dangerous articles from the colors and a snare by any means.

half way between the ciliary body and the entrance to the optic nerve. The operator cut through the the magnet in and brought out the foreign body ap-

SUFFOLK DISTRICT MEDICAL SOCIETY.

Section for Clinical Medicine, Pathology AND HYGIENE.

Stated Meeting, January 13, 1887. Albert N. Blodgett, M.D., Secretary.

The meeting was called to order at 8 o'clock by DR. F. I. KNIGHT, Chairman. On motion, the reading of the records of the last meeting was omitted. The Chairman announced the subject for the present meeting to be a debate upon the danger to the public from

ARSENICAL WALL-PAPERS,

Dr. Chadwick, in response, presented an interesting and vivid account of the occurrence of arsenical,

And if a man wishes to get work he will deceive the sions, and spoke of the uncertainty which exists in very elect as to which is the real and which the arti-relation to the presence of arsenic in wall papers, ficial eye. I cannot see any advantage in not ad-even when the dealer presents the certificate of a vising enucleation where the eye has been injured to chemist as evidence that the papers are free from this dangerous substance. At the close of his re-Dr. Gilmork asked Dr. Holmes why he did not marks, Dr. Chadwick offered the following resolution:

Resolved, That it is the opinion of this meeting Dr. Holmes replied that he had been in so much that the clinical evidence already adduced in this and

The resolution was seconded, and was then de-

described, without injury to the iris or lens.

The Chairman introduced Mr. J. F. Bumstead, the well-known paper dealer, who was invited to address the eye is a delusion and a snare. For instance, if the meeting. Mr. Bumstead responded by saying you introduce a magnet within the eye not knowing that he did not desire to occupy the time of the where the foreign body is before placing the point of members to any great extent. In all large establishyour magnet, you have to search the whole cavity of ments there are many persons employed, and the the eyeball and reduce it to a jelly before you can facts in regard to the purchase of paper by Dr. extract the body. Granted no great harm is done if Chadwick are, that Mr. Bumstead did not personally you do not extract it with the magnet, for you can exhibit the papers, but a salesman in the service of afterwards enucleate the eye. But so far as I have the firm was the person who made the transaction. tried it, and have seen others experiment with the The statement was made to the purchasers that no papers would be shown except such as had been pro-Dr. Holmes replied: That is very true in many nounced by chemists of repute to be free from

It is desirable that the position of the paper and other processes of manufacture of wall-papers, DR. COLBURN said: I recently saw an interesting and the substitution therefor of equally useful, but case in which the foreign body was lodged about harmless methods of treatment, by which the health and lives of the people may not be endangered. Personally, the paper dealers do not place credence sclera about where he thought it was lodged, passed in very many of the alarming reports which are, from time to time, circulated in relation to the ocparently without wounding the retina at the point currence of dangerous interference with health from of attachment. The patient made a good recovery, the action of the colors used in wall papers. It is both a mistake and an injustice to suppose that the dealers do not take pains to have their wares examined in relation to their safety. Messrs. Bumstead & Co. have had four different chemists in their service during the last twelve years. The intention was to exclude dangerous papers from the business. About two or three years ago, an agreement was made between the wall paper manufacturers and the dealers, that the manufacturers should take back all arsenical papers. For some time the manufacturers would not accept any orders from the trade, on account of the great frequency of rejected papers, but lately they again consented to receive all papers returned to them which contain more than a trifling amount, called a trace, of arsenic. A portion of the present disturbance in regard to arsenical papers and called upon J. R. Chadwick to open the dis- arises from the fact, that many of the papers now examined are such as were manufactured some years ago, and some of the papers have been for years on

¹ See page 206.

the walls of inhabited rooms, where they have produced no appreciable symptoms of poisoning until extremely large quantities of arsenic, as determined the present excitement was inaugurated. Certain by chemical analysis. The papers were at once repapers are even now purchased from a stock which moved, and the walls recovered with papers which has long been in the store, and which may contain were free from arsenic, and the immediate result was an amount of arsenic never at present used in the the entire and rapid disappearance of all the sympmanufacture of wall papers. The occurrence of ar toms of disease which had so long existed, and senic in these accidental ways should not be looked which had thus far been quite unaffected by any form upon as fairly representing the paper manufacture of remedial treatment. the present time.

to the remarks of those who had preceded book the cent. of the papers in the stock of the Boston Some years ago he purchased wall-paper from a firm that is contained a much larger amount of arsenic now gone out of trade, and it was put on the walls that the bill at that time presented before the Legisof his house. For two or three years the occupant of lature asked for. The manufacturers claim that a law that room was continually ill, the symptoms being a which should limit the amount of arsenic contained persistent diarrheea, with colicy pains, etc.; and in wall papers would scriously affect their trade, and finally a severe form of eczema supervened, for which that certain forms of papers cannot be produced various forms of treatment were ineffectually tried, without the aid of arsenic, or at least, without the and at length the patient was placed under the care use of substances in which arsenic may exist. Within of Dr. Wigglesworth, of this Society. At a later a stone's throw of my house in Cambridge are famiperiod, Dr. Stedman for a time occupied the room in lies which have suffered more than my family did. question as a sleeping room for himself, and soon be-| In all parts of this Commonwealth, cases of poisoncame ill, suffering from an obscure form of ocular ing from the use of arsenical papers are known, and disease, for which he consulted Dr. Wadsworth, of the appeal of all these people is only for a law by this Society. After some time, Dr. Wadsworth sug- which they may be protected from a danger which gested the possibility of arsenical poisoning, and that they have no means of recognizing for themselves. the wall-paper might be the source of the trouble, Those people who bought wall-papers in Massawhen the paper was subjected to chemical analysis, chusetts, and especially in Boston, a year ago, asand was found to contain a large amount of arsenic. sumed a serious risk to the health of their families, The paper was at once removed from the walls, and from the almost universal presence of arsenic in the a paper substituted which contained no arsenic, since wall papers of that time. I could report more than which time there has been no recurrence of the symp- forty families thus affected from this cause. toms of poisoning, or in fact, any other signs of impairment of health in any member of the family.

he examined the furnace, sewers, etc., but being unable to locate the trouble in either of these parts of the household apparatus, he at length suggested the was immediately submitted to chemical analysis, and yielded a large amount of arsenie.2

Four rooms were covered with paper containing

Chemical examination of the wall-papers of differ-DR. C. E. Stedman said that he had little to offer that dealers, a year ago, showed that more than 50

Professor E. B. Young said that he has never appeared before the legislature, nor has he ever pub-Professor D. G. Lyon, of Cambridge, was called lished anything in the papers in relation to the danupon by the Chairman, and rising, said that on the gers from arsenic. He has been a long, but silent 10th of January last he caused the publication of a sufferer from the effects of poisoning by arsenic in long account of the troubles which had occurred in wall-papers in his house. In his case the symptoms his house and family, for which, in his mind, their ex- were a palpebral inflammation of both eyes with isted no cause, except the arsenical paper on the continual lassitude, weakness, etc. His daughter, walls of his house. His family consisted of three formerly strong and robust, became weak, languid members, Mrs. Lyon, himself, and another instructor and feeble. Professor Young himself was not well. in the University. They were all affected by a va- The occurrence of such an amount of sickness in his riety of distressing symptoms, one of which was per-|family without adequate cause made him anxious. sistent insomnia. It was almost impossible for any He employed men to overhaul the sewers of the member of the family to sleep at all. In addition to house, but the drainage was found in good condition. this, a common symptom was pain in the head, pal- At this time Professor Lyon suggested the possibility pitation, general debility, etc., which proved refrac- of arsenic as the cause of their distresses, and the tory to all methods of treatment for its relief. Phy- papers of the house were at once subjected to analysicians were called, but were not able to alleviate the sis. In a light blue paper arsenic was found to the distressing conditions, which now began to cause extent of 4.97 grains to the square yard. In some serious alarm. Professor Sanger was consulted, and English cretonne used for upholstery, there was discovered 4.00 grains of arsenic to the square yard. This had been in service for some time, and had begun to wear, and with the destruction of the texture possibility of the wall-paper being the agent which of the fabric, the arsenic had become more readily had operated so disastrously upon the family. This disseminated. The paper of another room contained 13 grain to the square yard. Professor Young's daughter was much troubled by an affection of the throat, for which she was placed under the care of Dr. Knight, the Chairman of this meeting, and, as she did not improve, she was sent to Dublin, where she began to get better. After a time the urine was

²¹ had recently read the admirable paper of Professor Wood on the subject of "Poisoning from Wall-Papers," and observed that the symptoms which he there recorded, were almost identical with those experienced by the members of my family, from circumstances similar to those surrounding the cases mentioned in the article by Professor Wood.

examined, and was found to contain arsenic. After lyzed and contained a very dangerous quantity of pers containing a trace of arsenic. arsenic. An Episcopal clergyman and his wife were The husband was confined to the bed in the room, papers? and grew worse, while the wife, who was not so ill, but could pass a good portion of the time out of the for its use. It is not used intentionally, but exists room, was not so seriously affected. Another well- as an adulteration in some of the pigments employed marked case occurred in Waltham. Perhaps the in the preparation of the paper. It is an impurity in most amusing fact, however, is that Professor Sänger certain of the mineral pigments which have been was himself poisoned last summer at the seashore, employed in the manufacture of former papers. He was assigned a room which was papered with Manufacturers are now trying to keep the arsenic highly arsenical paper, and was soon made ill by it. out of their colors. Professor Young then passed specimens of the papers ful selection is no protection against this danger.

then announced, and spoke as follows: It has fallen mentioned by those who had preceded him, and one to me to examine as many papers, probably, as to of these was a tremendous desire to urinate, with a any one in this city, during the past few years, and I now examine for two of the most prominent paper soon as the urine was passed. There was no kidney houses in the State. From my experience I am convinced that the present alarm concerning arsenical nor any other condition to account for the distress poisoning from this source is unnecessarily great, which was present. A little boy occupied a newly-The results of analysis during the past few years show papered room, and was soon affected with a palpethis fact conclusively, as the following figures will bral irritation of considerable severity. The paper prove. During the period from 1879 to 1883 the was analyzed and found to be arsenical. A little percentage of arsenical papers was from fifty-four to girl of three years was poisoned. Dr. Wigglesworth sixty five per cent. of all papers examined. In 1884 stated that both he and his wife are still ill from the the percentage had fallen to forty-seven per cent. effects of poisoning, and the papers were found to arsenical.

In the first series of figures, those from 1879 to the restoration of the house, the daughter's health 1883, from thirty-one to thirty-five per cent. of the was again restored, and a letter from her physician arsenical papers were strongly or dangerously arsenwho has had the urine again examined, contains the ical. In the second series of figures, the proportion the report, "no trace of arsenic in the urine at of strongly arsenical papers had fallen to twenty-two present." In the dining-room of the house arsenic per cent. In 1886 there was a large decrease in the was discovered in the paper. The result of all this arsenical papers, only thirty-three per cent. of all has been to cause a large outlay in money, as well as papers examined containing any traces of arsenic. a great amount of anxiety through a long time; and Only thirteen per cent. of these papers contained we feel that we have the right to demand legal pro- anything more than a trace of arsenic. These figures tection from this known and recognized source of are the more startling on account of the extreme danger to our families. Nobody claims that arsenic delicacy of the Marsh-Berzelius test, which was emcauses all the illness in families, but it undoubtedly ployed in 1886 only; and it appears that the matter causes some of it. Nobody thinks arsenic does any is slowly settling itself by the common efforts of the good in the papers, and is certainly better out of the manufacturers and the trade toward satisfying the way, than to be thus a constant source of possible demand of the public that papers shall be made withdanger. Another case was that of the daughter of a out the use of dangerous substances. It has been clergyman of Jamaica Plain, who was ill from an ob-stated in this meeting that all papers are at present scure cause, but in whose house the papers were still strongly arsenical. This statement is not in acfound to contain arsenic. She was quite well soon cordance with my experience. Most of the papers after the old papers were replaced with non-arsenical taken from the walls of rooms are such as were manones. Another case was that of an entire family in ufactured some years ago, and may naturally be dif-Cambridge, the name of which would attract atten-ferent in chemical composition from the papers made tion as belonging to the higher walks of literature, in to day. The fact is that papers now manufactured which there was unmistakable poisoning. Another do not contain a dangerous amount of arsenic. I instance occurred in Milton, where there is a house, do not think that it is desirable to appeal to the legone room of which possessed the peculiarity that islature until we know definitely the present state of every person who occupied this particular apartment the case, and until we know the limit which it is safe was certain to become ill. Each member of the to establish in relation to the accidental presence of family had in turn occupied this chamber, and each small amounts of arsenic in the papers. A law to in turn had been similarly affected. The paper prevent the sale of "Rough on Rats" would save from the walls of this dreaded apartment was ana- more lives than a law to prohibit the sale of wall-pa-

Dr. H. J. Barnes asked what reason exists for both poisoned by arsenical paper not long since. the use of arsenic at all in the manufacture of wall-

Professor Hills replied that there is no reason

Dr. Edward Wigglesworth said that he had but removed from his house, to the members of the So little to add to what had been said in relation to the ciety, remarking that there is absolutely no way in dangers from arsenical papers. He had suffered in which arsenical papers can be detected excepting by his own family of four persons, from this cause. The chemical analysis, and that therefore the most care- symptoms were not alike in all, but were clearly traceable to the papers on the walls. Among the Prof. Wm. B. Hills, of Harvard University, was peculiar symptoms in this instance were certain not burning at the neck of the bladder, which ceased as trouble, and no affection of the bladder or meatus,

now on the way to recovery.

had been treated by Dr. Wigglesworth. The child example of the careless way in which physicians had been under the best of care before, and nothing often account for strange symptoms by wrong theoin the shape of attention could have been rendered ries, was illustrated by a case in which a girl was that had not been most conscientiously carried out, sick in a room papered with an arsenical green paper. When the child was placed under the care of Dr. This was removed, but the girl died. Some sensitive Wigglesworth, he at once decided that there must be persons are poisoned by simply passing by a bed of some unsuspected cause for the disease. He went to poison ivy. In a certain family a new carpet was the house of the patient, who was a dispensary case, bought, and from motives of economy, the family and examined the plumbing with great care, and also decided to sew the carpet themselves. Those eninspected the premises in other directions. He at gaged in this work soon fell ill, but on relaxing their length decided to have the wall-paper examined, and occupation rapidly recovered. On resuming the it was found to contain arsenic in large amount. The carpet sewing, the old symptoms quickly returned. child was removed to another room and soon became The carpet was now examined by the physician and better, but was not well. Upon removing to another was found to be "full of arsenic." The carpet was house, however, there was complete recovery from then analyzed by a chemist, and not a trace of arsenic all symptoms of disease. The daughter of a medical could be found in it. friend was seriously ill, with symptoms which would not yield to treatment. The paper on the walls was by means of arsenic. The searlet shirts and stockexamined and was found to be loaded with arsenic. ings which cause so much irritation of the skin, do In the house of a relative is one room which seems not, however, contain arsenic. They are colored by to be a source of disease to all who inhabit the apart-intro-benzole colors, which are not arsenical. The to be a source of disease to all who inhabit the apartment. It has proved nearly fatal to two persons, and workers in the manufacture of Paris green are said many more have been ill from occupying it. The by their employers, not to be injuriously affected by cause was not suspected until the paper was exam- the nature of the substance on which they are emined and was found to contain a very large amount ployed. The skin of the employees is sometimes of arsenic.

present by invitation, and spoke as follows: The greatly in error. The opinion is generally dissemidiscussion of the subject of arsenical poisoning from nated throughout the profession that the arsenic is wall papers, which has been carried on here, is of a liberated as arsenuretted hydrogen. This is a great very interesting character, and the cases are numer-mistake, as arsenic cannot be liberated in any natural ous and interesting, but the matter seems to rest on way in this form, and therefore cannot be a source a very insufficient basis, and must certainly be con- of injury to the public in this form. sidered as not proven. The cases so often classed tention of the public is at present directed to this and those colors should be employed in all papers. subject, and every one is thinking of it. When the DR. R. STURGIS stated that a case of poisoning supposed to be the result of poisoning from this the walls of the room since the year 1873.

contain from fifteen to twenty times the amount of source will become less, and substantially the same arsenic which has been considered the limit of safety. immunity from the trouble will be restored, as existed When the symptoms of poisoning first became evi- before the people were so much aroused by this dent the cause was not recognized, and a journey imaginary danger. Physicians make the mistake of to the South was made with the result that all symp-frequently ascribing to arsenic those conditions which toms of disease entirely disappeared. On returning, are due to quite another set of causes. The cases however, the original disturbances again appeared in of arsenical poisoning thus far reported, all end in their former intensity. The paper was removed and recovery, and the entire history of the present craze replaced by non-arsenical paper, and the family is is but two or three years old. It is far too early to be certain that these are cures, or that arsenic will pro-Dr. Stedman mentioned a case of eczema which duce such a varied series of clinical conditions. An

Rose-aniline is made by reduction of the substance made raw, but they are not poisoned by the arsenic. MR. C. TENNANT LEE, an analytical chemist, was There is one other point in which physicians are

Professor Hill, of Cambridge, said that within by physicians as arsenical poisoning are most gener. the last few months he had seen but few cases of ally deduced from defective or careless observation, poisoning from arsenic, but formerly he had seen a and are in reality not due to arsenic at all. I have great many of these cases with Dr. Sänger. The been surprised to see how often I have been con lidea of establishing a *limit* to the degree to which sulted in relation to the sanitary conditions of dwell arsenic may exist in wall papers seems faulty, from ings, in which some dreadful condition was supposed the fact that there is no reason for the use of arsenic to exist, and have found a defective drain, a leaky at all in the manufacture of wall papers. There are closet or some other hygienic fault, the remedial occasionally substances used in the papers which treatment of which has removed all symptoms of the may possibly contain a trace, but this is too inthreatened danger. It is often the case that a foul significant to deserve notice. In most cases in which tank in connection with the furnace will cause seri- the paper is examined, the amount of arsenic is alous, and sometimes truly alarming symptoms, but most nothing, or the amount is quite large. There these causes are seldom heard of by the physician or is no medium grade. It is almost nothing, or the public. The excitement at present in relation to quantity is very great. Colors can now be easily arsenic, is due, in great part, to the fact that the ats obtained which are free from arsenic as an impurity,

scare about arsenic has abated, the number of cases was known to him, in which the paper had been upon

eine, as the antidote to arsenic in cases of acute yard. poisoning. Another source of error is found in the which the poisonous symptoms might occur with is any considerable amount of arsenic in a suspected fully as much probability as from the paper on the paper? walls, such as the colored fabrics of dress, or the decorations or upholstery.

not infrequently were obliged to suspend their labors. in this way will roughly be about γ_0 of a milligrame. It is difficult to understand the statement made by as arsenic should be without harmful influence.

Dr. G. E. Francis, of Worcester, offered a word of caution in relation to the accuracy of the opinion that all the disturbances so frequently ascribed to arsenic are in reality due to this cause. Before any further appeal is made to the Legislature we should be prepared to meet our opponents in every direction. Let us suppose that a paper which has been The President, Chas. Warrington Earle, M.D., in service for twenty years has at length caused the appearances of arsenical poisoning. The analysis of the paper proves that it contains 2 grains of arsenic to the square yard. Now the question which must be answered is this: How much arsenic has been lost by the paper during the many years of GROUP III. -- FORMS OF INFECTIOUS SALPINGITIS PROservice, if it still contains so large an amount at present? If the paper, after so long a time, still contains a large amount of the poison, then certainly

Dr. Henry Carmichael said that, there is no if the color is absolutely free from any appreciable protection without analysis. No eye can discern amount of the poison. There are two principal where the arsenic is deposited, and no other means questions: First, how much arsenic is really present will adequately detect its presence. There is need in honest and well selected papers? The second of a clearer understanding upon another point, question is: What is the minimum quantity of When we say that a paper is free from arsenic, what arsenic which may induce the symptoms of poisondo we mean? If we mean that the paper does not ing? One undoubted form in which arsenic may be present the indication of minute traces of arsenic, liberated is in the form of arsenuretted-hydrogen, then it has not been my fortune to have discovered from the presence of arsenious acid in contact with any papers free from arsenic. All papers will pre- moulding substances, which evolve the hydrogen sent the traces of small amounts of this substance, gas. In a case in which suicide was committed by under any circumstances. Some of the ores used the aid of "Rough on Rats," there was an evident among the mineral pigments which are employed in odor of arsenurctted hydrogen on opening the stomthe manufacture of wall papers often contain arsenic ach. The limit to which arsenic may be contained as an impurity. Such is the ore of iron, which is ex- in wall-papers has received the attention of chemists tensively combined in the colors of wall papers. In all over the world, and only recently Professor this combination the arsenic is absolutely inert, and Pettenkofer has suggested that the safety of the is quite harmless. In fact, this combination is almost public would not be imperilled if the amount of aridentical with the preparation which is used in medissenic did not exceed $\frac{5.5}{10.0}$ of a grain in each square

Dr. E. W. Cusning asked Professor Wood if there fact, that we are often inclined to lay the harm to the is any method by which a country physician may wall paper when there are other substances from make an approximate analysis, or ascertain if there

Professor Wood said that the organic matter may be easily destroyed by the addition of a small Dr. F. W. Draper spoke of his researches upon amount of sulphuric acid with water, and the liquid the dangers of arsenic to those employed in its use, could then be filtered and submitted to any of the or exposed to its influence. He said that he did not common tests. If it is desirable to obtain the mirconsult the employers of the men, or the contractors for of arsenic in a tube, it will be necessary to emwho did the work, but that he went directly to the ploy a cubic decimeter of the suspected paper; if it men themselves. From them he learned that those is thought necessary to produce the mirror upon a men whose duty required them to be in the presence | plate, a larger amount of the paper will be necessary, of the arsenic, and to handle it, were often sick, and and the amount of arsenic required to form a mirror

The Secretary then read the resolutions offered one of the speakers, that constant employment in by Dr. Chadwick, after which the question of adopcontact with so powerful and injurious a substance tion of the same was put. The resolution was unanimously adopted.

CHICAGO GYNÆCOLOGIAL SOCIETY.

Regular Meeting, Friday, December 17, 1886. IN THE CHAIR.

(Continued from page 195.)

ÆTIOLOGY, PATHOLOGY AND CLASSIFICATION OF SALPINGITIS.

DUCED BY SPECIFIC, BUT AS YET UNKNOWN, MICROBES.

1. Salpingitis Syphilitica.—This form has been deit could not have lost much during that time; for the scribed by Bouchard and Lépine (Gazette Med. de arsenic can be in only one place at a time. We Paris, 1866, No. 41). Both tubes were swelled to should seek to ascertain how rapidly arsenic is dissi-the thickness of fingers, and contained three gumpated by exposure to the air, and find out the rate mata of the size of hazel-nuts. The description given at which it leaves the paper. We shall then certainly by these authors of the tubal disease agrees fully with not be so liable to erroneous opinions and statements. The changes brought about by syphilis in other organs. Dr. B. F. Davenport stated that the papers of Of more recent authors, Gill Wylie expresses his almost any manufacturers may contain arsenic, even opinion that tubal syphilis does occur ("Diseases of Wylie are, of course, of theoretical value only.

clinical forms of this disease. We are not justified coecus. in denying this form altogether, as we are not in a forms of infectious salpingitis hitherto described; I could as little have omitted salpingitis syphilitica as 1 could have done *salpingitis actinomycotica*, of which also, up to date, but one authentic case has been

for in various ways. It has been said that in these fication. cases a serous catarrh is intensified and changed to a rheeal origin." Yet also in these cases there is always | This, however, still remains to be proven. an infection, and usually a gonorrheal infection. 1, spread the disease in school, and so on.

can be distinctly felt, and are thickened and nodular, either simultaneously or successively. The forms She has a hectic appearance, like that of a consumptor most frequently found combined are the microbes of tive; her lungs, however, are normal. The father of the gonorrheeal and tuberculous, and of the gonorrheeal and tuberculous. the girl was, not long ago, operated on for tubercular rheeal and traumatic infection, and those of the diforchitis. I hope that the operation will confirm my ferent varieties of the latter. diagnosis of salpingitis tuberculosa.

may also, after accidental lesions of the external gen--pingitis are immensely more-complicated than Lawitals, get into the tubes of young girls; they may also son Tait imagines, and that it is not sufficient to enter from the peritoneal cavity. I know of a case, make an abdominal section, to remove the uterine a retro typhlitis.

the Fallopian Tubes," etc., January 24 and February tract which have been observed in children, but which 7, The Medical Record, 1885). He says that "syphi- have not as yet been recognized as special forms; lis may cause salpingitis, just as it does office or consequently they are to be placed in Group III, in ozena." He also calls attention to the fact that "en-opposition to the forms of the two preceding groups. dometritis in syphilitic subjects has a most obstinate E. Fränkel, of Hamburg, ("Bericht über eine bei Kincharacter." Compared with the actual observations dern beobachteten Endemie infectiöser Kolpitis, Virch. of Bouchard and Lépine, the clinical remarks of Gill Arch.," February, 1885), and Johann Cseri, Budapest ("Zur Ætiologie der infectiosen Vulvo-vaginitis Like Lawson Tait, I, myself, have never yet had bei Kindern," Wiener Med. Wochenschrift, 1885), deoccasion to observe an undoubted case of tubal syph-scribe an infectious disease of the vagina and vulva, ilis. We should bear in mind, however, that our at- the former believing it to be due to a special coccus, tention has been but little called to the anatomy and the latter to a coccus identical with Neisser's gono-

Hennig (Krankheiten der Eiliter, p. 67), in a girl position to dispute the reliable authors who have test of ten, and Eppinger (Prager Zeitschrift für Heiltified to its existence. Others may have seen what kunde, 1882, p. 36) in an adult, witnessed a dysenwe ourselves have never had occasion to witness. I teric inflammation extend to the mucous membrane desired to give a most complete enumeration of the of the genital tract; the disease in its new location assumed the appearance of a diphtheritic inflammation.

Suppuration is sometimes observed in the vaginæ of children suffering from helminthic disease. In these cases the suppuration is not caused by the irritation of the parasite, especially the oxyuris, but by 2. Occasionally we find in young girls, who have certain microbes carried into the vagina by the paranever had intercourse with a man, tubes filled with sites. The nature of these microbes has not as yet pus and pelveo-peritonitis. This has been accounted been sufficiently investigated to allow of their classi-

It has long been known that certain infectious dispurulent inflammation; that the suppuration is due to eases, like typhoid fever, scarlatina, variola, cholera, catching cold at the menstrual period, or to a trauma. may invade the genital tract. The local affections These cases have also been adduced as evidence to are probably caused by the same specific microbes show "that tubal suppuration is not always of gonor- which produce the typical constitutional disease.

At the close of this enumeration, I wish to repeat myself, have seen a comparatively large number of that in every case where the vagina or uterus is the girls of all ages, from infancy to puberty, who were seat of one of the diseases named, such disease may infected with gonorrheea. We know how easily the extend into the Fallopian tubes. I am well aware infecting germs are carried from one person to an- that I am standing on an unsafe scientific basis reother; for instance, parents and children may use the garding my third group of forms of infectious salpinsame sponge or bath tub; the germs may adhere to gitis. For this very reason I deemed it advisable to fingers, linen, etc. The girls infected may further group them together, thus keeping them apart from the better known forms; besides, I desired to point Aside from the gonorrhoad, the tuberculous infee- out the object which should be kept in view in investion is to be mentioned as a cause of pyosalpinx in tigating this subject and in endeavoring to elucidate young girls. Just at present I am treating a girl of it still further. It is, finally, self evident, that there 17, who is suffering from a disease of both appendatare also mixed forms of salpingitis. Different vages, complicated with pelveo peritonitis. The tubes rieties of micro-organisms may enter the tubes,

Every physician whose scientific standpoint is the Undoubtedly the microbes of traumatic infection same as mine will admit that matters regarding sala girl of 16, in which an inflammatory disease of the appendages, and to satisfy oneself with the diagnosis right uterine appendages developed, consequent upon of pyosalpinx in case the tubes are found filled with pus; but that it is our duty, employing all the means My reason for again considering these forms of in-furnished by modern science, to endeavor to make fectious salpingitis belonging to Groups I and 11, in an accurate diagnosis of the form of disease affectregard to their occurrence in children, is this: there ing the uterine appendages before the operation, and are evidently other infections of the female genital afterwards to add to our clinical observation careful

pathological and bacteriological examination of the scientists. I advise Mr. Lawson Tait to learn Ger- sion, and with little or no pain. man and to read the works of German gynecologists: he may then perhaps come to the conclusion that there is much which he might profitably study.

Here in Germany, Lawson Tait is held in high esteem, as he deserves to be, on account of his brilliant practical results. We have long since, however, ceased to regard as serious his theoretical utterances, which pretend to be scientific. The tone which he adopts in his polemic writings does not prevail with us in Germany, and it is certainly looked upon as undignified by every gentlemanly Englishman. I am, sir, etc., Dr. M. Saenger,

Privatdocent at the University of Leipsic, President of the Obstetrical Society of Leipsic.

Dr. Edward B. Weston, on presentation of a thesis entitled

METRITIS,

read by the Secretary, was elected Fellow of the Society.

DOMESTIC CORRESPONDENCE

ONE OF THE "ITINERANT SYSTEMS" OF RECTAL SURGERY.

Dear Sir:—In a recent number of The Journal. I described the amusing instrumental outfit of the itinerant practitioners upon piles, fistulæ, and fissures. The following is a condensed statement of the oldest of these secret "systems" so far as it relates to rectal ulcers. The information is from a trustworthy NINTH INTERNATIONAL MEDICAL CONCRESS. source, but I am not at liberty to use the name at present:

Once or twice a month, as the itinerant comes around on his circuit, he inserts his little speculum, cleans out the ulcer, and applies to it a solution of nitrate of silver, 40 grains to the ounce. Between the applications, the patient uses a morning and evening treatment himself. Each morning he is to evacuate the bowels, then inject the rectum with lukewarm water, and finally insert into it a little ointment consisting of 3 grains of carbolic acid and 8 grains of sulphur to the ounce of vaseline or lard.

For evening treatment he uses "Brinkerhoff's Ulcer Remedy," having the following composition:

R.	Extract of hamamelis (distilled)		
	Solution of persulphate of iron	" 5j.	
	Cryst, carbolic acid	grs. ij.	
	Glycerine	fl. 3 ij.	m.

Add half a teaspoonful of this to the same quantity of starch. and about an ounce and a half of water. Inject into the rectum every evening.

This energetic use of nitrate of silver will of itself specimen. This certainly is a higher standpoint than often cure a fissure, as has long been well known to that occupied by Lawson Tait, to whom the removal us. I find, however, that if the ulcer is situated of the uterine appendages is the chief thing, and upon the sensitive verge of the anus, as it usually is, who, neither before nor after the operation, concerns the application is atrociously painful, causing sufferhimself with the nature of the disease treated. He ingequal to that of an incision. I am now experiadmits, himself, that in every fifth case he made an menting upon the plan of daily unfolding the fissure, error in diagnosis. In a man like Lawson Tait, so washing it out with mild antiseptics, and then packgreat in his own estimation, it seems rather small to ing it with dry iodol. I am not prepared yet to state attempt to conceal his ignorance by resorting to in- final conclusions, but there is reason to think that sulting and scurrilous remarks in regard to German many fissures may be cured in this way without inci-

Educad Andrews, M.D.

No. 6 Sixteenth St., Chicago, February 10, 1837.

COCAINE IN URETHRAL CARUNCLE.

Dear Sir:—In the British Medical Journal of January 1, 1887, is a query regarding the use of cocaine in urethral caruncle, as to strength of solution, pain during and after operation, and whether the caruncle is removed by excision or cautery.

In August, 1886, I was called to see Miss W., :et. 16, who had been lying helpless for one month with a urethral carnicle. She was lying on her back with the legs crossed, and unable to move on account of the pain. I applied a 5 per cent. solution of cocaine on absorbent cotton, and having no scissors with me, I trimmed a small twig flat, pushed it up under the caruncle to steady it, and removed the growth with one sweep of my pen-knife. The cocaine acted within five minutes, rendering the caruncle painless, and before I left the house the patient was out of bed and walking about the house. There was no pain during or after the operation, and the hæmorrhage was inconsiderable. Very truly yours,

J. D. Eggleston, M.D.

Worsham, Va., February 1, 1887.

INTERNATIONAL CONGRESS.

Section IV--Obstetrics.

The attention of gentlemen who desire to contribnte papers to the Section of Obstetrics, is respectfully invited to the following extracts from the Rules of the Preliminary Organization:

"Brief abstracts of Papers to be read in the Sections shall be forwarded to the Secretaries of the proper Section on or before April 30, 1887. These abstracts shall be treated as confidential communications, and shall not be published before the meeting of the Congress. Papers relating to topics not included in the list of subjects proposed by the officers of the Sections, may be accepted after April 30, 1887, and any member wishing to introduce a topic not on the regular lists of subjects for discussion. shall give notice of the same to the Secretary General, at least twenty-one days before the opening of the Congress. The titular officers of each Section shall decide as to the acceptance of such proposed communications, and the time for their presentation.

No communication shall be received which has already been published or read before a Society.

"The official languages of the Congress shall be than April 30, 1887. English, French and German. Each paper or ad dress shall be printed in the 'Transactions' in the title, and to be accompanied with a sealed letter conlanguage in which it was presented. Preliminary abstracts of papers and addresses shall also be printed author. These letters not to be opened until after in the language in which each is to be delivered. All the award is decided. discussions shall be printed in English.

special business of any Section, must be addressed to nual report, one hundred copies to be given the the President or one of the Secretaries of that Sec-; author. tion. As many details of the Congress and numerous appointments of officers are yet to be completed, other circulars will be issued from time to time, as circumstances may demand."

The meetings of the Section of Obstetrics will be held in Washington, D. C., on the afternoons of September 5, 6, 7, 8, 9 and 10, 1887.

PROF. DE LASKIE MILLER, M.D., President. 2011 Prairie Ave., Chicago.

W. W. Jaggard, M.D., 2330 Indiana Ave., Chicago, Home Joseph Kucher, M.D., Secretaries. 33 East 33d Street, New York,

MISCELLANEOUS.

New Foreign Journals.—Revista de Medicina e Chirurgia is the title of a new monthly journal published in Oporto, 56 Rua de Libertade, the first number of which appeared in January.

Therapeutische Monatshefte is the title of a new monthly journal published in Berlin, and edited by Professor Oscar Liebreich, A. Laugaard, and S. Rabow. The first number appeared in January.

Annales de l'Institut Pasteur.-M. G. Masson, 120, Boulevard St-Germain, announces the journal of this name, soon to appear, to be published monthly, under the editorship of M. Duclaux, with the assistance of MM. Graucher, Chamberland, Nocard, Roux, and Straus.

A PRIZE ESSAY ON HAY FEVER.—At its last meeting, September, 1886, at Bethlehem, N. H., the U. S. Hay Fever Association decided to offer a prize for the best essay from a competent source, preferably a physician, on some question relating to *Estivis*, or Hay Fever. The amount is necessarily small; but as the accepted essay will be published in the Association's report, when the extent of its circulation. and the character of those whom it will reach, shall be considered, it is thought that the successful trea tise will give to its author a reputation worth the effort.

In order to carry out the above the following is announced officially:

1. Subject of the essay, Hay Fever. (a) Its pathology. (b) The predisposing, and the aggravating causes. (c) Advice to the sufferer.

2. The essay not to exceed four thousand words, and to be as practical and non-technical as possible.

3. The manuscripts to be received at the office of Samuel Lockwood, Freehold, New Jersey, not later

4. Each manuscript to have a motto under the taining said motto, also the name and address of the

5. The prize to be \$25. The accepted essay to "All communications and questions relating to the be published immediately in the Association's an-

> 6. The Committee of Award: Samuel Lockwood, Chairman of Committee on Scientific Facts; Frank B. Fay, President U. S. H. F. A.; Charles C. Dawson, Secretary U.S. H. F. A.

> CENTRALBLATT FÜR BACTERIOLOGIE UND PARASITologie. - Dr. Uhlworm, Terrasse 7, Cassel, Germany, the editor of this journal, requests that American authors will send reprints or papers containing their articles on the subjects to which his journal is devoted, directed to his address, as given above.

> An Electric Prize.—A prize of 50,000 francs is offered by the French Minister of Education for a discovery rendering electricity economically applicable in the shape of heat, light, chemical action, mechanical power, transmission of messages, or treatment of disease. M. Bertrand, of the Académie des Sciences, is chairman of the committee of

> THE HAIRS OF OUR HEADS.—It is said that a German of an inquiring turn of mind and much patience has taken four heads of hair, of equal weight, and counted the individual hairs. A red head was found to contain 90,000, a black 108,000, a brown 109,000, and a blonde 140,000 hairs.

> BACTERIOLOGY AND ITS CLINICAL THERAPEUTICS is the title of the general address which will be delivered by Professor Mariani Semmola before the Ninth International Medical Congress.

> OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT. U. S. ARMY, FROM FEBRUARY 5, 1887, TO FEBRUARY 11, 1887

Major Blencowe E. Fryer, Surgeon, ordered to Ft. Lowell, Ariz. Ter. S. O. 29, A. G. O., Feb. 4, 1887.

Capt. L. Y. Loring, Asst. Surgeon, leave of absence still further extended three months on surgeon's certificate of disability. S. O. 29, A. G. O., Feb. 4, 1887.

Capt. Louis Bruhenrin, Asst. Surgeon, granted leave of absence for four months, with permission to go beyond sea, to take effect when his services can be spared by his department commander. S. O. 28, A. G. O., Feb. 3, 1887.

First Lieut, C. C. Barrows, Asst. Surgeon, ordered for temporary duty as Post Surgeon at Ft. Barrancas, Fla., to take effect upon the expiration of his present leave of absence. S. O. 24, Div. Atlantic, Feb. 3, 1887.

First Lieut. Jno. L. Phillips, Asst. Surgeon, leave of absence further extended one month. S. O. 29, A. G. O., Feb. 4. 1887.

First Lient, Leonard Wood, Asst. Surgeon, ordered to proceed to these hdq'rs and report to the Dept. commander for temporary duty. S. O. 12, Dept. Ariz., Jan. 31, 1887.

Journal of the American Medical Association.

EDITED FOR THE ASSOCIATION BY N. S. DAVIS.

PUBLISHED WEEKLY.

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Cincago, February 26, 1887.

No. 9.

ORIGINAL ARTICLES.

ABDOMINAL SECTION FOR TRAUMATISM, WITH REPORTS OF FIVE CASES.

Read before the Philadelphia County Medical Society, on January 26, 1887,

BY THOMAS S. K. MORTON, M.D., OF PRILAPELPHIA.

meant to include those cases where the operator deliberately opens the belly, or greatly enlarges an existant wound for the purpose of discovering intraperthem as far as possible, together with more or less final cleansing of the peritoneal cavity. Such cases dominal cavity, are not included. My excuse for in which no visceral injury was found; it recovered. this paper is, that I have been so fortunate as to be at first expected to read merely the history of these August 28, 1882. cases, and make a few remarks, but the matter grew literature of the world. I must express great obliga- Four were negroes, all mules; 1 recovered and 3 died. tions to the gentlemen who now permit me to retains a mine of information. It represents an ab- 1 recovered and 1 died. stract of every case which I have been able to find in the literature of the subject.

63 per cent.

Two French operators did 2 operations, with 2 deaths. Two Russian operators did 2 operations, with 2 recoveries. One German and a Swiss each did an operation, with success. One Italian operator did 2 operations, with 2 recoveries. Seven operations have been done in Philadelphia by 5 operators, with 2 recoveries and five deaths. Five of these have been performed at the Pennsylvania Hospital by 3 operators, with 2 recoveries and 3 deaths.

Of the 57 tabulated cases, 38 per cent, were for The term "abdominal section for traumatism" is pistol- or rifle-shot wounds; 35 per cent for stabs; 17 per cent. for ruptured bladder, and 10 per cent. for ruptured intestine.

Operations were done according to years as folitoneal wounds, and, if they are present, repairing lows: 1862, 1; 1876, 1; 1879, 1; 1882, 1; 1883, 7; 1884, 5; 1885, 13; 1886, 29.

In every case which died after operation, lesions as those in which wounds of prolapsed viscera are certain to cause death, it uninterfered with, were simply repaired, and the parts returned to the ab-found. One case of penetrating wound was opened,

The first case of abdominal section for traumatism associated as an assistant to more than one half of was that of Walters, of Pittsburgh, for ruptured bladall the cases that have occurred in Philadelphia. In der, in 1862. The first successful case was the same. four of the cases I have been the assistant, and in The first case after Walters' was that of Heath, in three the care taker also. These four cases have 1876. The first recovery after Walters' case was been treated in the Pennsylvania Hospital. I had that of Dr. W. O. Roberts, done for stab wound,

The sex was reported in 56 cases: males 52; of so interesting that I determined to make a study of this number 33 died, and 19 recovered. There were the subject, and I believe that I have canvassed the 4 females, of which number 2 died and 2 recovered.

The age was reported in 46 cases, the oldest being port their cases for the first time, and to Dr. Bill 58 years, and the youngest 7 years. The ages ranged ings, of Washington, who had translated for me the as follows: One each 7 and 8 years old, both died; reports of two Russian cases. I have used the libra- 11 between 10 and 20 years, 4 recovered and 7 died; ries of the College of Physicians and Pennsylvania 15 between 20 and 30 years, 5 recovered and 10 Hospital, and have found the Index Medicus of great died; 9 between 30 and 40 years, 5 recovered and 4 service. I have prepared a large table, which condied; 1 each 53 and 58 years, both died; 2 57 years,

The indications for abdominal section for traumatism are in many cases very clear; in others, with I shall, in the first place, read a few statistics de- only our present knowledge, exceedingly obscure. rived from the table. The total number of cases is Taking up the consideration first of wounds, it seems 57. Of these, 36 died and 21 recovered: mortality, to me that, with what we already know, the operation is clearly indicated in every case where pene-These 57 cases were done by 42 operators, viz.: tration of the abdominal cavity is proven, and with 23 United States operators did 35 operations, with fair surroundings it becomes one's duty to open the 11 recoveries and 24 deaths: mortality, 67 per cent. abdomen and search for wounds, for there are no Nine English operators did 10 cases, of which 3 re- omnipresent symptoms which invariably indicate incovered and 7 died: mortality, 70 per cent. Two traperitoneal wounds, even when extensive. With Australian operators did two operations, with 2 deaths. reference to the cases suitable for operation, I would

of the stomach, gall bladder, spleen, or kidney, rup- to some centre. tured blood vessels, various hamatoceles, etc. Den- If the patient appears to be coming out of shock, ing typhoid ulcers.

1 shall consider the subject of diagnosis as a whole, or not these conditions are present.

say that, besides gun-shot wounds, stabs, etc., which and in many cases where it is suspected, it is our have already been operated upon, I conceive that in duty to operate. In the country and in unskilled the future many other traumatic conditions will be hands only those cases which are the most desperate subject to interference by section, such as rupture should be operated upon, unless they can be removed

nis, of New York, had a case in which he opened a he should be allowed to do so as far as possible. penetrating stab wound of the abdomen. He found, Shock from hæmorrhage is, of course, the worst. besides the injuries, an intussusception evidently Where there is extravasation, the shock will be kept caused by the violent peristalsis excited by the point up, and under such circumstances etherization and of the knife touching the intestine, and I therefore removal of the cause would be the best way to conceive the possibility of intussusception without overcome it. The preparation of the patient should wounds. In this paper, no consideration is paid to be by judicious treatment and thorough cleansing. the effects of traumatism upon diseased organs, such I shall not now go into the subject of antisepsis as ulcerated stomach or bowels, or upon the preg- or asepsis, although I hold positive views of their nant uterus or its diseased appendages, or perforat- great value. Everything should, however, be surgically clean.

Where there is a wound of the anterior wall with the exception of that of ruptured bladder, which of the abdomen, first prove perforation by cutting I shall take up later. The diagnosis of penetrating down to the peritoneum. That should be a suffici-wounds of the abdomen is occasionally very easy— ent warrant for section. In wounds of the back occasionally exceedingly difficult. Where there is a some judgment must be exercised. The incision pistol shot wound of the anterior wall of the abdo- should, I think, in almost every case be median. In men and a probe can be inserted, or where there is the majority of the cases recorded in the table, and, extravasation of faces, the diagnosis is easy enough. I think, in nearly all the successful cases, the in-Emphysema is given as one of the best symptoms of cision was median. In several instances where secperforation of the intestine. I regard it as a poor tion has been done for a special purpose, such as reone. One of the cases occurring in the Pennsylva- moving an injured spleen, the incision has been made nia Hospital presented marked emphysema of the to one side of the median line. In one case of stab abdominal walls without injury to the lung or intes I wound which I saw, the original wound was enlarged tine. Injury of the lung may give rise to emphy, and gave rise to great difficulty in the subsequent sema, which may be mistaken for that due to a wound steps of the operation. One wound was overlocked of the intestine. Diminution of the liver, dulness in that case, which error, I think, was largely due to due to the escape of flatus into the abdominal cavity, the position of the incision. The length of the abis another symptom, but this is fallacious. Shock is dominal wound is to be governed by the circumusually marked, but in some cases the patient is not stances of the case. It may extend from below the at all shocked. Instances are on record where pa-|ensiform cartilage to the pubes. There is no harm tients have walked long distances, and yet, on open- in a long wound if it be properly treated. After ing the abdomen, wounds of the intestines have been opening the peritoneum, note carefully the abdominal found. One man did not even know that he was contents. If we find faces, we are encouraged to shot until he had walked some distance to his home prolong the search until the wound is found. If —yet he had numerous intestinal perforations. Of there is blood, we should look for the vessel injured. course, vomiting of blood and the passage of bloody. The search for wounds should be thorough and stools are good signs, but they are not always relia systematic. In most of the cases where wounds ble. The symptomatology of penetrating wounds have been overlooked, it has resulted from not makof the abdomen is very obscure, and we should like ing a systematic examination. We should begin at to have some light thrown upon it. Of course, a the entrance of the esophagus into the stomach, if wound through the back is more difficult to diagnose it is possible to reach that high, go over the stomach than one from the front, and frequently the diagnosis and all the intestines, examine the mesentery, the can only be made by incision. Even where the ball rectum, and bladder, and look at the spleen. Unless is found lying under the skin, you cannot be sure, this is done, wounds will sometimes be overlooked, for it may have passed around the abdomen. The and even with apparently the utmost precaution they most interesting class of cases is that in which there will sometimes escape detection. Only those who has been a blow or injury upon the abdomen and we have seen such cases can imagine the difficulty exsuspect rupture of the intestine, the spleen, liver, or perienced in finding some wounds, especially when blood vessels. These are most difficult cases to diagnosticate, and I predict that in the future we shall rounding omentum are involved. If the intestines open many abdomens in order to determine whether are much distended, it may be necessary to puncture them. It is important to remember that extravasa-In regard to the surroundings under which one tion has followed such a puncture, and they should should operate. In a metropolitan hospital sur-always be closed with a Lembert suture. If the rounded by every convenience, I think that the majority of cases should be operated upon. In cases where injury to the gut is known to have occurred, testine, it makes a difference whether the injury is

wound edges should be excised. This is the opinion. These are significant facts. In the five cases opof those who have done most operations. The erated on at the Pennsylvania Hospi al, the average opening is then brought together with stitches on time was six hours. Deducting one case in which from both sides, or passing all the way through. If the unavoidable circumstances twenty hours elapsed, omentum be badly injured, no harm will come from the average comes down to three hours. its excision. It may be ligated in various places. In all cases the question of drainage will arise. and the whole cut off without injury. In a hernia It is difficult to decide, in any given case, whether case, I cut off what I supposed to be almost the drainage should be employed or not. If there have whole omentum, and the man got perfectly well. been extravasation and numerous wounds, drainage Where the spleen is wounded, the only method seems, seems to be indicated. Glass and tubber tubes have to be to excise the organ. This has only been done, been used with apparently equal success and failure. so far as I know, twice. Very little is known about I think that tubes of glass or other hard material are the treatment of injuries of the solven. Wounds of to be preferred. Where there has been extravasathe liver have been met with a number of times and tion of the contents of the stomach or intestine, all the cases have died. Whether or not it would be this is usually followed by great oozing of serum. practicable in these cases to stitch the liver to the abdominal wall, etc., I cannot say. Tait has done cleansing. In irrigation I believe most thoroughly. it in chronic disorders a number of times and has It should be very large in quantity and can hardly had favorable results. We should be encouraged to be too much so. If the patient is shocked, there is experiment in this direction. About wounds of the no better treatment than pouring hot water through pancreas little is known—I doubt if they could well the abdominal cavity. It probably acts directly be reached. If the kidney is extensively wounded, upon the solar plexus. I have seen this frequently its excision or complete drainage is indicated. If used with marked benefit. The patient will be in the ureter is divided, the only remedy is excision of far better condition after the use of a gallon or more the corresponding kidney. If the projectile has of water at a temperature of 100 to 110, than begone through the diaphragm, the same operation as fore its application. It has occurred to me that in in the case of the mesentery would be indicated, profound shock from other causes, it might be well namely excision of the edges and sutures. Of to puncture the abdomen with some form of double course, all bleeding vessels are to be tied. If this is canula and thus irrigate the abdominal cavity with impossible, the main trunk, even if this be the aorta, large quantities of hot water. What shall be put in ages have not been dealt with, but would proba- have been so used: Water, distilled water, boracic bly require excision.

the abdomen—that is, wounds through the vagina be expunged from the list. Bichloride of mercury, and rectum; for instance, a stab wound through the when employed, should be in very dilute solutionvagina. If we knew that it penetrated, abdominal a to 5000 or 10,000. Boracic acid was used in two tusions or brush burns of the omentum and intestine quantities. In four cases at the Pennsylvania Hosfrequently are found. In time, nearly all of these pital the bichloride solution in the strength of 1 to death has been attributed to this cause. All severe out any bad effect. It was used in both of the sucshould be excised. When they involve the intestine, especially in cases where extravasation has not oc-

latter is preferable if fine and chromicized.

after injury when the operation was performed. This with little danger of poisoning, it should be used.

the result of a gunshot or of a stab. Gunshot is one of the most important things that we can conwounds are more apt to slough than knife wounds, sider. The sooner the operation is performed, the and where many wounds of the former are located, better are the chances of the patient. The cases in close together, it has been found advisable to excise which the time is reported number forty five. The a portion of the gut including the numerous wounds, average time after the injury for which operation was Probably a foot of the bowel may be excised without done, was eighteen and a half hours. Deducting much disadvantage. Six or eight feet have been ex-four cases where more than two days had clapsed, cised, but in this case the operation was followed by the average falls to twelve and a half hours, while a emaciation and death. In such a case it would deduction of all the cases where the time was over probably be better to make several excisions. Per twenty four hours, brings the figures to nine and a forations when found should be turned into the bowel half hours. The average time after the injury when by the suture of Lembert. Wounds of the large in the operation was begun in the successful cases was testine and stomach are to be treated in the same way. seven and three quarters hours; the average in the Where the ball has perforate I the mesentery, the fatal cases was twenty three and one quarter hours.

The final steps of the operation are irrigation and must be tied. Wounds of the uterus and append the solution used for irrigation? Several agents acid solution, mild solution of bichloride of mercury, Then there is another class of wounds entering and solution of carbolic acid. Carbolic acid should section would be indicated. In all these cases con successful cases in 3 per cent, solution in unlimited will slough and give rise to pus. In several cases 5000 and 1 to 10,000 was used and apparently withcontusions involving the mesentery or omentum cessful cases there. Distilled water is very good and the peritoneum should be united over them with curred. Where there has been extravasation, puru-Lembert sutures. The suture materials which I have lent peritonitis set up, or it is not certain that all seen used have been silk and catgut. I think the foreign matters have been removed, I think that an antiseptic is indicated. Where we have a solution I have one table which gives the average time like that of boracic acid, possessing fair strength

The parietal wound is closed and dressed in the usual manner.

One was done at the Pennsylvania Hospital two days an eighth of an inch apart. ceedingly difficult to remedy.

of the abdomen:

Case 1.—B. B., a negro, aged 36, of splendid but slight nansea and severe general abdominal pain, Time from beginning incision to putting on dressing, were present. Pulse and respiration slightly accel- an hour and a half. erated; temperature 98°. A bullet wound was preparations having been made meanwhile, the oper fof the operation. ation was commenced almost immediately upon his arrival—an hour and a half after the accident.

The man's condition at that time was very good. The belly wall having been made surgically clean, One question in the after treatment would arise in and penetration proved, an incision was made by cases where a drainage tube had not been left, and Dr. Morton from two inches below the ensiform would be with reference to reopening the wound and cartilage to the pubes. Instantly upon opening the drainage where a large amount of serum was present. peritoneum a large quantity of fluid and clotted Each individual case must be decided for itself. blood, together with much flatus and partially di-The onset of violent peritonitis would be an indical gested food and fæces, gushed forth. The perition for reopening the belly, irrigating and draining it. Itoneum, where not injured, looked in good condition. I wish now to take up a few of the classes of these rapid sponging, and then searched for wounds. cussed before will not be reconsidered. Rupture of Three perforating wounds of the stomach first came the bladder will be discussed separately. First, with into view. They were situated in a straight line, reference to gunshot wounds. The total number of transverse, just above the omental attachment, and cases recorded is 22. Of these, 5 recovered and 17 rather to the left of the centre of the organ. Two died, a mortality of 77 per cent. Of these 22, 18 were anterior; the third posterior, and came out were done in the United States; 4 recovered and 14 through the omental strachment. One other perfordied, a mortality of 77 per cent. The foreign cases ation of the stomach was found. This was in the were 4 in number, with 1 recovery and 3 deaths, a lower edge of the right hand portion, about three mortality of 75 per cent. The first recorded case of inches from the pylorus. All of these holes were gunshot wound treated by abdominal section is that bleeding pretty freely, and vomiting gastric contents. of Dr. Kinloch, of North Carolina, in 1881. The The posterior perforation was found only after sevfirst recovery was the case of Kocher, of Switzerland, eral careful searches. Next, a linear rent of the in 1883. The first recovery was a case operated on transverse colon, just before it curves downward, by Dr. Wm. T. Bull, of New York, in 1884. These was found. The tear was an inch and a half or two 22 cases were done by 15 operators-11 American inches long, and through the omental attachment. and 4 foreign. In Philadelphia there have been All of these wounds were trimmed and sutured with two cases of abdominal section for gunshot wound. Lembert sutures, of fine chromicized catgut, about

since by Dr. Thomas G. Morton. In one case of The omemtum was terribly torn in a number of gunshof wound a wound of the intestine was over-places, and filled with very large extravasations of looked, with a fatal result. McKellar, of London, blood, which had become clotted. The clots were reports a case of two wounds of the lower portion removed as thoroughly as possible, and one long of the sigmoid flexure in which it was impossible to rent corresponding to the colon wound was stitched introduce stitches. All that he could do was to by a continuous suture. A number of ecchymoses throw a ligature around the wounds. The patient of the small intestine and mesentery were found; died, and faccal extravasation was found at the au- one of these ecchymoses of the intestine looked topsy. It struck me that in this case rectal disten- as if it would be likely to slough. This was turned tion by a colpeurynter might have been of some as- in by uniting the scrous surfaces of the bowel above sistance, lifting the bowel up so that stitches could it with the Lembert suture. The entire cavity was be inserted, for I understand that the openings were thoroughly searched, including the liver, gall-bladder, on the anterior wall. Such cases are, however, ex- and spleen. The bullet could not be traced after leaving the stomach. The spinal and dorsal regions I will read the notes of a case of gunshot wound had been carefully examined for evidence of it there

before the operation was begun.

Every portion of the abdominal cavity was then frame and constitution, was admitted here late in the sponged and thoroughly irrigated with HgCl, soafternoon of January 23. Three quarters of an lution, 1 to 10,000, and the parietal wound closed hour before admission, he had been shot by a ball without leaving in a drain, and dressed in the usual fired not more than a couple of feet from him; its manner of the hospital. Time from patient's being calibre was 32. When admitted, he was not shocked; taken from bed until put back again, two hours.

After the operation the patient was somewhat found an inch an a half above and half an inch to shocked, but in an hour had reacted well, and was right of the umbilicus. No tympany, emphysema, perfectly rational. He remained in this condition decrease of liver dulness, or other marked symptoms, for four hours, complaining only of slight pain in ab-were present until just before anæsthesia was begun. domen. Five hours after operation he presented all He then vomited more or less altered blood copi- the signs of hamorrhage, and rapidly sank, breathously. Abdominal section had been decided upon ing much interfered with, and no radial pulse. He by Dr. T. G. Morton over the telephone, and full died in another hour—six hours from the completion

Post mortem.—Abdominal cavity contained about a pint of faintly blood-tinged serum; intestines congested; no additional or overlooked wounds found; the repaired ones in good condition and water-tight, and mesentery, namely: four wounds opening small Ball, after leaving stomach, penetrated diaphragm, intestine, one cut opening the colon just above the and, without injuring the lung, struck the lower bor- execum and running into the mesocolon, one transder of the seventh rib three inches anterior to its fixion of the mesentery. The wounds of the colon angle, chipping it and cutting the intercostal artery, and mesentery were bleeding actively—the former which had bled a pint and a half into the pleural sac. permitted escape of bowel contents. The lesions of The ball was found an inch and a half further along the small intestine were occluded by prolapsed muanteriorly in the same interspace.

finding the ball. As a rule, it is not found. In this sutures of silk. After repairing these injuries the case we traced it as far back as the diaphragm, and abdominal cavity was most thoroughly irrigated with thought that it might have gone through the edge of hot 1:10,000 HgCl, solution, and then sponged dry. the spleen, but examination showed no wound of A glass drain tube was put in as far as the rectovesithe spleen. the omentum is cut and ecchymosed, is almost be-comfortable next day after the drain had been rewounds were not overlooked.

corded cases, with the exception of one, the wound pain afterward. Its exit was stitched. was produced by a knife. In that one instance, it Dr. Roberts had but a small opening made by a sensitive to its influence. penknife.

I shall now read the histories of two cases:

Case 2.—G. W. J., et. 40, a powerfully built man, was admitted to the Pennsylvania Hospital September 9, 1886, at 10:30 P.M. He had been stabled by a long and narrow butcher's knife a few minutes prelong was found about two inches above the centre of ingly good result. Poupart's ligament on the right side; through it were hour, and determined upon abdominal section. The the yard on the seventeenth. operation was begun at once by making a five-inch median incision, strict antiseptic precautions being adhered to. also the other viscera and mesentery.

This research revealed six wounds of the intestine cous membrane. All open wounds were about one-The only point that I would add is in reference to half inch in extent, and were closed with Lembert's The difficulty experienced in finding cal pouch, and the parietal wound closed with chrowounds of the upper portion of the stomach, where micized catgut. He reacted well, and was perfectly yond description. It is a wonder that some of the moved, for it caused great pain in the lower pelvic region. Previous to its removal, about six ounces I will now refer to stab wounds. In all the re- of faintly blood-tinged scrum came through it. No

No food was given for three days, but bromide of was caused by a sharp splinter of wood. As we potash, chloral, and brandy were administered in should expect, these cases present the most favorable large doses, as delirium tremens was anticipated. showing. The total number of cases reported is 19. Nutriment was begun on the fourth day, and grad-Of these, 12 recovered and 7 died; a mortality of ually increased. Delirium then present, and on the 36 per cent. These operations were done by 14 op- increase. On the fifth day he seemed in a fair way erators, 10 American and 4 foreign. The 10 Amer to die from the great exhaustion incident to the maican operators did 15 operations, with 8 recoveries nia. With Dr. Roberts' consent I determined to and 7 deaths. The foreign operators did 4 opera- give strychnia to physiological effect--regarding that tions, and all recovered. The first case on record is drug as indicated in the profound nerve exhaustion that of Kwiectuski, of Russia, April 15, 1883. The of delirium tremens. One thirtieth of a grain twice first American one is that of Dr. W. O. Roberts, op-daily by hypodermic was started, and the quantity erated on August 28, 1885. The first recovery was rapidly ran up until twitching, etc., became manithe case of Kwicetuski. The first American recov-fest. This did not occur until he had been taking ery was the case of Dr. Roberts. The credit of the one tenth of a grain every hour, and a half for half a first recovery properly belongs to Dr. Roberts, of day. The same dosage was kept up for thirty-six the United States, for the Russian operator had a hours and then reduced to one-tenth of a grain every large wound already made, which he enlarged to a fourth hour for another day, as that amount kept up certain extent, and sought for the intestinal wounds. the full effect, since he was becoming more and more

> He was thus kept, by smaller and smaller doses, in the full physiological effect of the drug for nine days; at the end of which time ten minims of tr. nux yom, could not be comfortably borne, and the drug was suspended entirely.

The effect upon him of this medicament was very viously, and had lost considerable blood. Had fright marked indeed, and both Dr. Roberts and myself ful pain in right side of abdomen; scarcely any shock. famly believed that it saved his life. I have since Upon examination a wound three quarters of an inch-tried this treatment upon-similar cases with exceed-

Beyond the above his convalescence was uneventprolapsed several inches of small intestine. Dr. John ful. The belly healed by primary union. He was B. Roberts saw him in about three quarters of an walking about his room on the fifteenth day, and in

Discharged on the nineteenth day.

Case 3.- J. D., an Italian fruit vender, aged 30, The peritoneal cavity contained a was brought to the hospital at 1 A.M., December 25, large amount of dark fluid and clotted blood, while 1886. He had received a stab during a broil some the intestines were almost wholly collapsed and squares distant from the institution, and had walked empty. The prolapsed bowel was first reduced and all the way. Almost immediately upon receipt of then brought out through the operation wound and the injury he had vomited the contents of his stomcarefully examined, cleansed, and returned. The ach; not much pain was present, and that little was entire intestinal canal was thus examined, as were just around the wound, which was situated two inches with benzine and collodion.

ment. Vomited green material then.

10 A.M. the operation was commenced by Dr. T. G.

fully cleansed with sponges, and plentiful irrigation operation was performed. with warm 1:10,000 GgCl, solution, and the external wounds closed with closely placed interrupted four-lincision was made over the bladder. Ten ounces of teen-day catgut sutures. An antiseptic dressing and blood and urine were found in the peritoneal cavity. flannel bandages were applied, and morphia to mild Intestines congested, and in places looked almost narcotization administered. No drain was used, gangrenous, A 2½-inch triangular opening was found Strict antisepsis prevailed throughout. Time of operation, one and a half hours.

throughout.

Bowels opened last night, and again this morning, by enema. Urine had to be drawn twice following nitis about wounds. Wound of bladder water-tight. operation. He had no special pain.

January 11, 1887. Up to day and walking about. All sutures are away. No dressing on wound since January 8.

twenty eight days in hospital.

to right, and three quarters of an inch above umbili- 7 operations, with 3 recoveries and 4 deaths. The cus. Decided emphysema was present for a space of first recorded case of abdominal section for ruptured three inches all around the wound. Temperature, bladder is that of Walters, of Pittsburg, in 1862. pulse, and respiration normal. He was given a dose. This case was also the first recovery. In Walters' of morphia by hypodermic, and slept quietly until case he diagnosed rupture of the bladder, with infilmorning. There was no odor about the wound, no tration of the peritoneum with blood and urine. He signs of fluid in peritoneal cavity, no diminution of opened the abdomen, cleansed it out, and put in a liver dulness. At that time, t A.M., the wound, one-drainage-tube, but did not sew the bladder wound. half an inch long, was cleansed, stitched, and sealed. The second case was that of Alfred Willits, of London, operated on June 12, 1876. This case died. At 7 A.M. pulse, temperature and respiration still The second American case was that of Dr. Bull, opnormal, but much pain was complained of, which erated on October 27, 1884. This case also died. seemed centred about the region of the wound, and Two recoveries have recently been reported by Macwas stated to be increasing and spreading every mo- Cormac. Philadelphia has had one case which was operated on by Dr. Joseph M. Fox, August 16, 1886, It was decided to do an abdominal section, and at with fatal issue. I will read the report of this case.

Case 4.—E. M., a man aged 38, at 1 A.M. on August 16, 1886, walked out of a second story window. The original wound was first proved to penetrate. Two and a half hours afterward he was admitted to —the intra-abdominal opening was not more than the Pennsylvania Hospital. He had been drinking one-quarter of an inch long. Median incision was much the previous evening, and the bladder was disdone from two inches above umbilicus to within one tended at time of accident. Upon examination, the inch of pubes, and the abdominal contents searched. resident surgeon, Dr. Alexander McAllister, found A small amount of fluid and clotted blood (5ss) was that the neck of one femur was fractured, and that found immediately below the stab wound. This he had marked symptoms of ruptured bladder, nameblood was mainly entangled in the omental tissues. ly, great pain over bladder and lower abdominal re-A rent of one layer of the omentum, about two inches gion; intense desire, but no power, to micturate; long, was found in this region, also a divided and bloody urine by catheter. He was much shocked, bleeding omental vessel just outside the tear. The but had recovered by 9 A.M., when he was in good artery was ligated, and the tear sewn with catgut, condition. Dr. Fox at that time saw him, confirmed The peritoneal opening of the stab wound was then the diagnosis, and determined to operate, but through closed by a single stitch of the same material. No the intervention of circumstances beyond his control other lesions could be found, as the cavity was care-twas prevented from so doing until evening, when the

Strict antisepsis prevailed. A four-inch median in the anterior portion of the fundus. The viscus was held up by two long sutures passed through the sides December 29. The only annoying symptom from of the rent, and the wound was then sewed with which he has suffered has been bilious vomiting from 'closely placed Lembert sutures of catgut; fifteen time to time, and which still keeps up in spite of va- were introduced. It did not leak when distended rious medicaments and champagnes, of which latter with 1:1000 HgCl₂ solution. The abdominal cavity has been taking (5) every second hour; also has been was then thoroughly washed with 1:5000 solution, taking f3j of peptonized milk every two or three the parietal wound closed, leaving in a hone drainhours since 12:27 A.M. Dressed, because of disor- tube down to the bladder; but, of course, not enterdered dressing yesterday, and wounds found united ing that organ. A rubber catheter was left in the urethra. He died in forty-two hours.

> Post-mortem examination showed localized perito-Blood clots in pelvic basin.

Now a few details with reference to ruptured bladder: The symptoms of ruptured bladder are more January 21. Discharged cured; walked home; definite than those of most other cases. The condition of the bladder at the time when the injury is re-I will now consider inputred bladder. The total ceived is of some importance, but cannot always be number of cases reported is 10, with 4 recoveries and ascertained. Shock is usually present, as in other 6 deaths, a mortality of 60 per cent. There were o cases. Pain in the hypogastrium, fruitless efforts at operators— 3 American and 6 foreign. The Ameri-imicturition, vomiting, hiccough, distension of the can operators, performed 3 operations, with a recoverabdomen with third, the withdrawal of blood or bloody ery and 2 deaths. The foreign operators performed urine by the catheter, are all good indications. If

there is no urine in the bladder, or none comes in, it may be felt by the patient in the loins and other losometimes ebbs up and down with the movements of by a second set, turned in. respiration. Recently Dr. Weir, of New York, has over the region of the bladder. If a definite outline ation was performed in America and four abroad that the bladder is not ruptured.

fundus, in 9; posteriorly in 33; and at the side in 2 tured intestine which occurred in my father's wards cases. In 50 cases of extraperitoneal rupture, the in the Pennsylvania Hospital. I wish, in conclusion, rent was at the neck in 19, anterior in 23, posterior to relate it, though it was not an operative case. in 2, and at the side in 6. In 15 of these cases there which has escaped into the peritoneal cavity.

whether the diagnosis has been made positive or not, down, about thirty hours before admission, he had a median incision should be made and enlarged to been violently kicked in that groin. He experienced suit the convenience of the operator. The incision some pain and nausea at the time, and both steadily may at first be made down to the bladder, as for a increased up to the time of his admission. His bowsuprapubic lithotomy. If there is a wound in front, els had not moved. you may feel if it enters the peritoneal cavity; but even this is fallacious. Having found the wound in vomiting or belly pain. A large swelling was present the bladder, the first thing is to clean the peritoneal along the proper position of an ir direct inguinal hercavity. Next, it is necessary to get the bladder into nia. In this lump he had severe pain. All endeava position to suture it. This has been, until recently, ors were directed to bringing him out of his shocked found one of the most difficult steps of the operation. condition. To obviate this, distension of the rectum with a colpeurynter has been practised. More recently, as in sufficiently to receive an anæsthetic, which was adthe case of Fox, sutures have been introduced on ministered, and a thorough examination of the affected either side, and may be combined with the use of the region made. No hernia was present; simply a mass colpeurynter. MacCormac, who found considerable of inflammatory exudation. Considerable emesis and difficulty in bringing up the bladder, made a lateral some recurrence of shock followed. This morning incision on each side through the peritoneum. This his condition seemed fair. He stated that he had liberated the bladder immensely. These peritoneal none or very little pain; took liquid nourishment; wounds he stitched together in the usual way, but it and had his bowels freely moved by enema; no abappears to me that this might be improved upon by dominal symptoms whatever. introducing the stitches as Dr. Emmet does when sewing up his relaxation incisions of the vagina or rial with a suspicion of feecal odor alout it, and durelsewhere—that is, by uniting the wound by stitches ing the night it became very markedly so. It now passed in its longitudinal diameter. It has been found became evident that he was suffering from one of that the cases in which the sutures penetrate all the three conditions, namely, either a ruptured gut, a coats of the bladder invariably terminate fatally, reduced though still strangulated hernia, or an intus-This must be borne in mind, and the sutures passed susception. only through the serous and muscular coats. The bladder wound is to be brought together with Lem- were made for opening the scrotum, and, if necessary, bert sutures of silk or catgut.

The after-treatment brings up the question of drainis a fair sign.—The catheter can sometimes be intro- age, which has been discussed.—A catheter should be duced to a great length, and occasionally the rent in left in the bladder. Another important thing is to the bladder wall may by this means be detected, prove that the stitches effectually control the open-The withdrawal of an enormous quantity of fluid is ing in the bladder. This is done by injecting some another indication. If warm water is injected, it solution—better, a weak antiseptic solution—into the bladder. If there is any leakage, additional sutures cations. With the catheter in the bladder, the liquid should be introduced; or the first row of stitches,

The last division of the paper relates to rupture of suggested a test for ruptured bladder, which consists the intestine. The total number of cases reported in injecting a certain amount of fluid and percussing is five, of which number none recovered. One operof percussion dulness is noted, it is a fair inference two in Australia, one in France, and one in England. The first recorded case is that of F. H. Girdlestone, It is important to determine whether the rupture is of Australia, February 14, 1883. The only Ameri-extra- or intraperitoneal. Stephen Smith has shown, can case recorded is that of Dr. E. A. Wagner, on in a collection of 65 cases, that the peritoneum is in- August 2, 1886. One case fell, and pressed a truss jured in 80 per cent. of the cases. Max Bardes down upon a descended hernia; one was thrown from found, in an exammation of 166 cases, that the rent-a horse: two were kicked in the abdomen; and one was intraperitoneal in 98, and extraperitoneal in 54. was crushed by a horse. In five cases the small in-In 84 cases of intraperitoneal rupture, the rent was testine was ruptured, and in one the colon, was the situated in the fundus in 40 cases; in front, near the part involved. I have the notes of one case of rup-

Case 5.—B. R., aged 57, was brought to the Pennwas fracture of the pelvis. In these cases, as a rule, sylvania Hospital, a distance of ten miles, on a bitter the urine found in the peritoneum is healthy, and not cold night, sitting in an upright position. Upon his decomposing. An interesting paper has been pub- arrival he was in a state of collapse from exposure, lished by a Russian, giving the toxic effects of urine cold, pain and weakness. He stated that he had long been subject to a hernia (indirect inguinal) of the The method of operating is an interesting one, right side; that he habitually wore a truss that did Having determined upon interference by section not keep it reduced properly; and that while it was

Upon admission his cordition was as above; no

December 3, 1886. Late last night he had reacted

In the afternoon he vomited, several times, mate-

4th. The first thing this morning preparations.

and his condition within the last few hours had be the bandages and counted the wounds. Whoever it come so bad, that the operation had to be abandoned. was failed to replace the dressings, and the lady had He died in the course of a couple of hours.

tity of feeal material was found; no hernia was pres- until reapplied. She is having too much company. ent, but the internal ring was patulous. The peri- Was glad to have her wounds redressed. Added toneum was found in a state of general peritoneal iodoform to two wounds that showed signs of supinflammation, and a great quantity of fæcal fluid material was present in the pelvic basin. A loop of small intestine, having an inflammatory ring about its neck, was found in a state of almost gangrene, from congestion and inflammation; while the loop was torn for an inch in extent in two places; the com-directed one teaspoonful in water after each meal, munication of the loop at both ends with the normal bowel was present, though the opening was small. Post-mortem examination otherwise negative.

HYDROPHOBIA (RABIES CANINA); FATAL TERMINATION.

BY HORACE P. STEBBINGS, M.D.,

OF ENGLEWOOD, ILL.

On Wednesday, October 20, 1886, at 4:30 P.M., I was called to see Daisy I., who had been bitten by a dog. Some one who saw her afterwards said there were thirty-five punctures; one wound on the back arms and hands. All the wounds were cauterized iodoform. with a 25 per cent, solution of nitric acid except one per cent, solution of carbolic acid was applied. Extreme pain cansed by the nitric acid was the cause made movements of the jaw very painful. of the deviation from the rule in the case of the two

The wounds were seen by me ten minutes after they were made, I am told, and work commenced on them immediately. An ordinary drop tube was passed. to the bottom of the punctured wounds and the liquid. not discovered until two hours later, as the dress was carbolic acid as stated above.

(sulph) was administered by the mouth, and the girlcovered and not dressed.

Wednesday evening.—Wounds were diessed with of the dread disease be mentioned. carbolized vaseline, then manilla paper, and roller

inflamed, indurated and red, but the inflammation same dressing renewed. closely circumscribed. Wounds dressed as on night

the abdomen; but the amesthetic so depressed him, for a man, a doctor, she guessed, had removed all put them back very nicely, but the dressings had be-Post-mortem.—Upon incising the scrotum a quan- come harsh when removed and had acted as irritants purating. Prescribed

Tinet. ferri chlor	
Acid phosphor. dil. ää	ξj.
Quini e sulph	Ξij.
Aquae q. s. ad	živ

also one compound cathartic pill (U.S.P.) for torpid condition of bowels.

October 22, Friday morning.—Bandages again in part removed; several wounds suppurating and looking well. Neck very lame from wound on back of the neck and the one in front of the ear. Lymphatics below this latter wound indurated and swollen. No motion of bowels yet obtained, so directed another compound cathartic pill to be taken unless a movement should occur spontaneously by noon; for inaction of kidneys, directed a mixture of spts. alth. nitros., liq. ammonii acetatis and potas, nitratis. Iodoform used on all wounds at first sign of suppuration.

Friday evening.—Bowels had moved and kidneys doing excellent work without the need of medicines of the neck, one in front of left ear, one above left of any sort. Wounds in excellent condition, and clavicle, one on the left leg, and the others on fore-predressed with carbolized vaseline and powdered

October 23, Saturday morning.—Tried to see a on the left leg, where lunar caustic (fused nitrate of turgid condition in some of the wounds and penciled silver) was used, as the wound was superficial, merely a 25 per cent, sol, of carbolic acid around some of a scratch, and one above left clavicle to which a 95 the wounds, and redressed as before. Eating soft foods, broths and soups, as wound in left masseteric

Saturday evening.—Applied two "madstones," one green one about two-thirds as large as a hen's egg and flattened on one side; one red, looked like pipestone and had a clayey odor; this one was about half the size of a hen's-egg, irregular in form with one flattened surface, and showing bright fractures. Both stones forced out of the tube until it ran over the skin about were finely porous and adhered to any moist surface it. The wound in the skin above the clavicle was as it did to the back of the hand moistened with saliva. The stones were covered about with absorbuntorn, it probably having been made by a claws ent cotton, so as to render the wounds to which they When seen it was treated with the 95 per cent. sol. were applied free from contact with atmospheric air. The stones were tolerated by me because family and The shock was profound, and 🔏 grain morphine friends all worshiped this "fetich," and the feeling of "cure" was in every mind after their use. Consent put on a couch to rest, the wounds being only loosely was easily obtained that no reference be made to the circumstances of the injury, to the time, nor the name

October 24 Sunday morning.—The green stone bandage. She was much quieter, had been asleep, glued to dried pus at the orifice of wounds, the red and was resting pretty well. Slight febrile movement, one loose. The stones draw, i. c., by capillary attrac-October 21, Thursday morning.—Had passed a tion produce a sense of suction and leave the wounds pleasant night; muscles very lame and wounds sharply stimulated by their harsh feel and movement. The

Sunday evening.—Stones removed and boiled; one reapplied, the other allowed to dry during the night. Thursday night found Daisy restless and worried. Wounds redressed as before, all of them looking well.

October 25, Monday. - Wounds redressed and tory, no symptoms to be recorded while under the cold, bowels torpid. Gave

Tinct. opii camph		
Tinct, acouit, Rad, .	m.xv.	
Tinct. digital	3ij.	
- Aquæ chlorif	*****	
- Aquæ aa q. s. ad	dosa four times daily also one	

Take I teaspoonful for a dose four times daily; also one compound cathartic pill (U. S. P.)

Monday evening.—Cold did not trouble her; circulation restored, and functions all perfect so far as known. Wounds doing well and redressed as before.

October 26.—Tuesday forenoon stones boiled, dried and reapplied. Wounds redressed as before.

Tuesday evening.—Wounds redressed as before. October 27.—Wednesday morning and evening nothing to record.

October 28, Thursday.—Because of a little restlessness the iodoform was discontinued and impalpable boracic acid used in its stead. Otherwise everything as before.

Thursday evening. —Slight fever, but cake and cheese account for it. At the request of the gentleman at whose house she was given a home, I spent the day in another room without her knowledge, also quinia sulph., 5 grains every four hours. To-day she drank five or six pints of water. Wounds

looking finely.

October 29.—Spent the day at the house dressed the wounds in the forenoon as on the 28th. A diphtheritic membrane that appeared on a few wounds was destroyed with lunar caustic and in part removed. At noon she was left sitting up with the servant girl alone in the house. Seized the opportunity to eat cheese, cake, a large amount of butter and two or is appended. To day the wounds were first comthree ounces of syrup. Dressed her wounds on my plained of, the new cicatricial tissue reddened, and return, and of course there was considerable restless- the sites of two healed wounds broken open and disness and fever, but this was controlled by the mixture charging pus (the wounds were the one on the back given on the 25th. Itching of wounds to day and of the neck and one on the left forearm). Comyesterday, relieved with creosote water diluted to four plained of extreme pain in one of the knee joints, times its volume. Uneasiness seemed to be due en- and there was now developed a general hyperesthetirely to a healthy reparative process. In the evening her friends were worried, and desired me to call in Dr. C. H. Whitman to consider the question of been taken, and iodide of potash was also given. removal. Wounds redressed dry with iodoform and absorbent cotton. We could see no reason for her removal, but desired the family to carry out their and inharmonious action of constrictors of pharynx wishes. They concluded to remove her to St. Luke's Hospital, Chicago.

October 30.—Her wounds, which were almost all healed, were dressed dry with iodoform, as on the previous evening, and she was taken in a closed hack

five miles to the hospital.

which time her symptoms were negative. The first day after her ride and getting her in bed.—"Pulse 82, temperature 99.2° F.; no pain, bowels moved. At by Dr. C. H. Whitman to see patient. Drs. Love-October 31: "Temperature normal, slept fairly well." Next day, November 1: "Up all day; no pain. Bromidia 3j nightly for sleeplessness."

stones applied to any indolent-looking sores, as their most careful observation, and she was discharged and presence satisfied friends and patient. Daisy had recorded cured; which means, I suppose, that her "caught cold," was sneezing badly, hands and feet lacerated or punctured wounds were healed so far as to be out of danger of sepsis. On looking over her wounds she called my attention to a pimple on her left arm, exactly like several that had appeared on the back of her neck and elsewhere under the vaseline dressing, some of which I had incised. There was no infiltration or infection apparent. Until Thursday, November 11, there is no further history, and nothing of interest that can be recalled by the

mily.
Thursday evening, November 11, 1886, 8 P.M.— Dr. C. H. Whitman was called in to see Daisy f. Temp. 102° F., pulse 100, hard and strong, skin hot and dry, tongue slightly coated white, pupils slightly dilated. Pain in the lumbar region extending down sciatic nerves; or, as she expressed it: "My back aches and my bones ache down my limbs," making a motion down over lower part of back and down back of thighs. Prescribed of the following:

R.	Tinet, aconit, rad.	ett :	
-,	Fld. ext. asclepias tuber.	5	٠.
	Glycerini.	54.	
	Water a s ad	5ii.	
71.	Water q. s. ad	5 ¹ J·	
9)	nour.		

November 12, Friday, 6:30 A.M.—She had slept very little during preceding night; had been very restless. Temp. 102.5° F., pulse 110, tongue not much changed, pupils less dilated, bowels moved naturally. Urine passed about normal in quantity, of a greenish yellow color, and with an abundant flocculent sediment which appeared soon after it was voided. A fuller account of the analysis of the urine sia. To meet these indications morphine in 1/4-grain doses was given every five hours until three doses had

1 P.M.—No alteration.

4 P.M.—Difficulty in swallowing, and slight spasm first noticed.

7:30 P.M.—Slight fulness of face and pallor. Temp. 100° F., pulse 90, tongue bright red (tongue of inflammation). Wound in front of left ear became painful. Hydrochlorate of cocaine gave relief. At this time and until midnight morphine alone was She remained at the hospital one week, during used. After midnight there was a troubled sleep until morning.

Saturday, November 13.—Was called at 8:30 A.M. night homesick. Appetite fair, quiet." Next day, well and Wilder, of this place, were also called. Found her with face bloated and pallid. She recognized me, but feared to allow any one to approach her; said it "strangled her." Abscess on left arm, areola the size Until Sunday, November 7, there is no further his- of a silver dollar and a drop of healthy-looking pus

at its summit. Bite in neck aches, also the one above approach her from head of the bed, as movements was worried for the expenses of her illness to her from that direction (which she does not see) do not friends. trouble her. During forenoon commenced the use of aware of the operation. On awaking she is unable draughts. to swallow either water or ice.

which she is allowed to do.

being held three or four inches from her face, and she able to chew and swallow a little plain, soft wheat even wanted to hold the glass herself. Drank about bread, and she took a little diluted fluid beef well tion of curare (16 of a grain). Has taken no food; her mouth was left full of froth. pulse 100.

tive comfort, otherwise as excitable as ever, and al (Squibbs) gave great relief and was called for conlowed to remain alone, as the presence of any one stantly. Very little was inhaled, but not much was makes her want to talk, and then she becomes ex needed. About 1 1/2 lbs. was used in twenty hours, cited and nervous. Has her cloth wet with chloro- her attendants getting as much as she did. Curare form and placed on a chair at her bedside, then she (Merck's), while producing physiological effects, at says: "now go out and I'll get it myself," and repeat- one time numbress in one leg, and afterwards in edly cautions "don't fan so." At 1:30 A.M. was helped both forearms and hands, but no further, doubtless upon a chamber vessel and passed urine with a great, avoided many violent spasms. vesical spasm; when helped back into bed she seemed very much exhausted by the effort of moving, filled, and where it was not best for her she was satalthough a lady and myself lifted nearly all of her isfied with that assurance. No restraint was offered, A.M. restless again and given more chloroform on her, and she glared at him, truly insane, mad, wild for the cloth, and is quieter again.

interrupted by her constant demands for assistance in a moment soothed and quiet. She was of strong and care.

bite you. I wouldn't want to, but maybe I couldn't there was a little bias, help it." Between 2:45 and 3 a.m. efforts at yomit. No blebs were notice ing commenced, but only frothy mucus was thrown up. Afterwards came brownish and brownish-green

Typhoid fever was prominent in her mind as the the left clavicle. Spasm of respiratory muscles and cause of her illness, and she asked many questions those of deglutition on movements toward her or about it and if she had it. I assured her that she had, when a breath of wind was felt. Wants people to and also that I could break it up in a few days, as she

Every movement, however deliberately it was chloroform by inhalation, which could only be used commenced, would be finished with a jerk. There very much diluted with air because it burned her was perfect sanity whenever her mind was recalled throw, as she said, and her eyes. Pulse 100, pupils by impression of any of the senses, but when left normal, but once or twice momentarily very much alone there would be a little low, busy delirium, talkdilated. A handkerchief was allowed to jest on the jng to herself at d low exclamations. Hearing was eyes, to remove all excitement caused by, sight, but very acute, as were sight and feeling. The sight of the moment it touched her cheek it was jerked vio the movement of a garment would cause her to exlently away. While the handkerchief was in place claim "Don't fan so." I efore a wave of air had time the chloroform was urged a little, and 16 grain of to reach her, and her own breath on her hands, as curare was injected hypodermatically, she not being they lay across her chest, caused her to complain of

From about 3 o'clock Sunday morning until death 2 P.M.—Patient unchanged, except a little less ex- there was constant accumulation of carbonic acid gas citable than in the forenoon. Wants to take the in the blood, for there would be spasm of the epiglotcloth in her own hand and smell the chloroform, tis after a shallow inspiration, and the continued retching demanded more oxygen. The skin was of a Towards night, between 4 and 5, she was able to dusky him and wrinkled. In this condition, and drink some water through a flexible tube, the glass about an hour and a half before she died, she was + 3iij, to her infinite delight, after which she felt salted; but although she liked its taste, the stomach much relief. There was some choking, but she per-promptly returned it. When she died there was sisted in the effort until the water was swallowed. slight spasm of the throat and chest, probably wholly She then submitted to another subcutaneous inject of the epiglottis. There was no general spasm, and

Of remedies after the development of "rabies" November 13, midnight.—Daisy rests in compara-+morphine accomplished next to nothing. Chloroform

She was bumored in every desire that could be fulweight. At 2:10 A.M. she made two violent attempts. Once a physician holding her hard, and wrist lightly to clear her throat of thick sticky mucus. At 2:45 in his hand, did not instantly drop it when she jerked, moment: "You are trying to hold me." I assured Here my notes of the progress of the disease were, her that we would do no such thing, and she lay back frame, well developed for her age, 15 years old, born At midnight Saturday night 1 put on my heavy and reared in a country town; had never menstrudogskin gloves and wore them constantly, for troth- ated; of very unusual will power and control of ing had commenced, and she said to the lady who nerves. Mentally she was not balanced perfectly, gave her a home: "Be careful, Mrs. D., for I might i.e., older in some regards than others, and otherwise

No blebs were noticed about tongue or lips. No post mortem examination was held.

Examination of Urine, by Dr. Chas. H. Whitman. matter, apparently from the duodenum. This was - Color, a greenish yellow. On cooling a white preexpectorated into a wash-bowl without violence, not cipitate let fall, which cleared up upon boiling, also more than two drachms at a time, and contained a with nitric acid; this precipitate occupied one-fourth finely curded or granular matter, undoubtedly bile. the volume of the urine. Reaction acid. Specific and some from vagina. Further than this there was found only the normal inorganic substances, i, ϵ ., amorphous urates, urate of ammonia, urate of soda, times with nausea and vomiting, and these she called 5730 Wentworth Ave., Dec. 10, 1886.

THE HEADACHE OF YOUTH AND ITS RELATION TO OCULAR DEFECTS.

BY CHARLES F. SINCLAIR, M.D.,

OF CHICAGO.

tain common forms of defective vision to headache in 'dyspepsia, and every patent medicine she could hear youth. The subject in general would take us over of for her catarrh. She has a large safe at home full the whole field of ophthalmology, and is too vast to of medicine bottles. Her house looks like a drug treat even superficially in the space allotted to my store. She has exhausted the whole pharmacopæia

especially in youth. There are headaches with cer- apparently has cured the headache. tain definite characteristics which are caused not only by hypermetropia, but also by its different de- these different forms of ametropia manifest themgrees, as there are of myopia and its different deserves in all the various forms of headache. In a grees. These fixed peculiarities are still more marked, comparatively recent, and voluminous work on the in the different forms of astigmatism. The severity "Nature and Cause of Headache," by Wm. Henry of the pain seems in some measure to depend upon. Day, of London, a lengthy chapter is devoted to the the nature of the ametropia, ranging from the dull, consideration of the headaches of youth. He deheavy ache in and around the eye found in the lighter plores the popular methods of education which push degrees of hypermetropia and myopia, through the a child forward in the acquisition of knowledge withseverer forms found in the higher degrees of these refractive errors, and in simple and compound astigmatism, to the intense neuralgic pain of that rare form of defective called mixed astigmatism. This latter pain may be of such severity and of so frequent occurrence as to destroy the usefulness of the life of undermined and life is absolutely shortened." the individual.

ary last, and, although somewhat of a digression, I and how, with the school boy and girl, all too freshall take the liberty of presenting it. This patient quently the eye is the link which first gives way, it healthy and strong. Her only complaint was about in no instance mention ametropia as a possible cause. her "terrible head trouble." She had been troubled not alone of the severe headaches of childhood, but if the sun shone brightly, she could not read her less health. sons, and would have to press and squeeze her eyes | There is, however, one form of ametropia to which, in order to see at all. About seven years ago her on this occasion, I wish especially to refer, and which eyes were in such a condition that she could not look is exceedingly common among our school children, at any bright object, or use them for any ordinary. It is of slight degree and therefore easily overlooked. work for months at a time. Since she was 15 years | Indeed, it may simulate some of the less severe forms

gravity 1.028. Albumen, none. Sugar, none. Mi of age she has had terrible headaches in the forehead croscopic examination found one granular tube cast, and temples, and in and around the eyes. As she from straight uriniferous tubules, also a few epithelia stated, the pain is so intense it almost drives her mad. from pelvis of kidney, some epithelium from bladder. She can not even ride in a street car for fear the "neuralgia," as she termed it, would start up again.

These severe headaches were accompanied at her "bilious attacks." At other times her "eye headache" came, when the pain seemed to be in and at the back of the eye, and which pressure relieved. At still other times the pain was located at the base of the nose, and these she called her "catarrhal headaches." In all, however, the pain in the eyes was severe. For fifteen years she has had these severe attacks regularly twice a week. They last sometimes a day and a night, and sometimes two days and two The subject of my paper is rather the relation of cer- nights. She has taken medicine for biliousness and for lung and liver and stomach and throat troubles. The headaches arising from defective vision are so and now, as a last resort, she comes to see if her numerous, and show such definite characteristics in eyes can be in any measure the cause of her suffering. connection, not only with the different forms of ame. On examination 1 found vision very defective, being tropia, but with its different degrees, that the oph-tbut $\frac{1}{10}$ in the left eye and $\frac{1}{10}$ in the right. Plus and thalmologist might easily furnish a terminology of his minus glasses were refused. The ophthalmoscope own. Instead of the usual classification into sympas showed the usual distorted appearance of the disc thetic, neuralgic, antemic, hyperæmic, etc., another seen in astigmatic cases, with a moderate degree of division, based solely upon the condition of the eye, myopia in the vertical meridian, and of hypermetromight be made. This might be done, too, without pia in the horizontal of both eyes. A lense of regard to any faulty condition of the general system 1.50 D spherical \bigcirc + 1.50 cyl. axis vertical in the through which these errors of refraction, in many right eye, and of — 2. D sph. \bigcirc + 1.75 D cyl. axis cases, first manifest themselves. And this is true vertical in the left, improved the vision up to $\frac{1}{10}$, and

But it is especially in childhood and youth that out sufficient regard to physical training; "to the vigorous growth of the body and the stability of the frame, until some one link is broken in that mysterious chain of vital force which keeps the whole fabric in order, when the health in too many instances is

To one familiar with the intimate relation existing Such a case as this came under my care in Febru-|between the headaches of youth and ocular defects, was a young woman of 30 years of age, apparently seems strange that the author of such a work should with her eyes since 10 years of age. When at school, also, through reaction, of deterioration of the general

and simpler forms of ametropia.

Case 1.— Mand W., a school girl, 14 years of age, some object to keep from falling. has had severe frontal headache, and occasionally in . to her bed for days at a time. The headache is vertigo. sometimes accompanied with nausea. These headand around the eyes.

by the use of homatropin a half a dioptric of hyper-the influence of some mydriatic. metropia was found in the vertical meridian, for which a plus cylinder was prescribed, and no further complaints were made of the severe headache with which this patient had suffered for three years.

Case 2.—Emily R., 15 years of age, has had headache for a whole year, every day and every night. heavy ache in the temples and forehead. This gradbing, lancinating pain, shooting up through the temwere also tender to the touch.

the distressing head symptoms.

matic, the other possessing 1.50 D of long sight.

for a year and a half. Patient looks delicate and patient and to the severity of the disease, but more

of ametropia, and although these refractive errors anaemic, appetite is poor, has been very much troumay be but slight, yet they may be the cause of va bled with headache-a dull, continuous ache over rious forms of severe headache and of impairment of the frontal region, with sometimes throbbing and at the general system. I refer to those cases of myo other times sharp lancinating pains shooting out over pic and hypermetropic astigmatism of .50 D and the left side of the head from the left eye. During .75 D. In these cases, for some reason as yet unex- the time this patient attended school these peculiar plained, the resulting disturbances are much more headaches were of daily occurrence. In vacation wide-reaching and serious than in the more common they were absent. She is much troubled with constantly recurring attacks of vertigo and dizziness. The following cases will best illustrate the peculiar. While walking the streets these attacks are liable to characteristics of these forms of abnormal refraction; come at any moment, when she is obliged to grasp

The greater severity of the symptoms on the left the occipital region, almost daily for three years. It side of the head seemed to find an explanation in the is usually, however, a severe throbbing pain through fact that the usual small amount of astigmatism was the temples and across the forehead. The severity found in the left eye, the correction of which has of the pain is so great that she is frequently confined apparently put a stop to both the headache and

These are but types of, in my opinion, an exceedaches became finally so frequent and severe that shellingly large number of cases where the most distressing was obliged to give up all her studies. Nothing dur symptoms, simulating, in many instances, even oring these years of suffering called particular attention ganic disease, may be quickly and thoroughly cured to the eyes, but at last she noticed that the eyeballs by so simple a remedy as a pair of properly adjusted were sometimes tender to the touch, and that the at-cylindrical leuses. They are interesting to the ophtacks usually began with slight lancinating pains in thalmologist, as they may assume in certain cases not only the characteristics of myopia or hyperme-On examination excellent vision was found, being tropia, but even of normal vision; and they certainly $\frac{q}{10}$, with some some few letters of $\frac{1}{10}$ for distance, suggest, to the general practitioner the advisability, With minus lenses of .50 and .75 of a dioptric vision in every case of severe or persistent headaches in improved to such an extent that 10 was read with ease. youth, that not only the eye be carefully examined, After, however, the accommodation was paralyzed but that it be examined only when thoroughly under

MEDICAL PROGRESS.

Hypodermatic Injection of Fowler's Solution The pain at first was rather of the nature of a dull, IN CHOREA MINOR.—To fairly test the value of hypodermatic injections of Fowler's solution of arsenic ually increased in severity and extent until at times; in the treatment of chorea minor, especially as comthe whole head seemed numb. Two weeks before pared with its internal administration, almost all cases examination this dull ache turned into a sharp, throb, of this disease admitted during the last year to St. Anne's Hospital for Children, in Vienna, scrvice of ples and around the head toward the occiput. There Prof. Widerhofer, have been subjected to this treatwas tenderness on pressure around the orbit, and esalment. For the sake of comparison a few cases were pecially over the supra orbital nerve. The eye-balls treated by Fowier's solution given internally. The results of the clinical experiment, which have been I mention this case for the reason that ordinary highly satisfactory, are detailed by Dr. Frühwald, plus glasses were first prescribed, these permitting assistant to Prof. Widerhofer, in the Jahrbuch für the patient to read [with apparent case. The pa Kinderheilkunde. Equal parts of Fowler's solution tient, however, returned in a few days saving her and distilled water were used; care was taken to have headaches were as biid as ever. Here also, after the the preparation fresh, and to have it freshly filtered accommodation had been thoroughly paralyzed, a before injecting it. One injection was given a day, small degree of hypermetropic astigmatism was found alternately into the extremities, the needle being inwhich a × .50 D cylinder corrected, entirely curing scrted deeply into the tissues and the surface having been well washed with thymol water. Treatment The important part these slight irregular forms of was begun by injecting up to the first division mark ametropia play in the headaches of youth is clearly of a Pravaz syringe, the dose was increased day by day seen in a case which came under my observation two, by one additional part until eight or ten such parts were weeks ago, in which but one eye was slightly astig reached, and then as gradually reduced until the original dose was again attained. In increasing the Case 3.—Lily L. has been troubled with her eyes dose attention was given not only to the age of the

especially to the signs of improvement that became astragalus, but it has no influence on the curvature

In those cases in which the remedy was given internally the initial dose was 5 drops per diem; this was increased by one or two drops a day until 20 or the deformity under consideration, the following 25 drops were reached, when it was as gradually re-points suggested themselves: duced to the first dose. Of the twenty-five cases, almost all of which came under treatment at the due to changes taking place in astragalus and os calcis. height of the disease, twenty-two were treated by injection, three by the internal administration of Fowl- the foot into its normal position, the curvature in the er's solution. There were eighteen girls and seven os calcis must be removed and the neck of the boys, aged from 5½ to 14 years, all of feeble consti- astragalus shortened, so as to allow its head to point tution, anaemic, and of irritable disposition. As to in the normal direction and thus carry with it the eause, fright or some other psychical disturbance scaphoid and other tarsal bones. brought on the disease in nineteen, two were relapses. them abscesses, developed, and these were subsetions further set in.

provement has set in, as a powerful auxiliary, as also a nourishing diet and tonics, especially during convalescence.

from pursuing this line of treatment by the psychical wound was dressed with iodoform and gauze. excitement to which the giving of the injection may give rise in some children, or by the slight and easily moval of the wedge of bone should be sufficient to avoidable local complications, for by this method brilliant results can be obtained in the largest number of cases, and exceedingly satisfactory results even in the most obstinate cases.—Memorabilien, 2, 1886.

OSTEOTOMY FOR INVETERATE EQUINO-VARUS.—In rection. a paper on this subject read before the New York Surgical Society on December 8, Dr. Charles F. bulky; otherwise it will be found difficult to apply POORE says: From a study of the bones from feet the plaster-of-Paris bandage firmly; a little over coraffected with talipes equino-varus, it is evident that rection does no harm. the real trouble lies not in *front* of, but *behind* the medio tarsal joint; and that all operations on the that of removing a wedge from in front of the mediobones are anatomically and mechanically wrong.

The only operation that of late years has commended itself to surgeons is a cuneiform osteotomy or resection of the tarsal bones in front of Chopart's because the operation is performed nearer the apex joint; all others have failed to accomplish the end of a triangle. for which they were performed, and have been abandoned.

Tenotomy of the ligaments commends itself as one from which good results may be expected in in- of the ankle joint. fants, because it attacks the structure which is the chief obstacle to the normal development of the

of the os calcis, and this it would seem is the cause of imperfect restitution in otherwise promising cases.

In looking at a dissection of a foot affected with

1. That the inability to correct the deformity was

2. That, in order to bring the anterior portion of

To accomplish this, the following operation was Only in four could a relation be traced between acute performed: An incision was made from a point one rheumatism and the chorea. At first, in three cases, inch and a half in front of the tendo Achillis on the redness of the skin at the punctures, and in two of outer aspect of the foot forward to the middle of the cuboid bone, and down to the tendons of the perquently treated by internal medication; but after- oneus longus and brevis; these should be raised or wards, when the injections were carefully made in the pushed out of the way. Another incision, beginning manner described above, no troublesome complica- from the middle of the first and corresponding to the neck of the astragalus, was made directly upward; As to the curative results obtained, both physicians the tissues were then raised from the bones and the are compelled, from their experience with the two periosteum incised over that part of the os calcis ways of giving the arsenic, to give decided preference from which it was desired to remove the wedge. to the treatment by injection. Where it was em- With a chisel a V-shaped piece of bone was taken ployed pronounced improvement set in in a remark- away, base outward, and its apex extending to its ably short time (one to two weeks), and a permanent inner border; a wedge was then removed from the cure was established by the third or fourth week; at neck of the astragalus of such a shape as to allow least, only one relapse has been reported. They at- the anterior portion of the foot to be brought outtribute this favorable result to the more rapid absorp- ward and upward. The periosteum was united with tion of the preparation given subcutaneously. They catgut and the skin with several wire sutures, beregard absolute rest in bed, at least until marked im- cause the latter held longer and gave better support.

An aperture was left posteriorly for the insertion of a drainage-tube; a plaster of Paris bandage was applied, extending from the toes to above the knee, They conclude that no one should be deterred and the foot was placed in a corrected position; the

> The size of the V-shaped interval left after the reallow the anterior portion of the foot to be placed in a proper position without any tension on the tissues on its inner aspect. I think that a subcutaneous division of the ligaments on the inner border of the foot, when they are tense, would facilitate the cor-

> The dressings should be as light as possible, not

The advantages maintained for this operation over tarsal joint are:

- 1. It is anatomically and mechanically correct.
- 2. A smaller amount of hone has to be removed,
- 3. No joint is opened, and, consequently, the foot is left in a more normal condition.
- 4. It does not practically shorten the foot in front

The class of cases suitable for this operation are:

1. Those of patients who have reached the age of

5 or 6 years with the deformity unrelieved, who have the profession in the usual routine manner, must be walked on their feet, and in whom the parts are rigid absolutely discountenanced. and the deformity marked.

position after years of careful treatment.

these patients the removal of a small wedge from centres, especially on the musculo-motor centre of that bone would accompany the result.—.V. Y. the heart, alcoholics are mainly indicated in padi-Medical Journal, Ian. 15, 1887.

dren, Berne). We give the following abstract of the principles in the treatment of children's diseases.

cent nature, to accomplish this object.

has met with two cases of currhosis of the liver, otherand in both syphilis could be excluded. Further more, Demme could, in a considerable number of cases, trace a marked cessation or even a retrogres sion in mental development to the habitual abuse of prospect of obtaining movement was greater. alcoholic drinks, which in three cases led to epilepsy, British Medical Journal. Dec. 11, 1886. while in two cases acute alcoholic intoxication ter minated in this neurosis.

into the infamule organism, be it by the people or by meals.

Alcoholics may be administered to children *only* 2. Those cases in which, although the anterior as a therapeutic agent, after the condition of their vaportion of the foot can be brought into position, yet rious organs has been most carefully estimated by the require an apparatus to retain the foot in its normal physician, as a powerful auxiliary in the medical tonic regimen in rickets, scrofula, tuberculosis, and all 3. Those cases in which the obstacle to restitution wasting diseases of chronic character. On account 15 due to elongation of the os calcis; perhaps in of the stimulating action of alcohol on the nerve atrics to spur on the flagging heart in infectious diseases, in asthenic pneumonia, in cholera infantum, in THE DELETERIOUS INFLUENCE OF ALCOHOL ON which latter they also serve, according to Binz, as a Children.—By Prof. Demme. Berne, Switzerland respiratory food. But the use of alcoholics as food (22) Med. Report of the Jenner Hospital for Chil-tor as a luxury must be positively denied to children.

above very timely paper, in which this well known | A New METHOD OF EXCISING THE KNEE —At the writer lays down his conclusions on this important meeting of the Medical Society of London, on Decsubject, drawn from most careful study, and formed ember o. Mr. H. Allingham read a paper on a new in a large field of observation, and we feel that in this method of performing excision of the knee joint. we are doing our readers a real service, for his views. The joint was opened by a long vertical incision, in opposing, and justly opposing, the therapeutic and the patella divided into two lateral halves, which, abuse of alcohol, touch upon some very important together with the soft parts, were slipped to the sides of the joint; the crucial ligaments having been di-Demme first cautions against the use of alcohol, vided, the joint was firmly flexed, and a slice rein whatever form, as an antipyretic, for although the moved first from the femur, and then from the tibia; fever lowering power of large doses of alcohol can- the lateral ligaments were not divided. The whole not be controverted, inseparably combined with this surface of the joint, and the synovial pouches were action is the injurious influence of alcohol on the then cleared of synovial membrane; the patella, if energy of the heart, on the cerebral vessels, and on only slightly diseased, was scraped, and the two the cerebral activity itself, and we have a salicylic halves brought together and sutured; if much disacid, antipyrin, thallin, etc., agents of a more inno-peased, it could be shelled out of the entire quadriceps tendon without destroying the connection of the The use of alcohol as appetizers and stimulants to muscle with the ligamentum patellae, and the split digestion has been rapidly gaining ground among the tendinous expansion, together with the split ligapeople, and our nurslings are given their cognac for mentum patelle, could be brought together with catthis purpose. As a sail consequence of such erro- gut sutures. Drainage tubes were inserted through neous dietetic measures, and as a direct result of this suitable posterior counter openings, and the wound too early and too abundant use of alcohol, Demme closed with separate sutures. The operation must be performed with antiseptic precautions. Mr. Alwise so rare in children. Both cases terminated fa- lingham claimed that by this procedure the joint was tally; in both cases the abuse of alcohol was proven, more thoroughly opened to inspection at the operahaving been begun originally for dietetic purposes; tion; that dislocation of the tibia backwards after the operation was prevented; that the undivided quadriceps antagonized the hamstrings; that progression was better for the same reason, and that the

BINIODUDE OF MERCURY AS AN EMMENAGOGUE.-In addition to these five epileptics, Demme could Dr. C. R. Leensuworm writes to the Lancet, of Jantrace twenty-one of seventy-one young epileptics, all mary 20, 1887: I find the red iodide of mercury is of which had been under his own observation, to page a certain and safe emmenagogue. My attention was rents one or both of whom were addicted to drunk- directed to its virtues quite accidentally some three enness. An unquestionable role as an etiological or four years ago, since which time I have used it factor the early use of alcohol played in a number of successfully in a large number of cases. I prescribe cases of night terrors and of chorea minor. Demme it in the form of mixture as follows, but should think claims that there can be no question that there are it would act quite as effectually in pills of a quarter infantile organisms in which even moderate quanti- of a grain twice a day, or an eighth four times a day: ties of alcohol not only prove injurious in the accept- R. Sol. hydrarg. bichlor., 5j; potassium iodid., 3ss; ed sense, but can give rise to severe diseases of the ferri ammon, cit., 51; ether, chlorici, 5ij; aquam nervous system. The introduction of alcoholic drinks ad 5viii. One teaspoonful three times a day after

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THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters, that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to eihtorial work should be addressed to the Editor.

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THE ARMY AND NAVY REPORTS.

The Reports of the Surgeon General of the Army and the Surgeon-General of the Navy for the fiscal occurred in soldiers under 26 years of age, or 4.14 year ending June 30, 1886, have just come to hand. per 1,000; and there were 41 cases between the ages The Army Report is a rather miserable looking little of 26 and 41, or 2.86 per 1,000. Of the 32 cases of pamphlet, without an index, while the Navy Report, diphtheria 25 occurred at Ft. Assiniboine, Mont., though but little larger, is at least substantially and at tractively bound, and has an index.

exceptional freedom from disease, the actual number impossible. of admissions to sick report being 3,839 less than for in determining liability to sickness among the troops: rate of occurrence for diarrheal diseases, for typhothe tables show that even in this year of exceptional malarial fever, and for the malarial fevers." In reimmunity from sickness in the Army, a greater pro-gard to the health of troops by military departments portion of sick was furnished by troops under thirty. it is seen that the Department of Texas stands first one years of age; "while up to the age of twenty five on the list, with a rate of 1,641 per 1,000 of strength, the rate proved so much above the mean for the and a constant rate of 55 per 1,000; being higher whole that it may fairly be questioned whether the than for the previous year. The troops in this Deservices rendered by these young men are equal to partment seem to show a special liability to malarial, the cost of their maintenance."

vice, and up to the fifteenth year, afford less than science, it may be seen from a table that the one-half the number of admissions to strength for Department of the East shows a rate of admisphthisis to those of any less service; but beyond fif sion for malaria to 1,000 of strength of 123.9, as teen years the rate seems to increase. Two years against 33 3 for the Department of Dakota 46.2 for ago malarial fevers occupied the fourth place on the the Department of the Platte, and 24.6 for the Delist of diseases, but it is now lowered to fifth place, partment of California; and that while the South

the number of cases per 1,000 of strength having fallen from 147 to 120 per 1,000, and the rate of mortality .14 per cent. of the cases treated, against .17 per cent. for 1884, and .15 per cent. for the decade. This lowering seems to have been uniform, for no single month has shown any great departure from the normal. Of the 139 military stations from which reports were received 36 showed a higher rate than 120 cases per 1,000, Fort Gibson and Fort Sill, Ind. P., heading the list with 1,287 and 753 cases per 1,000. Considering the dreadfully unsanitary condition of some of the posts it seems a little remarkable that only 76 cases of enteric fever, or 3 per 1,000 of mean strength, occurred during the last year. The number of deaths was about 12 per cent, of the cases treated. During the previous year there were 156 cases, and 222 in 1883. The number of stations at which the disease continued as a result of the infection of the previous year was 19; the number of posts newly invaded was 17; and at 20 posts it ceased to exist. Of the 83 cases of acute articular rheumatism 35 with no deaths. The medical officer in charge, Dr. Henry G. Burton, reported that the task of ventilat-The Army report shows that the last was a year of ing the barracks during the winter months was almost

The report also furnishes some information conthe preceding year, though the troops on the South cerning the health of geographical divisions of the west frontier have had unusual hardships. The ratio country: "Grouping such stations as are situated of cases of sickness to mean strength of command on the sea coast and lakes, we find that diseases of was considerably lower also than for the previous year. the respiratory organs and those of the heart and its The death rate, too, fell to a lower rate than at any valves had a higher rate of occurrence than in either time within the history of the Army Medical Depart- the river regions or the region of mountain and platment. Of interest is the influence of length of service eau. On the other hand, there was a decidedly lower diarrheeal and venereal diseases. In regard to a It will be seen that troops in the third year of ser- recently alleged antagonism between malaria and

Atlantic region furnished a ratio of 136 to 1.000 of and retirements having depleted it more rapidly than strength, the North Atlantic was close upon it with a candidates have been obtained. The Bureau has to the number of cases the Department of the East ments; and it is imposible, with the present inducestands second on the list, with 601, 588 of these being ments offered, to find young medical men possessing furnished by the North Atlantic region.

As regards rejections of applicants for the service it come medical officers of the Navy. almost four times greater than among negroes.

for any emergency. officers, there being now four who have been recom- matter is remedied. mended for retirement by retiring boards, and at medical officers of the Army.

ratio of 114. Or, to speak more definitely, in regard not been willing to lower the standard of requirethe necessary qualifications who are disposed to bewill be of interest to know that of 16,805 applicants 12 Medical Department has qualified applicants far in per cent, were rejected for general unfitness, and 57 excess of its needs, attracted by better pay, wellper cent, of all applicants were rejected on the pri-defined rank, and more satisfactory professional pomary examination. About 4 per cent. (831) of re- sition. Since 1870 more than thirty young medical jections were for defective vision, one case of color officers have resigned (three of them to enter the blindness being discovered, 72 cases of myopia and Army corps), and I cannot too strongly recommend 5 of astigmatism. The ratio of rejections among that prompt measures be taken to increase the adnegroes was about one half less than for whites, vantages and improve the condition of this depart-There were 237 rejections for diseases of the heart ment." It need not occasion surprise that the and valves, and 621 for varicose veins. There were vacancies in this department are unfilled. For ex-429 syphilities, the negro applicants furnishing rela- ample, the pay of an Assistant Surgeon in the Navy tively the greater number. Of the 376 rejections for for the first five years after his appointment is \$1700 intemperance the rate among white applicants was per annum when at sea, \$1,400 when on shore duty, and \$1000 when on leave or waiting orders. The The report strongly recommends that a board of Assistant Surgeon in the Army gets \$1600 per annum competent medical officers be detailed to propose a for the first five years, and after five years \$2200. plan of organization for hospital corps suited to the But after five years in the Navy he gets \$1,000 when conditions of the Army. This corps should be made at sea, \$1600 on shore duty, and \$1200 when waiting up of intelligent and able-bodied men, who should orders. This difference in pay between sea and be thoroughly trained and instructed as cooks, shore duty seems unfair. But that which makes the nurses, attendants, and litter and stretcher bearers, Navy unpopular with young medical men is the unso that the Medical Department might be prepared defined rank and unsatisfactory professional position, Another serious embarrassment especially during the first few years of service; and to the Department is the number of disabled medical may the Navy continue to be unpopular until this

least six others who can do no more active service. Most of the information concerning the Navy as The Report ends with some special reports by med- a whole is embraced in a set of tables. There are, ical officers, among which are one on "Acuity of however, some very interesting "Reports and Con-Vision as shown upon the Target Range," by Asst. tributions from Medical Officers," which will repay Surgeon, Louis A. La Garde; on "Certain Peculiar reading. Medical Director T. J. Turner calls atten-Pathological Appearances in Texas Fever in Cattle," tion, in his report upon the Museum of Hygiene, to by Asst. Surgeon Richard C. Newton; on an inter-the sad condition of the Museum as regards room esting and rare case of "Repeated Rupture of the for exhibits, work and library, and also to the neces-Membrana Tympani by Discharges of Artillery," sity for a clerk: "The clerical duties in cataloguwhich resulted in total deafness, by Surgeon C. 11. ing, indexing, labeling, etc., utilizes most of the time Alden; on the "Treatment of Diphtheria by the Use of the medical officers attached to the Museum, and of Mercuric Chloride Internally and by Spray," by there is but little time left for the pursuit of scientific Hospital Steward Bernard Persh; and fifteen pages study." One would scarcely think it a part of the of interesting "Special Reports on Aneurism," by duties of a medical officer of the Navy to perform such highly intellectual and exhilarating work as is here spoken of, and especially in such a place, In his report Surgeon General Gunnell says: "I where there should be every opportunity for study. have to invite your attention to the condition of the The Director urges that the number of officers on Medical Corps of the Navy. Its vacancies have duty at the Museum be increased, preference being not been filled for several years; resignations, deaths, given to those officers who have displayed interest in

the State as public health. "The tools are here but dermis only being thrust up by the pressure of pus the workmen are not now on hand." Were the from beneath. The true skin is not invaded. There Museum of Hygiene in proper condition very much is no odor from the pustules or contents, and after more good work would be done in it than is now done the pustules shrivel the flesh remains soft. His period in matters relating to sanitary science and public of incubation is from forty to sixty days. All that is health; as is shown by the work done by Surgeon needed in treating it is "not to meddle with it by in-Charles II. White in chemical and commercial ternal medication." "Segregation, employed for analyses. It is proposed to investigate the slow three months, would efface parangi from the face of chemistry of concentrated and preserved foods in the earth." order to determine the time when their nutritive value begins to decidely decrease and when it ceases.

acharis alsinastrum-choke-pond weed, order hydro- and other medical officers complain of the sanitary marshes and rivers where it has been planted, and duty on some of our men-of war. It might be sugthe cessation and disappearance of malarial and gested, especially, that the "Mohican" be turned diarrheal diseases formerly affecting villages and over to the Museum of Hygiene as an example of towns about such localities, have been grouped into what a ship should not be. a relationship. It is now suggested to cultivate this aquatic plant in marshy districts with a view to pre- of Japan, some of the Cities of China, and Corea; vent the production of malaria." It might be sug- and a few notes on drugs, among which may be gested that the Government make this experiment mentioned reports on the use of the Kola nut, by in the vicinity of Ft. Myer, Va., Fts. Gibson and Drs. Gihon and Hudson, and on the "Use of Opium Sill, Ind. T., and Willett's Point, N. Y.

Medical Director A. A. Hoehling, gives a very in teresting account of the Hôpital des Marines, at Cherbourg, of the Haslar Naval Hospital at Portsmouth, and the Victoria Army Hospital at Netley. It is also interesting to learn from him that the Spanish physicians (near Gibraltar) still bleed in "typhus" fever, and for many diseases, as well as practising the old-fashioned yearly blood-letting in the spring on the peasantry. "The descendants of Spanish ancestors about Gibraltar also believe in phlebotomy, and even cattle, when purchased at a distance, are bled on their arrival in order that they may renew their blood in the new climate to which they have been brought. The cattle are said to rebel at the operation at times, which proves their intelligence."

Surgeon T. C. Heyl, of the "Marion," reports on that affection the parangi disease, or "Spanish pox," by which the ship was invaded at Colombo. duration of the disease is about fourteen days. "Even when the crop of pustules was so thick as to become confluent, and the abdomen and axilla were bathed in pus, no scar remains." There are no defined prodromata. The eruption appears quickly, as a large papule, soft, becoming a pustule in twenty-

and are ready to work upon matters so important to four hours, with a red, angry base, the delicate epi-

Surgeons J. C. Wise and R. C. Persons call atten-Dr. Turner calls attention to the value of antion to several unsanitary conditions of the Service, "Its rapid growth and spread in as much as one's health or life is worth to be on

> The Report concludes with interesting accounts in Fevers," by General Gunnell.

INTERNATIONAL MEDICAL CONGRESS-TRANS-ATLANTIC RATES.

In The Journal for the 5th inst, we published an official notice from the Chairman of the Committee of Arrangements at Washington, saying that reliable arrangements had been made by which members wishing to attend the International Medical Congress in Washington September 5, 1887, can be accommodated by the following steamship lines at the liberally reduced rates mentioned, viz.:

Red Star Line-\$100, Antwerp-New York and return.

Inman Line - \$100, Liverpool-New York and

Hamburg Line — \$90, Hamburg-New York and

Royal Netherland—\$80, Amsterdam-New York and return.

Since that notice we have received authentic information that the several lines named have consented to extend the same rates to the families of members, as the following letter shows:

WASHINGTON, D. C., FEB. 14, 1887. A. Y. P. GARNETT, M. D., Chairman of the Committee of Arrangements of the International Medical Congress:

Dear Dector: I am happy to inform you that, through the

instrumentality of Mr. Edward F. Droop, agent in this city for the Lines, who has manifested so much interest in this matter, we have been able to secure from the Hamburg-American, the Red Star and the Inman Lines the offer of the same reductions for the families of members of the Congress as those I have already reported for the members, themselves. Very truly yours, J. W. H. Lovejoy,

Chairman Com, on Transportation.

To aid the work of the Committee on Transportation, the State Department of our Government at Washington has kindly instructed the resident U.S. Consuls at European ports from which the steamships leave, to actively aid in ascertaining the number of those wishing to avail themselves of the reduced rates offered. This is more fully explained by the two following letters:

FEB. 14, 1887.

Edit. If the Journal of the American Medical Association: Dear Sir :- The following additional information relative to transatlantic transportation is furnished for publication:

The White Star Line, as well as the Cunard Line, having declined to make any reduction in fare, you will please strike out Harve from the list of European ports last published.

I enclose also, for publication, a copy of instructions which the State Department has kindly sent the resident U.S. Consuls at the ports of Liverpool, Hamburg, Bremen and Antwerp. Very A. Y. P. GARNETT, M.D.,

Medical Congress.

DIFT. OF STATE, WASHINGTON, FEB. 5, 1887.

Str := The Committee of Arrangements of the International Medical Corgress, which meets in Washington in September next, desire to ascertain as nearly as possible the number of delegates who will attend the same, with a view of making favorable terms for their transportation. For this purpose you are there are instructed to bring the matters to the attention of those interested by such means as you deem best, requesting that you may be furnished with the names of such delegates as will attend and the number of ladies who will accompany them. The result of your efforts should be promptly reported. I am, sir, your obedient servant. 1. D. PORTER,

Ass't. Secretary.

It will be a great favor to all parties interested in ent countries of Europe will give the foregoing information to their readers as early as practicable.

AN LYCHLENT EXAMPLE.—The Allegheny County Medical Society, of Pennsylvania, has unanimously voted an appropriation of one hundred dollars towards the expenses of the International Medical Congress. There are many more County and local Medical Societies, embracing a large membership, that could do the same with great propriety, and with out incurring the slightest financial embarrassment.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

Stated Meeting, January 15, 1887.

THE PRESIDENT, S. POLLAK, M.D., IN THE CHAIR.

Frank R. Fry, M.D., Secretary.

Dr. Frank R. Fry read a paper on ELECTRICAL DOSAGE.

The question is frequently asked now a days by those who are becoming more interested in electrotherapeutics, but who have not especially studied the subject—can we tell the dose of electricity? Can we form a schedule of approximate doses for the various ailments in which we know this agent to have remedial effects? At the last meeting of the American Medical Association in this city Dr. Franklin H. Martin, of Chicago, read a paper on "Electrolysis in Gynecology." In the discussion of this paper Dr. George F. Hulbert, Superintendent of the St. Louis Female Hospital, is reported in the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION to have said: "As well use strychnine and quinine without measuring the dose as to use electricity without measuring it with the galvanometer." From this we might infer that the doctor means to say that we can measure the dose of electricity with the galvanometer. Chairman Committee of Arrangements for the International In the same discussion, Dr. Geo. J. Engelmann, of St. Louis, in speaking of his methods of operating on fibroid tumors of the uterus by electrolysis, is credited with the following statements: "I know pre cisely the remedy administered." "The galvanic current must be dosed as we dose other remedies." The inference certainly is that there is a precise means of measuring the dose, and that it is employed by Dr. Engelmann in his work with electricity. Similar statements have been made by other gentlemen elsewhere.

The object of this paper is to attempt to controvert these statements, and, in a general way, the erroneous opinions that obtain about our ability to scientifically or accurately gauge the dose of electricity. It is not my purpose to discuss the results of the therapeutic use of this agent. In regard to the Congress if the medical periodicals in the differ, the two gentlemen whose names I have taken the liberty to use, it is not necessary for me to say that they are to be congratulated on the results they have obtained, and commended for the amount of careful work they have done in this direction.

In the use of faradic and static machines in medicine, it is at least questionable whether we get directly anything more than mechanical effects. At any rate, we have no data that are available for estimating other effects than these. Hence, in speaking of dosage, we are limited to the galvanic current. In attempting to estimate the dose of this, these items are recessarily taken into account, viz.: the strength of the current, or the quantity passing, its density, and the length of time that it is allowed to pass. shall consider these items as nearly separately as possible.

few unfortunate old fogies who still eschew the clin-48 cm. would give the fraction (8.48=) 16, indicatical thermometer. But he is not sure that my figure ing that one milliampère is spread on 6 sq. cm. of is the patient's temperature. If for some reason he the electrode. Hence, with a galvanometer and wants to know it exactly, and is very confident of electrodes of known area, we can express matheing the instrument, a good galvanometer is of much know the density on the electrode and the area of practical use in our every day work with the battery; the transverse section of the portion of the body inand, as a means of enabling us to express the results cluded in the circuit, we may approach an estimaof our work to the scientific world, it is now indistion of the density of the current in the same, mathpensable.

contact with the skin, I see that the galvanometer the resistance of the body in health and disease. shows a current strength of thirty milliampères. My This point is being now studied by prominent elecone; when I complete the circuit, the galvanometer gations would seem to indicate that there will be netient feels a tingling in the skin under the small elec- electrotonus, polarization and other phenomena controde. Although there is a less quantity, the density nected with the application of electricity to animal is greater. By substituting the small for the large organisms. I mention these facts as merely suggeselectrode, I have increased the external resistance, tive of the magnitude, as well as the unsettled con-

Quantity.—The Electrical Congress of 1881 adopt- If I want to get the same quantity as with the large ed a nomenclature which is being gradually appro-priated by the scientific world. Ampère is the word thus selected to express the unit of quantity. It This I do by switching in more cells, and, of course, indicates the current carried in one second of time in so doing I still further increase the density. We by an electromotive force of one volt through a re-know that with a given quantity, the density in the sistance of one ohm. Most of the recent and best various parts of the circuit will be inversely proporgalvanometers are graduated in milliampères. With tionate to the transverse section of the conductor. a good instrument, we are able to know and express. Therefore, if we know the square surface of the elecin a universally intelligible manner, the quantity of trode and the quantity of electricity in the circuit, electricity passing through a patient at any given we may estimate the density on the electrode. For time. Unfortunately there is not a uniformity in the example, if the galvanometer shows a strength of 8 construction of these instruments. In fact there is milliampères, and the electrode is 8×6 cm. (=48 no standard galvanometer, and we have no absolute sq. cm.), I know that I have a current of 8 milliam. measure of this kind. But we can approach one peres spread on a surface of 48 sq. cm. It has nearly enough for all therapeutical purposes. This been ingeniously recommended to express this relapoint I may illustrate by comparing the use of gal-tion in the form of a simple fraction, for the numeravanometers to that of clinical thermometers. If 1 tor of which we write the number of milhampères, tell a fellow practitioner that I have a patient whose and for the denominator the surface of the electrode temperature is 104° F., my language is perfectly in- in square centimeters. Using the figures just emtelligible to him, unless, perchance, he be one of the ployed to illustrate, 8 milliampères on a surface of the correctness of his own instrument, he will try matically the density on the electrode. With this that. Even then he is not sure, and can only be so fact in view, the advantage of employing electrodes by comparing his to a standard thermometer. For of known, definite areas is apparent; as is also the ordinary purposes, however, the better class of clin-convenience of standard or normal sizes, by means ical thermometers are accurate enough. The better of which we may more readily and intelligibly exkinds of galvanometers do not correspond as nearly press our methods of applying electricity. But we in their readings as do thermometers; also they are must remember that we cannot thus determine the very much more liable to become defective. But density in the body, or portion of the body, through with due care in selecting and occasionally examin- which the current passes. Roughly speaking, if we ematically. If the sectional area of such a part be Density.—With the galvanometer we cannot meas 300 sq. cm., and the surface of the electrode 1 sq. use the dose. It takes no account of density, quite cm., the density of the body will be 1-300 of what it as important an item as quantity, practically more is on the electrode. For obvious reasons this is a so. It is a fact, experimentally proved, that a cur-very unprecise calculation. The current tends to rent must be of a certain density before any appre- travel in straight lines, but also to spread on the ciable physiological effects are produced. Hence conductor. This is conveniently represented in the we may expect practical therapeutical effects only shape of a diagram (illustrated). The density is much from currents of considerable density. Practically greater, as the lines show, near the electrodes, dewe estimate the density from the area of the electreasing as we depart from them. It is also greater trodes. To illustrate, if I take two very large elec- in a direct line between the electrodes. These diftrodes, good conductors, with covers well moistened ferences of density we cannot estimate accurately. with salt water, pass a current with them in firm Before we can we must know more than we do about patient is not conscious of a current. Now I sub-tricians, with more promise of satisfactory results stitute for one of the large electrodes a much smaller than ever before. The showings of recent investishows a strength of but 15 milliampères. The passessity for radical changes in the current theories of dition of the problem of the resistance of the human of dosage is evident.

¹ The coulomb is the unit of quantity, ampère is the unit of current, body. Yet its importance as an item in the matter and equals a current of one coulomb per second, and is as defined above. See discussion of paper.

the conditions requiring their exhibition or the size cases I am my own galvanometer." of doses. In this respect electricity conforms to the. The first of these gentlemen has been, by his own majority of remedies. Data do not exist from which admission, negligent in this matter. The others are we may construct scientific formulæ to guide us in mistaken. The source of their mistake is, I believe, making the dose for use in any of the various ways in their failure to appreciate for what purposes the that we know empirically to be beneficial. Espe- galvanometer is to be clinically used, and the advancially is this true when we are seeking to get its phy-tages to be thus gained. I venture the prediction siological as distinct from its mere physical effects. that a year or two hence, if asked the same ques-These facts should not discourage us, nor cause us tions, their replies would be more uniform, and in to underestimate the honest, successful work that has substance as follows: "In private office practice been done. The necessary admission of them should. I always use a galvanometer when I use the conbe a stimulus to greater endeavor in attaining to stant current, for the purpose of knowing at each methods less liable to error. In this spirit, all who and every application how much current is passing are sufficiently informed on the subject, will remark through the patient's body; in other words, what curwith much satisfaction the increased manufacture of rent strength I am using." This is the reply to the galvanometers available for clinical purposes, and readers' questions received from the chairman of the the correspondingly increasing tendency to employ committee on electrical dosage that reported at the these instruments, as well as electrodes of graduated last meeting of the American Neurological Associasizes. An accuracy in the application of electricity tion (St. Louis Courier of Medicine, October, 1886, is attainable with them that without them is impossi-page 325). ble. There is, however, much room for improvement. It will probably be some time before these more accurate means are as universally employed as they should be. As evidence of this, I offer the following: Recently I have written to a number of prominent neurologists who make a more or less extensive use of electricity in their practice. I asked each of them (1) how constartly he used a galvanometer, and (2) for what purpose or purposes some of them as follows:

D₁, —, Cincinnati: "I always use a galvan ometer with my large office battery. It is one I procured a number of years ago in London; but, for half of it could be felt through the tissues. some reason. I do not understand, it has lost its delicacy, and is no reliable guide in diagnosis and therapy. The most valuable galvanometers have been constructed in the last two years, but I have neglect-

Length of Seance.—Regarding the length of time —, Chicago: "I do not use a galvanometer conthat the current is allowed to pass, little need be said stantly. I never saw one that was entirely satisfacfor our present purpose. We all agree that weak tory. I should not use one constantly if I had a currents may be continued longer than strong ones, perfect one, however, because they in no way assist that a scance may be longer with some individuals me in making my applications further than they dethan with others, and that it must vary with the vary- monstrate to me the condition of the battery. In ing conditions of the same patient; that the length small operations, I find that currents of like strength, is often limited by very apparent physical defects, on different days and under different conditions of etc. These points are determined, and, in the na- the atmosphere, different conditions of the parts to ture of things, always will have to be determined, in which the electrodes are applied, differ so much in every case, by the individual experience and knowl- their effects, that I have never been able to get any edge of the operator. A remedy, no matter how great good from knowing just how much electricity simple, is only used to the best advantage by one accomplished the given results." Dr. ——, St. Paul, having a large individual experience with it. This is Minn: "I have a galvanometer (simply a magnetic more true of electricity than many other remedies. needle surrounded by a coil of fine insulated wire), With an increasing experience, we discriminate more but I never use it. I depend on myself. The elecsuccessfully between suitable and unsuitable cases trodes applied to the tongue and sides of the face is Experience also will determine our an exceedingly sensitive galvanometer, and one that methods of employing it. The use of very few rem- never gets out of order. The time when a galvanedies can be reduced to a scientific method, so that ometer would be of most value is when the current is we may express in terms of mathematical accuracy applied to the head. But, as I said, even in those

Stated Meeting, February 12, 1887. The President in the Chair.

Dr. T. F. Prinwitt presented a

PATHOLOGICAL SPECIMEN FROM A KNEE-JOINT.

It was first located below the patella, later at the he used it. They all very kindly replied. I quote left side of the joint. At first it caused little annoyance, afterwards a great deal. It was removed under antiseptic precantions. Before removal the body seemed to be but half its actual size, because only

Dr. Priwitt also presented a

COMPOUND COMMINUTED FRACTURE OF BOTH BONES

ed to secure them." Dr. —, Brooklyn, N. V.: "I It was taken from a man who had fallen sixty feet seldom use a galvanometer, and only when I wish to with a falling scattolding. The accident occurred in pass the current through the brain of a sensitive per- a brewery in East St. Louis, where ammonia is used. son, or some equally delicate work. I don't depend. The pipes broke and the gas was inhaled by the paon it even in the most delicate operations." Dr. tient, so that the lungs were much irritated. This

was the cause of some fever, and it was difficult to fect coaptation of the irregular sponge electrodes. say how much was due to this and how much to the The resistance of the circuit is mainly in the epiderinjury of the leg. The physician who first saw the mis of the skin. It is the chief resistance of the case removed a great many pieces of bone; found body, the aggregate resistance of which is said to be some hæmorrhage, which he succeeded in stopping; more than twice that of the Atlantic cable. Increase tried to find the bleeding vessel, but failing, put the the area of the skin under the electrode, and you delimb in plaster. About four days afterwards bleed- crease the resistance of the circuit; especially so, as ing began. He opened the wound and attempted to the ducts of the sebaceous glands and of the sweat stop it with styptics; got it controlled, but the hæm- glands are better conductors than the horny epiderorrhage recurred, the patient losing much blood. He mis. The resistance will vary if the small electrodes was brought to St. Louis and put in St. John's Hos- be applied to different parts of the surface previously pital, about ten days afterwards. The wound was covered by the large electrodes. The number of full of pus burrowing upwards and downwards in the milliampères shown on the dial of the properly calithe leg. I cleaned the wound to determine where brated galvanometer will accurately indicate the curbleeding came from. I was called the following rent strength. Time must be considered to know the morning, to find that the patient had lost a consider- number of units of quantity administered. The reable amount of blood. I was satisfied that the only sistance can be measured by the rheostat. The denalternative was amputation. I had supposed that it sity of the current at the entrance of, and exit from, was the posterior tibial artery bleeding, but it was the the skin, may be estimated from the areas of those anterior. In it is an opening 5 lines in length and 3 parts of the skin covered by the electrodes. Cut the lines in width. This is where the bleeding came patient out of the circuit, after having noted the numfrom. The hole in the artery is not the result of ber of milliampères, switch in a resistance equal to slonghing, it is a part of the original injury. There that of the patient, and then apply the electrodes dihas been a good deal of fever before and since the rectly to each other, and the galvanometric deflection operation; as high as 102.8° F. The wound was in a will be the same as with the patient in circuit, showseptic condition. It was not prudent to make flaps, ing again that the main resistance was in the skin or I made a circular amputation and left it freely open. person, and not in the electrodes. Of course, the In the last three days his temp, has been 99.8°, and chemical, physiological, physical, or therapeutical ef-I think he is in a better condition.

used by the physician?

lution, or the chloride of iron.

lungs.

He can hardly speak above a whisper.

the paper to say, "With the galvanometer we cannot sulphuric acid; and then the effects will be different measure the dose. It takes no account of the densift this dose is largely diluted with water, and taken two large, equal sized electrodes, causing little feel the galvanometer, a less quantity of electricity and greater density.

The density in any part of a given circuit and curmass of water upon the acid.) rent is inversely proportional to the sectional area of electrodes may be shown by applying first the large scopic world. sponges, secondly the large and small sponges, di-

fects of electricity require taking many things into Dr. Meisenbach asked what form of styptic was consideration. If the paper intends this, as I think its general tenor nearly proves, then I would agree Dr. Prewrry said he thought it was Monsell's so, with it if it stated instead: "With the galvanometer only, we cannot measure the therapentical dose of Dr. Pollak asked as to the condition of the electricity." The like is true of other dosage. With the apothecary scales only, we cannot measure the Dr. Prewitt: He had a cough and soreness therapeutical dose. The scales do measure the acabout the lungs, but I have found no pneumonia, that dose of any given ingredient, and that is all that is expected of them. One or three minims of sul-Dr. Dean, referring to the unfinished discussion phuric acid, weighed or measured, are a definite on Dr. Fry's paper at the last meeting, would like to quantity. If given pure, the effects will be quite answer Dr. Engelmann's remarks of that evening in different from what they would be if given diluted to full, but the gentleman is not present. I understand 10 or 30 minims, as in the pharmacopecial diluted ity." Then follow the experiments, first that with the at the back of the mouth through a glass tube; and even then many things are to be taken into account, ing on the part of the subject, and secondly with one and cannot be fully followed, as diffusion, changes in of the electrodes small, the result being a tingling of the body, etc. We cannot send it to this or that the skin under it, a less number of milliamperes by organ or part with any definiteness. (Even in preparing the pharmacopicial dilution, it is essential to add the acid slowly to the water, and not to pour the

I agree with the paper, that the mere possession that part, and nowhere in the circuit can it be greater and use of a galvanometer are not all of electrothan in the smallest part of that circuit. The num-therapeutics, however essential the use. Every disber of milliampères also of current passing through coverable factor must be known and used—no more a circuit can be no greater than passes through that so, however, than in other departments. The mere part of the circuit furnishing the greatest resistance. possession of a microscope, and looking down through That the resistance is not mainly in the smaller sponge its tube, unravel or reveal very little of the micro-

DR. FRY said he understood the point made by rectly to each other, without the intervening part of Dr. Dean. But in dosage the skin must be taken the subject, when no such disparity will be shown by into account, the physical as well as the physiological the galvanometer, making due allowance for imper- effects have to do with therapeutic results. With

strong currents he had often seen neuralgias, sciatica, PHILADELPHIA COUNTY MEDICAL SOCIETY. for instance, benefited. The current was often strong enough to blister some. He considered the good results in these cases very largely due to the physical The President, J. Solis-Cohen, M.D., in the current, producing physiological effects that helped also. He thought that Dr. Dean and he agreed. The density on the skin is estimated by the size of the electrode. This, of course, can only be done when we know the quantity, which is shown to us by the galvanometer, it being an essential means of estimating density as well as the size of the electrode.

nicalities as possible.

increased resistance was when a small was substituted for a large electrode, he said to a slight extent! in the smaller electrode, but principally in the skin. We use large electrodes to overcome the resistance of the skin. Professor Stone, an English experimenter, believed this resistance could be reduced to nil by using very large lead electrodes, moistened repair should be attempted. I should like to enter with salt water.

density in the same sense as potential? Dr. Fry repotential referred to the electric level.

electricity physiologically.

tial is a difference in electrical level. Back of that ing ball wounds of the abdomen recover. is the electro-motive force at work within the cell that creates and keeps up the difference of potential. Work does not include the element of time. Power not secure a post-mortem, that peritonitis is not the includes the work and time or rate. The term "tension" is dropped for potential. The term strength (of current) is supplanting the term "intensity" (of current), which is a bad imitation or translation of ited blood one hour and a half after admission, althe French *intensite*, which, in electricity as in music, means strength.

Dr. Lee mentioned the fact that bichromate of soda was much better than bichromate of potash for use in making battery-fluid.

Stated Mecting, January 26, 1887.

Dr. Thomas S. G. Morton read a paper on ABDOMINAL SECTION FOR TRAUMATISM, WITH RE-PORTS OF FIVE CASES.

(See page 225).

Dr. Charles B. Nancrede said: I understood Last Saturday evening Dr. Dean had called atten- Dr. Morton to say, that the case of suture of the intion to a technical inaccuracy in the paper, in that testines for ball wound which he reported was the the ampère is said to be the unit of quantity. The first so treated in Philadelphia. He is mistaken, for coulomb is the unit of quantity. An ampère is a I operated on a case of gunshot wound of the abcurrent of one coulomb per second. The ampère, domen some seven months ago, and reported it to therefore, includes the coulomb. Both of these units the Academy of Surgery three months ago. I should were embraced in the old term Weber, which is now like to compliment the Doctor on the immense going out of use. The error had been made inad. amount of labor evidenced by his paper. I think vertently in trying to use language as free from tech- this is a timely subject for discussion. Some three months ago I had the privilege of taking part, by In reply to Dr. Dean's question as to where the special invitation, in a discussion on gunshot wounds of the small intestine, which took place in New York; and was participated in by most of those who had operated up to that time. The conclusion arrived at was that all penetrating ball wounds of the abdominal cavity demand at least an exploratory operation, and if any wound of a viscus be found its a protest against the evident tendency to advise the To a question by Dr. Hurlbert, if he used the term opening the abdominal cavity by any practitioner in every ball wound. Where a large tumor has been plied in the negative, and showed by a diagram that removed the abdominal walls are lax, and there is plenty of room for manipulation. In laparotomy for Dr. HULBERT thought Dr. Fry had demonstrated gunshot wounds or other injuries, the difficulties are that it is a necessity that we use the galvanometer in ten-fold. You have to operate through a tight and the accurate application of electricity. He undernarrow opening. In prolonged operations there is stood the term potential to mean the power the curboften difficulty from distention of the intestines. rent has of accomplishing a certain work; the power. The difficulties in finding the wound are sometimes of overcoming resistance. This term conveniently exceedingly great, so much so that if I had a ball conveys to our minds a clearer idea of the effects of wound in the abdominal cavity, unless 1 could be operated on by one who was in the habit of doing DR. DEAN: Potential represents the degree to abdominal operations, I should rather trust to the which a body is electrified. A difference of poten, old let alone plan. I have seen undoubted penetrat-

> Let me say a few words about my own case which, I think, shows the important point, although I could only thing we should dread. I saw the boy six hours after he had been shot. The wound was a little to the left and above the umbilious. He vomthough the operation showed that both the anterior and posterior walls of the stomach had been perforated. I determined that the wound was a penetrating one and made an incision in the median line; and I would warn any against enlarging the existing wound, if not in the median line. I found a wound of the anterior wall of the stomach which I closed with fine silk, using a fine sewing needle. Then I found a wound in the anterior wall of the duodenum which I sutured. I next looked for and found a wound of the posterior wall of the stomach. A

large ragged wound in the posterior wall of the that penetrating wounds of the peritoneum are not will be absorbed from the stomach. At the end of one. They seem simply to sink away. a peritonitis where, from the respiratory centres be-If the opium is reduced to a minimum and given fortable. hibited you will sometimes tide the patient over.

etrating wounds without further light upon the subject. died presented no apparent symptom of peritonitis.

Dr. S. S. Cohen said: Dr. Morton has spoken of the injection of hot water into the abdominal have been made in cholera, it has been on account cavity for the purpose of restoring the pulse in cases of the empty condition of the blood-vessels. Here of severe shock and collapse. It may be interesting it is commended for the treatment of shock, pure to mention that Dr. Benjamin Ward Richardson re- and simple. It is simply the application of heat. cords successes following injection of hot milk into. The use of hot enemata has long been practised in the abdominal cavity for the purpose of restoring the Pennsylvania Hospital, but it is not so satispatients in the collapse of cholera. The same factory as large hot water irrigations at a temperameasure has been used successfully by others. Dr. ture of 100° to 110°. Morton also stated that he knew of no case in which poisoning with boric acid had occurred. Such a table shows the total mortality of cases reported. case has been reported in the Medical News, some It is probable that the real mortality is even larger. two years ago, by Dr. Brose, of Indiana.

duodenum was also discovered. Examination from to be probed. The author has mentioned this as one the stomach down almost to the ileo-caecal valve re- of the means of diagnosis. If other diagnostic points vealed no other wound. A careful toilet of the are present, probing is not necessary; still, I think peritoneum was made and the wound closed. The it is justifiable to use the probe if it is done antiboy did well for forty eight hours and never presented septically. The time of probing was not touched the least symptom of peritointis. When peritointis upon. This, I think, is a very important point, comes on suddenly there may be a profound condition of shock which will not admit of rise of temperature, rigidity of the abdominal muscles, flexion of arises whether or not it is justifiable to probe the the limbs, upon the pelvis, pain, or any of the usual wound at once. I believe that it is not; unless cersymptoms, but this is not the case in slowly develop- tain precautions are taken and unless the surgeon is ing peritonitis. The boy died on the third day with prepared to follow up his examination, if necessary, a series of convulsions with very high temperature. by operation. If there is hemorrhage it requires at-I believe that he died of sapriemia, due to the abtention. Outside of that I can conceive of no cirsorption of ptomaines. The cold water coil, which cumstance which will require immediate manipulation was used almost from the outset in both of the suc- of the wound. The examination should be deferred cessful cases of Bull, of New York, was not used, until the patient is brought to the hospital or to his and I think more opium was given than was wise, home, and the examination made once for all, at We have long been taught to give opium in full doses the time when the surgeon is prepared to go on with in traumatic peritonitis, but I believe that many the operation, if one is necessary. The indiscrimcases are killed by this treatment. When the initial inate examination of Garfield's wound was severely symptoms are marked by collapse, low temperature, criticised by Esmarch, and he had good grounds for rapid, feeble pulse, and clammy skin, if you give his criticism. I have not seen many cases of gunlarge doses of opium simply to ward of the expected shot wound, but I can recall three cases in which inflammation, you will probably kill the patient. If the abdomen was involved. In none of these was you give moderate doses of morphia with large doses any operation performed, and they all speedily died. of atropia, you will possibly rally the patient and carry. If the operation is to be done, it should be done him over the shock stage. I think that large doses early. The cases which I have seen remained in a of opium should not be given in peritonitis unless comparatively good condition for a few hours, but guarded by atropia. It should be given by hypo-toward the end of the first or second day many of dermic injection, for you do not know how much them will die, particularly if the wound is a large

As regards the use of hot water injected into the coming involved and from interference with the ac- abdomen, a less radical method is the injection of tion of the diaphragm by tympany, hypostatic con- the hot water into the rectum, which is frequently gestion of the lungs is taking place, persistence in used, and which I employed at least six years ago. the use of large doses of opium will kill the patient. A temperature of 108° to 110° will be found com-

with large doses of atropia, or atropia alone is ex- DR. MORTON: In regard to Dr. Nancrede's remarks, they are practically covered by what I have I think we should offer a word of warning against already said. The question of what cases should be the tendency to operate on every case of abdominal operated upon, and by whom, is still under judgwound without proper precautions. It should be ment. It would seem to be the judgment of the done by a skilled hand. Not every case is fitted for majority that all cases of penetrating wounds should The condition of the patient should be carefully be opened. The probe would only be used where considered before such an operation is attempted, you were prepared to operate if necessary. In many and I hope the Society will be careful how it en cases the ordinary signs of peritonitis are perfectly dorses an operation of this kind as the *rule* for penworthless. The case of ruptured intestine which

In those cases where intraperitoneal injections

With regard to the question of mortality, the Every successful case has doubtless been put on DR. G. G. Davis said: We have been taught record, while it is likely that many unsuccessful cases have not been published. The table also insurgery which we now have, and many of those who applicant. operated may have had no experience with abdominal work.

question of murder. If we save 30 per cent., perhaps fifteen of these will be murder cases, and on ignorance, and by lowering honesty and intelligence the life of each of these patients would depend that to the same grade with dishonesty and ignorance, of another person, so that we should really save thereby tending to discourage young men from forty-five lives.

STATE MEDICINE.

MEDICAL LEGISLATION IN ARKANSAS. Resolutions of the Izard County Medical Society.

We have carefully examined the existing Law to purports to protect the medical profession and the unwise law. general public from incompetent physicians, and una total failure in our opinion for the following reasons:

First. The law directs that all persons who have years previous to the passage of the law, be allowed to continue in the practice, provided their names be registered in the clerk's office in their respective counties. By this means all incompetent practitinue under the protection of the laws of the State. therefore, Be it Reselved,

Second. The law provides that the County Judge license to any applicant. The County Judge was, in some instances, incompetent to appoint a board grand and a noble cause. intelligibly; and in some instances these officials frequently make the paltry fee, than merit, the requisite qualifications for license.

Third. The law requires that all persons who than five years go before the board of his own (or some other) county, and submit to an examination, allowed to register his name as competent to practice, from the numerous ignorant pretenders who are now medicine. Here the law is unfair and unjust; it compels the *intelligent* and *conscientious* physician to examined by an incompetent and ignorant Examining Board; it compels young men who have spent to any physician's qualification. their time and money to qualify themselves for inthat the most ignorant must undergo.

Fourth. There are instances in which persons who cludes the first cases operated upon, and I think that could not get license to practice medicine in their the next three years will show a great change in the ∂un counties have gone to other counties and obmortality. It will probably get to and remain at tained license, and returned to their own counties to about 50 per cent. Many of these operations were practice medicine. By this means we know of no performed without the knowledge of abdominal failures to get license, even by the most ignorant

Fifth. The law instead of elevating the standard of intelligence and honesty in the medical profession, Most of these cases of traumatism involve the has a direct tendency as far as legislation can effect it, to lower its standard by legalizing quackery and properly qualifying themselves, and inviting ignorant practitioners and unscrupulous quacks into our State from surrounding States, which have passed sensible laws to prevent that class from practicing within their borders.

Sixth. The general public, confiding in the intelligence and honesty of our Legislators, and knowing no criterion but experience, have in a great measure Regulate the Practice of Medicine and Surgery in the learned an expensive lesson, for it is the public which State of Arkansas; and, inasmuch as it ostensibly has received the principal evil results of this most

Now, Whereas, we believe the above statements scrupulous charlatans and quacks, we desire to say, are facts—that the present law encourages and prowith due respect to the makers of the law, that it is tects ignorance and quackery; that it invites the incompetent class of medical practitioners from other States; that it discourages our own young men; that been in the practice of medicine for a period of five it elevates ignorance and degrades intelligence to a common level, as far as lies within the reach of legislation to accomplish it; that it is deceptive to a confiding public; that it is, useless, unjust, and an insult to a conscientious and intelligent medical protioners of five years' standing were allowed to confession, and to an intelligent and confiding jublic;

First. That the medical profession is ancient, of each county appoint a board of three physicians time-honored, coeval with civilization, and has ever in his county, which shall constitute an Examining been an essential factor in every advance made in Board for all who might apply for license to practice the development of science and in the promotion of medicine; and, which shall, at its option, grant human happiness; and that those who are worthy members of the medical profession are engaged in a

Second. That as the medical profession has for its selected their boards through favoritism rather than object the health, well being and happiness of the from merit. In this way incompetent boards have human race; it needs no legal protection to perpetubeen appointed. These incompetent boards more ate its existence or to promote its progress, but it is the public which is imposed upon by quackery, that needs legal protection.

Third. That we esteem the existing law a farce, a have been in the practice of medicine for a less time a fraud, and as unworthy a place on the Statutes of the great State of Arkansas, and we recommend that our next Legislature repeal it; and if it must have a and pay said board a fee of six dollars before being law, that it enact one that will protect the public resting under the protection of the present law.

Fourth. That we will not serve on the County submit to the indignity in some instances of being Board, nor will we accept a certificate from any County Board as sufficient evidence or authority as

Fifth. That we respectfully submit these resolutelligent physicians to submit to the same ordeals tions to the medical profession of the State of Arkansas, and ask it to give them its careful considthe State to join us in presenting these resolutions to admirably engineered, namely in respect of its roadthe next Legislature.

FOREIGN CORRESPONDENCE

LETTER FROM LONDON.

(FROM OUR OWN CORRESPONDENT,)

The Health of London—New Remedy for Whooping-Cough—Death of Mr. Thomas Ward Jeston.

health of the city and the health of London at large chief element in the preservation of domestic health. respectively have recently been made public. The Elsewhere there are by-laws—the model by-laws of report regarding London and its health is contributed the Local Government Board—which regulates the by Dr. Lewis Parkes, who writes on the death-rate of fittings of house drains, and which provide especially the metropolis at large. Here there is to be found for an air trap between the house drains and the cheering news for Londoncrs, in the assertion that sewer, as well as for the erection of a ventilating during the last forty years the death-rate has steadily pipe from the highest level of the house drain itself. diminished. Dr. Parkes's figures prove this clearly. Again such by-laws forbid the use of the pan closet, The average death-rate per 1.000 living persons for as well as that equally noxious appliance the D trap.

The communication concerning the City of Lon-cient by-laws. don is from the pen of Dr. 1. Ebbetts, and deals with New remedies for whooping-cough continue to

eration; and if they meet with the approval of the the sanitary state of the City proper. He reminds profession we ask the various Medical Societies in his readers that in more than one sense the City is ways, its scavenging and its sewers. The sewers extend about forty miles in length. They have to convey the sewage of several outlying districts as well as the sewage of the City proper. This duty these great conduits discharge in a satisfactory fashion, being kept in due order by a staff of an inspector, a foreman, and some eighteen men. As regards the public carriage of waste, the City of London has little to complain of. Mr. Ebbett's protest is reserved for the private drainage arrangements of the City. The perfection of house drains is admitted Two interesting communications regarding the the backbone of all sound sanitation, as it is the the following periods of five years shows in each case. So far such by laws effect a good purpose in pointing a gratifying diminution of mortality. From 1846- the way to better things, and in most districts their 1850, the death rate as above defined was 25.4; from laws are adopted. However, in London City there 1851-55 it was 24.7; from 1856-60, 22.5; from 1861 are practically no regulations regarding the method -5, 24.5; from 1866-70, 24.3; from 1871-75, 22.9; in which house drains shall be constructed. The from 1876-80, 22.2, and from 1881-85, 20.6. Dr. commissioners of sewers are possibly appalled by the Parkes points out a significant fact in connection with magnitude of the changes which their operation the vital statistics of London, when he notes that would make. Mr. Ebbetts does not advance his since 1876 the birth-rate has also steadily diminished. charges without knowing his facts. People are ac-In 1876 the birth-rate was 36.5 per 1,000, in 1885 customed to speak disparingly of Parisian sanitation, it was 32.6. This is the lowest birth rate recorded to lament the odors of the sewers, but even in Paris since 1850, when it was 32.05. The result of this they enforce regulations concerning drains and soil fall in the birth-rate, curiously enough, as Dr. Parkes-pipes, and insist on the ventilation of the drains. In points out, will be to increase the death rate. In the City of London neither of these provisions apother words, if the death-rate remains steady, as re-pears to be regarded as necessary for the health of gards lowering influences and actual disease, the lim-the inhabitants. When a house is about to be conitation of populace through a small birth rate will structed in the City, the builder submits a plan of raise the mortality returns, this result being due the basement, showing the positions of the various simply to the altered distribution of age which the rain and soil pipes, and other sanitary appliances. population would necessarily exhibit. Facts like The commissioner's engineer settles the size of the these afford food for thought when the constant cry drain which is to be laid, and the commissioners, at of overcrowding rings in our ears. It is a possibility the owner's expense, construct the drain from the of the future that the adjustment of population in sewer to the front wall of the house. There need great centres may be wrought out on some such basis be no air shaft or efficient trapping. He may join as Dr. Parkes indicates. We shall be in the position or construct his pipes precisely as he thinks fit, and of a population which, while not excessively increas- in a sanitary sense the builder is, within the walls of ing in numbers, exhibits a tendency to longer life on a city tenement, monarch of all he surveys. There the parts of its units. Grave questions of political is an iron flap, it is true, fixed, at the owner's exand social economy may wait on the striking of such pense, at the junction of the city house-drain and a balance between increase and decrease, but as the the sewer. This flap opening outwards only, is bematter stands, it would appear that the character lieved to prevent the access of rats and the ingress London has acquired for health is founded on a per- of sewer air, but as Mr. Ebbetts shows, sewer gas is fectly correct appreciation of its sanitary merits, far too insidious a visitor to our houses to be kept Probably the area of London is so wide and so varied out by an iron flap. Mr. Ebbetts asserts that there in its character that it presents localities for habita- is a gross neglect of the common precautions of the tion suitable to many types of life and constitution, time against disease in the city, and shows that abut-Be this as it may, the facts justify the hope that our ting on the city district, without drain regulations at death rate may be still further and speedily reduced. all, there are districts regulated by at least fairly effi-

crop up. Quite recently Dr. Suckling thinks he has the minority to have too much, the majority too little found a specific for pertussis in carbolic acid-or of the world's necessities and comforts. Such probnearly so. He says he has used the glycerine of lems as how to conserve and prolong life, how to carbolic acid with great success among his out-pa lower the death-rate in children, how to produce good tients at the Children's Hospital. Half a minim of hereditary development, how to strengthen the bodies the glycerine of eurbolic acid given in peppermint and minds and enlarge the spiritual bounds of men water is sufficient for a child a year old.

Mr. Thomas Ward Jeston, J. P., the popular and ception of this subject. well-known founder of the Reading Pathological Society, has just died at an advanced age. In early life he was an army surgeon, in the 36th regiment of foot, throughout the Peninsular war, until quite recently he took great interest in the working of the human society is constituted, these are idle fancies. British Medical Association.

DOMESTIC CORRESPONDENCE

LETTER FROM NEW YORK,

FROM OUR OWN CORRESPONDENT!

Social and Physiological Inequality - New York Water Supply-Abuse of Medical Charities-Man hattan Eve and Ear Hospital-Medical Society of the State of New York.

At the February meeting of the Section on Public duce physical, mental and moral deterioration. Health, Hygiene and State Medicine of the Academy, Dr. Henry D. Chapin read a valuable paper on "Social and Physiological Inequality," in the course of which he said: The question of the hour is the social problem, and the new science of sociology overshidows all others. The air is full of the angry clamor raised by different classes, all arguing from the its influence to secure the passage of the act now standpoint of their own interests. It is evident that in the present state of society many are hopelessly worsted in the effort to gain, not a competency, but and other regulations for the welfare of the tenea moderate sustenance. The mutterings of discon- ment house population. tent heard on all sides have their basis largely in the belief that the fault lies in a friction resulting from an ment of Public Works for 1886 the Commissioner, Gen. artificial social order.

that all men are born equal. In fact, there is no such and lakes in the Croton Basin for the water supply thing as equality. Two stupendous factors are prest through the Croton aqueduct, and 2,670,000,000 galent in all life, physical as well as mental, viz.: hered lons from the Bronx River reservoirs for the supply ity and environment. These all controlling influences through the Bronx River conduit. There are now 604 are present for good or evil in varying proportions in miles of water mains and 14,582 water meters in use different lives. With the generation of life, heredity, in the city. The amount of revenue from the water whose mysterious effects we must recognize without service in 1886 was \$2,354,121; being an increase of understanding them, has done its best or worst for \$223,445 over the amount collected in 1885. the beginning of existence; its potency has been in the past acting, perhaps, through long reaches of February 7, it was at last definitely decided to build time. With commencing life comes in the new ele-the great Quaker Bridge Dam, which has been so long ment of environment, as the complement of heredity in contemplation. It is to be 277 feet high from the to enhance the evil trait, or perhaps obliterate it too often to sow the seeds of physical and mental the estimated cost of the dam and its appurtenances weakness in a constitution that received a healthy is \$4.027.600. The whole project, including the pur-

This, unfortunately, is not, and in many cases cannot was presented by Mr. Barnes, chairman of the combe, done. Hence the fearfully unequal physical, mittee on construction, and in it reference was made

—all these and many others are included in a con-

No altered laws will compensate for defective knowledge or will power in the regulation of human affairs. Two leading theories have been advanced to reorganize society, socialism and communism. As Legislators cannot prevent the unerring economic law due to fundamental differences in men's moral and intellectual development. Modern civilization is adapted to make the sharp sharper and the dull duller, or, in other words, conduces to condensation of wealth and diffusion of poverty. All artificial adjustments only complicate existing troubles in leaving untouched the real causes of the troubles. The lazy and criminal classes are the inevitable product of our complex civilization. They are developed by laws which it is the duty of good people to find out and obviate. It is the business of government to prevent or mitigate any environment that all experience shows will pro-

Dr. Chapin spoke particularly of the tenementhouse system and its evils, and after the paper had been discussed by Drs. Spitzka, Janes, and Stephen Smith, Bishop Huntington, Mr. Charles F. Wingate, the sanitary engineer, and others, a resolution was adopted requesting the Academy of Medicine to use before the State Legislature enforcing the registration of tenement house owners at the Health Department,

In his report to the Mayor of the work of the Depart-Newton, states that during the year 5,270,000,000 gal-It is a favorite corollary of our political system lons of water were drawn from the storage reservoirs

At a meeting of the Aqueduct Commission held bottom of the foundation and 1,500 feet long, and chase of 4,000 acres of land, will involve an esti-To insure correct environment and habit, particu-mated expenditure of \$6,743,100. The report in larly in the early years of life, is of vital importance favor of the construction of the dam, which was to the well-being and efficiency of the individual, signed by six of the seven Aqueduct Commissioners, mental and moral equipment of mankind, that allows to the fact that some of the best hydraulic engineers

of modern times have indorsed the Quaker Bridge others. The first and largest column represents the Dam project, and that the opposition to its constructive proportion of diseases of the conjunctiva, tion came from only a few of the many taxpayers of and the second, the relative proportion of diseases of the city, and from some engineers who were not usu-the cornea; and together the two columns include ally considered of the highest rank. Gen. Newton 51.5 of the total number of cases treated. The forcereinforced the majority report by a supplemental ful-value of these facts the report goes on to say, statement favoring the project as the best one for ob- will be better apprehended if we remember that the taining a requisite supply of water for the increasing majority of the affections of the conjunctiva are population of the city. In a minority report which either communicable or preventable, or both; as is was signed alone by Mr. Spencer, President of the true also, within somewhat more restricted limits, of Commission, it was claimed that the dam, besides the diseases of the cornea. Indeed, very many of entailing an expense of over \$10,000,000, would entitle diseases indicated by the two columns under conclose an enormous amount of water which could not sideration are filth diseases, exterminable by proper be distributed through the aqueduct in a thoroughly hygicnic precautions. Thousands of victims of compure condition. In answer to this sanitary point municable, preventable eye diseases have been found against the construction of the dam, a letter was read in times past in the residential schools and asylums from Prof. Charles F. Chandler, for many years Pres ident of the Metropolitan Board of Health, com large centres of population, and have gone to make drained from the lake formed by the dam would be hattan Hospital. The medical board of this instituimpure.

2,500,000,000 gallons, and the Croton reservoir, 1,- ervation of the Health of Children in Institutions, 500,000,000 gallons, the new dam will make a reser- which was enacted by the New York Legislature last voir of 38,377,935,000 gallons. When completed it year, will most sensibly lessen the prevalence of these will constitute the most stupendous piece of engi- diseases, which are so fatal to vision and so producneering of the kind ever attempted in the history of tive of chronic and irreparable pauperism. In this the world, and the great American Eagle will once connection the Board of Managers feel constrained more have an opportunity of flapping his wings over to call attention to the fact, however humiliating it the diminished heads of the effete monarchies of may be, that so far as the statistics of the Manhattan Europe and all the rest of creation.

now occupies the beautiful new building erected for States. it on Park Avenue, near the Grand Central Depot, it we learn that constant and vigilant efforts are to be made to exclude from the benefits of the hospital all who are not, by reason of poverty, deserving of gradoor, and asks the following, among other searching questions, of every applicant for treatment:

bank?"

support?"

'How much rent do you pay?".

"Can you afford to pay anything for medical ad. Chateaugay, Vice-President, for the ensuing year. vice?"

During the year just past 250 applicants were rejected after such inquiries, having acknowledged that they were able to pay. Moreover, after such inqui- "THE ETIOLOGY AND CURE OF ASTHMA." ries have been made and satisfactorily answered, the beneficiaries or their friends are asked to contribute what they can to the treasury of the hospital; and it is of interest to learn that during the past year there was contributed by the acknowledged poor benefici- not familiar with the subject. aries the sum of \$6,614. All the money thus re ceived was expended for the benefit of the hospital bodies bear in the etiology of asthma, the author and dispensary patients.

of New York and its vicinity, as well as in other mending the project, and denying that the water up the vast chintele of such institutions as the Mantion is a unit in believing that the faithful administra-Including the capacity of the Muscoot reservoir, tion of the law entitled An Act for the Better Pres-Hospital go, American pauperism is relatively rapidly In the recently published seventeenth annual relincreasing; since of the 9.170 patients treated during port of the Manhattan Eye and Ear Hospital, which the year, 5,586 are recorded as natives of the United

The eighty-first annual meeting of the Medical Soare to be found some facts of special interest. From ciety of the State of New York was held in Albany the first week in February, and was largely attended. The Merrit H. Cash prize was awarded to Dr. A. N. Bell, of Brooklyn, editor of The Sanitarian, for his tuitous care. A registrar occupies a desk near the essay on "Physiological Conditions and Sanitary Requirements of School Life and School-houses." The subject of the President's annual address was "The "How much money have you in savings or other Achievements in Science and Letters of Men who have been Connected with the Medical Profession," "How many persons are dependent on you for and was delivered by Dr. Ely in the Assembly Chamber at the Capitol. Dr. Alfred L. Loomis, of this city, was chosen President, and Dr. A. M. Phelps, of

P. B. P.

Dear Sir:—In the issue of The JOURNAL for January 29, appeared a short article under the above heading by Dr. Kuh, which is liable to mislead those

1. With reference to the parts which the turbinated attributes the discovery to Wilhelm Hack, and in-The report contains a diagram which gives in veighs against specialists because they do not give graphic form a digest of the 48,509 consecutive eye him the credit. The fact is, that the attention of the cases treated in the institution. In this it is noticed profession was first directed to this matter by a paper that the first two columns are much larger than any read before the American Laryngological Association in May, 1881, by Dr. William H. Daly, of Pittsburg.

Hack's articles on the subject did not appear until many months later in the Berliner Klin. Wochenschrift, of 1882, and in his monograph, 1883; therefore, Hack was not the discoverer, and would only ask for the honor of a place among many other faithful workers in this field.

2. In the article referred to, it is claimed that nearly all cases of asthma are the result of disease in the nasal cavities. On the contrary all laryngologists know that only a small percentage of them are

3 It is also claimed that cauterization of the nasal niucous membrane will cure the majority of cases of asthma; whereas experience shows that it will benefit only a small percentage of them. With reference to the after effects of cauterization some discussion followed the reading of the paper, but it was not sufficient to make the matter clear. By experience we have found that the amount of discomfort following the operation is dependent on the idiosyncrasies as indicated by the rapidity with which wounds heal,

and these are likely to have much discomfort after cauterization.

Under certain, not well-defined conditions, small wounds heal very slowly on some in whom at other times cicitrization would be rapid. In such conditions a small burn which would ordinarily cause no inconvenience may be a long time in healing. Pa tients who are exposed after the cauterization sometimes, in popular parlance, "take a cold." and as a result a wound which would otherwise have healed rapidly may be a long time in closing, and inflammation may extend from it to neighboring parts.

In order to guard against these unpleasant results, care must be exercised not to cauterize too much tissue at one sitting. I have never known serious complications, or great discomfort to follow a single linear cauterization the whole length of the turbinated body, or a superficial cauterization nearly as large as a nickel; therefore wounds of this size may be he prefers some discomfort to a second visit to the doctor's office. In no case, however, should the cauterization be more extensive, because of the danger of facial erysipelas, and other unpleasant results. Whenever time and circumstances permit it will be found better to make a linear cauterization Laramie, Wyo. S. O. 14, Dept. Platte, Feb. 12, 1887. of not more than one half the length of the tur- Capt. M. C. Wyeth, Asst. Surgeon, ordered from Ft. Wayne, will be found better to make a linear cauterization binated body, or superficial cauterizations not more than an inch in diameter. If these precautions are followed, the author's statement that there is no noteworthy complication after the operation will be fully verified. Truly yours,

E. Fletcher Ingals, M.D.

64 State St., Chicago, Feb. 16, 1887.

MISCELLANEOUS.

NECROLOGICAL.—Dr. B. F. Hardy died in San Francisco, November 22, 1886, of diabetes. He was a physician of more than ordinary education and professional skill, and has been a member of the American Medical Association since 1871. He leaves a wife and two little daughters to mourn his early departure. But of him could be said, "He followed virtue as his truest guide; he lived as a Christian, and as a Christian died."

DIED—January 9, 1887, in Milton, Ind., Dr. Joel Pennington, aged 88 years. At the time of his death he was the oldest practicing physician in Wayne County. He became a member of the American Medical Association in 1850. Through all his long professional life he enjoyed the confidence and esteem of both the community and the members of the profession who knew him.

EMIN PASHA, for whose relief Mr. Henry M. of the patient, the present condition of his system Stanley recently left England for Equatorial Africa, is no less a man than the celebrated Dr. Hermann his subsequent exposure, and the extent of the burn. Schnitzler, better known as Emin Bey, and Surgeon-There are some individuals, who from inexplicable General of the Equatorial Provinces under Chinese causes, suffer pain or develop fever from wounds Gordon. He succeeded Gordon in the governorwhich would not annoy the majority of mankind, ship, and has been engaged in bringing a barbarous region into a state of civilization. He has now been shut off from the outer world for three years by the barbarians to the north of him. He is a great linguist, and in addition to his medical learning has an intimate acquaintance with geology, botany, meteorology, anthropology, geography, etc. The little leisure which he has had for the past five years has been devoted to the sick.

> The Springfield, Mass., City Hospital has had bequeathed to it, in the will of the late Mr. Wm. Merrick, between \$75,000 and \$100,000.

Capt. Geo. McCreery, Asst. Surgeon, granted leave of absence for one month, with permission to apply for one month's ex-

tension. S. O. 35, A. G. O., Feb 11, 1887. Capt. Arthur W. Taylor, Asst. Surgeon, relieved from duty at Camp Medicine Butte, Wyo., and ordered for duty at Ft.

Mich., to Ft. Barrancas, Fla. S. O. 39, A. G. O., Feb. 16, 155

First Lieut, J. Wakeman, Asst. Surgeon, relieved from duty in Dept. Platte, to take effect on the expiration of his present leave of absence, and ordered for duty at Ft. Walla Walla, Wash, Ter. S. O. 36, A. G. O., Feb. 12, 1887.

First Lieut, Edward A. Morris, Asst. Surgeon, leave of absence extended twenty days. S. O. 35, A. G. O., Feb. 11, 1887. First Lient. H. S. T. Harris, Asst. Surgeon, ordered from Ft. Clark, Texas, to Ft. Ringgold, Texas. S. O. 16, Dept. Tex., Jan. 31, 1227.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, IJ. 8 ARMY, FROM FEBRUARY 12, 1887, TO FEBRUARY 18, 1887.

Lt.-Col. Jos. R. Smith, Surgeon, detailed, in addition to his present duties, as President of the Army Medical Board in New York City, N. Y. S. O. 38, A. G. O., Feb. 15, 1887. made when the patient is pressed for time, or when Major W. S. Tremaine, Surgeon, sick leave of absence still further extended four months on surgeon's certificate of disabil-S. O. 30, A. G. O., Feb. 16, 1887.

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CHICAGO, MARCH 5, 1887.

No. 10.

ORIGINAL LECTURES.

THE CAUSE AND CURE OF INEBRIETY.

Delivered before The Institute of Social Science of New York, February 10, 1887.

BY T. D. CROTHERS, M.D.,

OF HARTLORD, CONN.

the causes and remedies can be obtained. The im-climatic states, to foods and occupation. would give an army of 500,000 inebriates. Inquiry these causes are, and the laws which govern them, in almost any direction, would seem to indicate that Thus, in direct heredity, moderate, excessive, or over estimate. The mortality is very great, and is ebriate children, either in the first or second genera-estimated at over 90 per cent. Thus, not more than tion. one in every ten inebriates die of other disease, and directly or indirectly.

The fact that inebriety is increasing, is conclusive guesses or statements, but the most probable facts mental defect. and best authenticated conclusions of to day. It is edge of these causes must come from a study of the have marked defects of body and mind. history of a large number of cases. Such a study | Many inebriates are found to have defective parmust record all the facts of heredity, of the early entage, representing all degrees of insanity, eccen-

hundred inebriates, representing all classes, sixty will be found with defective brain and nerve organization from inheritance. Thirty or more of this number will have moderate or excessive drinking parents or grandparents. Twenty will have insane, epileptic, criminal, panper, idiotic, and eccentric ancestry. Ten will have consumptive, rheumatic, and diseased parents. Of forty who have no prominent history of heredity, twenty-five will begin after attacks of Approaching this subject from a scientific stand-severe disease or physical shock or injury; mental point, it is essential to have some conception of its shocks or great brain perturbations, and other similar character and magnitude, before any clear idea of causes. In ten cases the inebriety can be traced to pulsiveness, degeneration, and insanity of inebriety cases no special causes can be determined; this is are characteristics familiar to every one. The mag- obviously the fault of the observer, which a better nitude of inebriety no doubt exceeds all previous knowledge will remedy. In all these cases there is studies and conclusions. One of these estimates, often a blending and union of causes; thus head inwhich, in all probability, approximates to the truth, jury and diseases with heredity are united. In anplaces the number of alcohol and opium inebriates other case, conditions of climate, food and occupain this country at I per cent, of all the population. tion are prominent. Nutrient disorders, overwork This includes the secret drinkers and opium cases and exhaustion, or mental strains and heredity, may who are generally unknown, except to the family all be found associated, and all active in the causaphysician. With a population of 50,000,000, this tion. A close examination will show how exact one inebriate to every hundred persons is not an periodic drinking parents are always followed by in-

The first generation will be either inebriates or the other nine die from the effects of spirits, either rigid abstainers, and always have marks of defect of some kind.

The second generation will develop inebriety from the fact of increased production and consump- from the slightest exposure. Unless the stream of tion of all kinds of spirits in this country; also the heredity is neutralized by a current of greater vigor, increased number of persons arrested for inebriety in this generation will be found along the border line of the large towns and cities. These are not mere insanity, manifesting many complex symptoms of

In these cases some specific degeneration of the clearly evident that a disorder so wide spread must brain centres has been transmitted, with special have an equally wide range of causes, and many tendency to use alcohols for relief, and low resisting complex conditions which enter into its growth and power to all temptations of this kind. Many of development. It will also be apparent that a knowl-these cases escape and never use alcohol, but they

surroundings, training, growth, accidents, diseases, tricity, and mental oddities; or criminals and paupers, strains, drains, shocks, losses, climate, food, social with low intelligence, and defective characters; hysand physical environment, and all the various influterical, ungovernable passions, and unbalanced orences which have entered into life. From a large ganizations. Inebriety in the children of such number of such histories many of the principal characters is only another phase of degeneration. causes will appear. Thus, from the records of one Here the drink impulse springs up almost spontaneously from slightest causes; a physician's prescrip- is here that the scientists realize that not far away, tion, the excitement of contagion, etc.

have some serious constitutional disorder, inebriety can be. frequently appears in the children from most insig- | The limits of time prevent other than a mere mennificant causes. In these cases a defective brain and tion of some of the great underlying causes dependnerve vigor exists, which seeks relief from any source ent on the forces of civilization. Thus the brain at all hazards.

impulse after a head injury—where they are made wealth and power, and the effort to adapt ourselves unconscious by a blow or sunstroke; or where they to the new conditions and living which are conhave suffered from severe, protracted sickness, or stantly forcing themselves on us, are steady sources sustained profound shock, either mental or physical. of exhaustion, and preparation of the ground for the duce sudden impressions on the organism, seems to eases. The errors of birth, the errors of childhood, lower the vigor, and call for relief from alcohol or the errors of training, the errors of surroundings and or opium. Some change has taken place in the occupation, all converge to cause a defective organbrain centres, and while alcohol and opium brings ism and unfit for living a healthy, temperate life. temporary relief, it hastens and increases the form of be pronounced from the first use of spirits, or it may toms of inebriety, the mortality is increased, and algrow up more or less rapidly and unconsciously to cohol is more used for its narcotic properties and to without any entailment; others develop insanity, epilepsy, and various degrees of degeneration. What determining cause makes this difference is unknown.

Another class of inebriates are made so by states ef climate, food, surroundings, and occupation. Thus the alternations of extreme heat and cold seem to be active causes of the drink impulse. Firemen, stokers, and others, on Southern steamers which sail from Northern ports, subject to the sudden changes [from the frigid air of New York and Boston to the equator, generally become inebriates. A few years ago, Dr. Bowditch, of Boston, pointed out a drink belt, crossing the civilized world, in which spirits were used to great excess, on either side of which inebriety shaded down less and less, into comparative sobriety. In all probability climate is very active as a predisposing cause.

and innutritious food are the active causes. Thus, theory that it is a moral disorder which the victim are prepared to become inebriates on the slightest

Surroundings and kinds of labor are often active causes of inebriety. This is illustrated in many ways and in almost every neighborhood in the country, |

combined with many and most diverse influences which develop and keep up inebriety.

Another fact appears from a study of these cases, which is somewhat startling: they all begin at a certain point, and pass on down the same road, and uniformly cross the same bridges, reaching the same destination. Of course there are halts, variations, and changes, but the main body of inchriates move ness, and the same means are urged as a remedy. along one progressive line, from stage to stage. The expert has only to find out where the case started, 1886, and punished as willful and voluntary drunkand where it is at present, to predict the future. It ards. Armies of moralists and temperance people

when these causes are known, inebriety will be as Where the parents are consumptive, rheumatic or thoroughly prevented and stamped out as small-pox

strains and drains, incident to the rushing, grinding Another class of inebriates will develop the drink civilization of to-day; the struggle for position, Fright, fear, joy, sorrow, falls of all kinds which pro- growth of inebriety, insanity, and many allied dis-

While the increased culture and intelligence of the degeneration. In these cases the drink impulse may race drives out the coarser and more repulsive sympthe victim. Of course every one subjected to such quiet pain. Inebriety is more concealed to-day, and injuries do not become inebriates. Many recover is followed by more allied diseases, and is more maniacal, suicidal, and impulsive. Pneumonia. Bright's disease, heart disease, apoplexy, are some of the names given to the fatal eases of inebriety. From all exact study we find that the causes of inebriety are physical, and can be traced to clear, tangible forces. The further study in this direction establishes this fact beyond doubt, and reveals vast stretches of unknown causes and conditions entering into inebriety, awaiting some future discovery.

> In the cure of inebriety there is probably more agitation and interest than ever before. The efforts of societies and parties, of the pulpit and rostrum, with the increasing books and papers from the press, have never been more active than to-day. Yet reports show that inebriety is increasing, and that more spirits are made and consumed every year.

All the temperance efforts and legal means for the In a certain number of cases of inebriety, bad cure and prevention of inebriety are based on the a child who has been underfed or overfed will have can control at will, or a wicked habit that he can digestive disturbance and an active predisposition to continue or put away at his own pleasure. This find relief in some form of spirits. In adult life the theory of inebriety is theoretical, and embodies the same thing occurs; the starved ones and gourmands same error which follows every new advance of thought, namely, explaining all human action from some moral or theological standpoint. Thus the phenomenon of insanity was explained as a possession of the Devil, and the victims were supposed to enter into a compact with evil spirits, voluntarily. These are only the most general cases, and are The remedy was severe punishment. Public attention was occupied for ages in persecuting and punishing the insane and epileptics on this theory of the causation. Law, religion, government, and public sentiment all failed in the cure and prevention by this means, and these diseases went on unchecked, simply because the real causes were unknown.

> Inebriety is regarded in the same way as wicked-Over fifty thousand inebriates were sent to jail in

are pledging and praying the inebriate to stop drink- of the inmates, and independent of the tax payers. ing, and exercise his will, and be temperate and well. These places would most naturally divide into three again. Yet all such efforts fail, and often tend to distinct grades. The first class of hospitals should increase the very condition which they seek to be for recent cases, where the inmates can be comremedy. They fail because they are based on a mitted by the courts, or voluntarily commit thempatient. A new era is dawning for the inebriate, treatment-from one to three years. The third class inebriate will be forced to go into quarantine and be of forced healthy living. sion that he can stop at will because he says so, will stimulus to strengthen the body and mind. Where victim to grow into chronic stages; the army of mod- sum to pay for care, should be turned over to his pear, and the saloons which they have supported should be encouraged to healthy work and living by will close in obedience to a higher law than any pro- all possible means and surroundings. The semihibition sentiment.

guardianship and restriction of personal liberty until character. he recovers. When these poor victims realize that society will not tolerate their presence or allow them cipline, filling the mind with new duties and new personal liberty in this state, they will seek help and thoughts, and suited to build up the exhausted, overaid before they reach extreme stages.

one from becoming a prey on society and a burden and society saved from the losses following his career. to the producer and tax payer, and the other from destroying society and himself, and leaving a tide of taken from New York and placed in such hospitals, misery and sorrow that will continue long after, and made self-supporting, who could estimate the When society shall realize and act on these facts, gain to society, to morals, to the tax payer, and to the great centres of pauperism and criminality will civilization? This can and will be done in the near be broken up. This will be accomplished by the future. If ten thousand semi-chronic cases of ineestablishment of work house hospitals, where the inebriate can be treated and restrained. Such places
must be located in the country, removed from large
cities and towns, and conducted on a military basis.

The tributant of work house hospitals, where the inbriety could be taken from New York and quarantined two or five years in such military hospitals, and
made to pay for their care by labor, who could esticities and towns, and conducted on a military basis. They must have all the best appliances and remedial temperate living again? Who could estimate the remeans to build up and restore the debilitated victim. lief from sorrow, misery, wretchednesss and losses? with steady uniformity. Besides the medicinal and these hospitals, where forced conditions of the highindustrial training, and each one should be employed, large percentage would recover. The gain to society placed in a condition for the best culture and build. Now each one of these propositions and the practical ing up of the entire man. Every defect of body working of a military hospital is a reality, based on and mind should be antagonized and remedied as evidence constantly accumulating. Every prison, far as possible. Each case should be an object of penitentiary, or hospital, every asylum or home study to ascertain the real state and the means to where inebriates come under care and restraint bring strengthen and improve it. These hospitals should such evidence. They show that such a method of be built and conducted entirely from the license treatment, combining the varied experiences of all in a large measure, be self-supporting from the labor only scientific way of solving this problem. To

false assumption of the causes, and not on any act selves for one or two years. The second class curate study of the history or real condition of the should receive chronic cases for longer terms of His diseased condition, and the need of special med-should be for the incurables, or those who give no ical care in special surroundings, is a truth that is reasonable promise of restoration. The time should spreading slowly and surely in all directions. Not be from five to ten years and life. The latter class far away in the future inebriety will be regarded as should be thoroughly organized into military habits small pox cases are now in every community. The of life and work, and kept in the best conditions Employment and mentreated for his malady until he recovers. The delu-tal occupation should be carried out literally as a pass away. Public sentiment will not permit the it was possible the rewards of his labor, beyond a erate and periodic drinkers will be forced to disap- family and friends or held in trust for him. He chronic cases should be treated substantially the Public sentiment will realize that every incbriate same way, only occupation and training of the mind is not only diseased, but dangerous to society, to and body should be more suited to the wants of each himself, and all his surroundings, and demand legal case. The amusements should also be of a sanitary

The recent cases should have the same exact disworked man, as well as the gourmand and under-This is the teaching of all modern science—to worked idler. All persons should pay for their care check the disease at the beginning, to seize the poor if possible, and, be required to render some serwaif on the street and the rich man's son, who are vice which would be credited on their bills. These just at the beginning of inebriety, and force them hospitals should be literally quarantine stations, into conditions of health and sobriety, to save the where the inebriate can be housed and protected

If ten thousand poor chronic inebriates could be They should be military training hospitals, where all This will also be a reality a little further on. If ten the surroundings are under the exact care of the thousand recent cases of inebriety could be taken physician and every condition of life is regulated out of their surroundings in New York and placed in hygienic treatment, there should be educational and est degree of health and vigor are maintained, a both in body and mind, every day. He should be and the world would be beyond all computation. fund or the taxes on the sale of spirits. They should these institutions can be made practical and is the banish the still and saloon does not prevent inebriety we have only a faint conception. or cure the inebriate; it only charges the direction injury, starvation, neglect, are only the general of the drink current. But quarantine the inebriate names for some of these forces. in a hospital, as one suffering from contagious dis-ease, and the victim is cured, the spread of the dis-to a physical causation to be removed by physical ease is prevented, and a knowledge of the causes means. Work-house hospitals as quarantine staascertained, from which the remedies can be known tions, where every condition of disease can be and applied. To punish the inebriate as a criminal treated, give the greater promise of relief. Here cannot cure his inebriety, but it always unfits him for the victim is removed from all exciting causes, and living a healthy, temperate life thereafter. To at-protected from himself and others; and here we can tempt a cure by faith and prayer is to depend on understand some of the causes beyond the saloon, false hopes, the failure of which is followed by in- and so-called free will, and deceitful heart. creased degeneration. To attempt any form of treatment without knowing any other fact except causes of inebriety, and the means of cure, it is apthat the victim drinks to excess is always to blunder parent that, like the early Northman, we have only and fail.

The time has come to recognize the physical conditions which enter into all cases of inebriety, and to of science will disclose. apply exact remedies along the line of nature's laws and forces.

The late Dr. Bellows, in an address delivered ten years ago, said: "Inebriates, like criminals and in sane, will all be eventually restrained in hospitals, and treated with medical and physiological skill the moment their liberty becomes dangerous to society. The terms of their confinement will be limited only Read before the Northwestern Medical Association, at Lima, by the possibilities of cure and the conditions of their disorder. Society gains nothing by holding prisoner for an hour any man who is fit to be at large. erty and human rights gain nothing by allowing any need is what we are fast gaining, namely, a possession of the tests and gauges of the fitness and unfitness, and we shall be able to treat the inebriate successfully the same as in other diseases."

Church and State must apply the remedy.

from a physical standpoint, and their views of neces sity must be outlines of laws, forces and facts, that facts may be summarized as follows:

tinct range of causes, both physiological and psychological, from which incbriety springs. When the encysted tubercle and the tuberculous infiltration. histories of inchriates are compared, they are found to follow a regular line of progress, obeying a cer-through the crucible of severe and carping criticism, tain order of events, from the beginning, develop it was opposed and defended with like vehemence by ment, progress, decline, on to extinction. This men equally high in merit and authority. Buhl had

Heredity, disease,

From this very general review of some of the touched on the shores of a vast continent of the unknown, which, not far away in the future, the march

ORIGINAL ARTICLES.

TUBERCULOSIS OF BONES AND JOINTS.

Ohio, December 9, 1886.

BY M. STAMM, M.D., OF FREMONT, OHIO.

Anatomical History.—Very few subjects in surgical man to be at large for a moment who is destroying pathology excite at this moment as much interest as himself, his family, and his neighbors. What we the tubercular affections of the bones and joints. This is especially shown by the many contributions in periodicals and monographs of late years treating very elaborately upon this question. That this subject is also of very great practical importance, no As scientific men the question comes to us, can physician or surgeon who has met such cases will this great army of five hundred thousand inebriates deny. The knowledge of tuberculosis of the bones in this country be the outburst of a vicious element may be traced to the earliest times. Hippocrates in human nature? If this is so, religion and civiliza and Galen mention tubercle of bones in no indefinite tion have failed. If this army of inebriates sprung terms, and the general observation that phthisis is at from physiological and psychological causes, then the times the more or less direct outcome of surgical acproblem of cure and prevention is a question for eidents or diseases did not escape their eyes. It science. If inebriety is a vice and sin, then the must not, however, be imagined that they had a clear conception of its nature; they were not enabled at Insanity has been studied for over a century by that time to distinguish between scrofulous, syphilitic many able and learned scientists, and yet only a few and cancerous tubercles. In 1735 Traugott Gerber, facts have been established, and preparation made in a treatise, ascribed the formation of spinal curvafor more exact study. The realm of the unknown ture to vertebral tuberculosis. It was, however, rehas been scarcely penetrated. Inebriety, an in served to the genius of Laennec, who profited by the finitely more complex disease, has never been previous labors of Bayle, to demonstrate that tuberstudied. Only a few pioneers are approaching it cles were the anatomical basis of phthisis, and that most of the lesions, considered scrofulous, were tuberculous. Surgery took hold of this discovery, and are yet to be discovered. Some of these outline. Delpech was the first one to study it in its surgical aspects. Nichet soon wrote upon tuberculous oste-All accurate study of the inebriate indicates a dis- itis, and Nélaton, in his memorable treatise, distinguished two forms of tuberculosis of the bones, the

Like all new ideas, this theory equally had to go march is governed by conditions and forces of which observed that acute miliary tuberculosis was in most due to the absorption and spread of noxious agents crop up. from old cheesy inflammatory centres of the lymphatic glands, lungs, bones, etc. A very important step was the epiphysis of the joints and to the spongy tissues gained in this direction when, in 1865, Villemin, by of the bones, as, for instance, in the short bones of way of experiment, demonstrated the moculability of the hands and feet (spina ventosa). This is somephthisical products upon animals, and showed that what in contradistinction to another infectious disease caseous material was just as virulent as the gray to- of the bones, the acute osteo myelitis, which latter bercle. Koster, in 1869, showed that the fungous affection has a predilection for the long shatts of the masses in diseased joints were of tuberculous origin, bones. Exceptions, however, occur in both affec-He furthermore described the giant cells, which were tions, and it requires some practice to make an accuuntil recently considered pathognomonic of tubercle. rate distinction between the two. Nelaton distin-Subperiosteal cold abscesses were also found by Kie-guished two forms of pathological appearances, the ner to have the tuberculous character. Volkmann at encysted tubercle and the tuberculous infiltration, the same time showed that in white swelling the foci which distinction is still in use by a great number of found in the epiphysis exhibited the nature of tuber- pathologists. Keenig, however, who has of late years culosis. In 1878 Schüller drew attention to the fact paid special attention to this affection, four d that in that in scrofulous subjects traumatism had a tendency its gross aspect it presents three different forms: the to produce the tubercular affections known as white granulative tuberculosis, the tuberculous necrosis, swelling. A number of experiments upon animals, and the infiltrating, progressive form. We find in which he caused to eat or inhale tuberculous matter the first variety generally a small spherical or tubular from various organs, and which subsequently received defect in the bone, of the size of a hempseed to that some bruises or injuries about their joints, seemed to of a large pea, or even a small hazelnut. The apconfirm his views. They all exhibited about the in- pearance of the contents is at times of a reddish, jured joints the pathological conditions which may be gray granulation, at other times of a yellow or graybrought under the term tumor albus, and in a very ish-yellow color, and not infrequently the whole focus short time perished from general tubercular infection. is of a cheesy nature. We nearly always detect, with

question have been furnished, chiefly from French due of bone. The walls of the cavities may be soft, and German sources. The germ theory was brought or there is a sclerotic, cicatricial condition. The in connection with the etiology of tuberculosis some granulations, as long as they have not assumed a time before Koch made his famous discovery of the pronounced cheesy character, reveal under the mi-bacillus tuberculi; at least, I heard my distinguished croscope a multitude of characteristic tubercles with teacher, Prof. Klebs, as early as 1871, make the pre-epithelial and giant cells. diction more than once, that in no distant future some teristic morbid changes. I cannot here go into the Koenig to the belief that it is of embolic origin. details of his method of investigation, but he suc- As to the fate of such tuberculous foci, they may ceeded in showing, by inoculation of Lacilli into the undergo a retrogressive metamorphosis, the tubercu-

cases combined with old cheesy or purulent centres, anterior chamber of the eyes of a number of rabbits, and as Rokitansky had some time previously traced that the immigration of these parasites into the tissue out the causal connection between such foci and mili-spaces or into the fixed cells, never into the leucoary tuberculosis, the first author came to the conclu-cytes, is the first step. Then they begin to multiply sion that the latter affection was an infectious disease, and spread, so that in about ten days tubercles will

Tuberculosis of the bone is principally limited to Since that time many contributions relating to this the eye alone or under the microscope, the finer resi-

The second variety, the tuberculous necrosis, difinvestigator would furnish the evidence that a parasite fers from the necrosis of the acute osteo myelitis in was inseparably connected with the cause of this distillation to being entirely separated from the healthy ease. It was, therefore, no mere accident, but the bone, as it has some slight connections with it; befruit of well planned work and laborious research, sides this, it is not generally found in the long shaft, when Koch was able to announce to the world that but mostly in the spongy parts of bones, in the epihe had found that destructive enemy of the human physes of joints, in the vertebral bodies, also in the race, as well as a great part of the animal world, in the flat bones, like shoulder blade or skull. It has a shape of a minute rod. The memory is too fresh yet wedge shaped appearance, with its base towards the to forget how this statement was received; how every joint and the apex towards the medullary cavity. As microscope was called into requisition, and howevery the shape of the bone is often not at all changed or observer, whether trained or mere amateur, felt him enlarged, we may have some trouble in finding the self fully competent to pass judgment upon the cor- sequestrum in the living bone, but its dirty-white or rectness of Koch's observation. Suffice it to say that yellowish color and its presence of purulent fluid or almost every pathologist of note, and amongst them, soft cheesy masses, on the cut surface, will aid us many who at first held an opposed view on the mat greatly in its discovery. In some cases, however, it is ter, to-day look upon the bacillus tuberculi as the so intimately connected with the bone, that only a very univocal criterion of tuberculosis. To those who thin layer of tuberculous granulations separates it. We are always eager for new facts, and suggestions, be, then may have to use some force in lifting it out, even they of theoretical or practical import, it may be of with the chisel. The bone becomes thickened in interest to hear that Baumgarten very recently suc- case the joint is much used, or after a fistula is estabceeded in studying the finer working of this low lished. The resemblance of the sequestrum to inorganism, and its way of bringing about the characterists, and the way in which it is formed, incline

lar granulations may be transformed into simple nor- what we have mentioned before, we know in what mal granulations, and ultimately into cicatricial tissue. manner the infection of the adjacent region of a focus This is especially the case in the smaller foci at some of the bone takes place, and why we sometimes find distance from the surface of the joint. But there are large tubercular abscesses at some distance from the cases in which the healing process is not complete, source of suppuration. The cold or tubercular abwhere some tuberculous granulations are left un- seess spreads through the cellular tissue, and its walls changed, and these may then lighten up at any time are formed by a fibrinous layer derived from the pus. and bring about what we might call a recurrent tuber. This pyogenous membrane shows plainly the tuberculosis. A large sequestrum will never heal. If the cular granulations, and allows us even to study the tubercular centre be seated right under the perios- development of tubercles. The locality of the focus teum in the neighborhood of the joint surface it, as generally determines the question whether we are a rule, will penetrate into the joint and then produce going to have tuberculosis of the soft parts or of the the characteristic tubercular affection of the joint.

tuberculous centres and again, a number of multiple! in its detection. foci of granulation and sequestrum without a drop of matter. The idea that another special infection "tumor albus or fungus articuli" are not sufficient to had joined hands with the tubercular infection, could cover the ground fully, and might therefore easily be so far not be verified by experiments upon animals, dispensed with. The name fungus or granulating as inoculations of pus from such tuberculous foci inflammation of the joint owes its origin chiefly to produced exclusively the purest form of tubercles.

their original characteristic; that is, the dry form always over the synovial membrane. The soft tissue surremains dry, and should it become purulent it has rounding the joint becomes swelled, and as the fatty very little tendency to spread. We need scarcely subserous tissue becomes atrophied the joint assumes mention that these relations have an important bear- a spindle-shaped, flabby appearance. Extensive use ing upon the prognosis of these local processes, but of the diseased limb or the presence of fistulæ, as the they are not less important as regards the question of result of small abscesses, will increase the swelling of general infection.

berculosis of the bones, is of rare occurrence, but periosteum becomes thickened and the indurated still frequent and grave enough to deserve special parts gradually adhere to the skin, which, in consemention here. It is especially found in cases in which quence of atrophy, then presents that smooth, shintuberculosis is complicated with open suppuration, ing, anemic look which deservedly gave it the name After having destroyed the cartilage of a joint it may, white swelling. But we may safely assert that since find its way into the surface of the joint-ends, and from such cases have received more careful treatment, there penetrate deeper into the shaft of the bone. principally immobilization and rest, they have become The medullary cavity especially seems to be a favor-somewhat scarce. Instead of proliferation of young ite seat for it. It chiefly characterizes itself by the tissue, we may also have a dropsical exudation into irregularity of its invasion; the healthy bone may the joint as the result of the same amount of irritashow different irregular islands of infiltration of the tion. This hydrops articuli tuberculosus is generally same color as the tuberculous sequestrum, whilst the the result of diffuse synovial tuberculosis, and in alspongy bones may be studded over alternately with most all obstinate cases such a condition may be susyellow infiltration or small abscesses. The medullary pected. The fluid in such cases may be as clear as cavity especially is apt to be filled with smaller or water, or mixed with pus corpuscles, it may also have larger abscesses surrounded by a pyogenous mem-la fibrinous deposit; in fact, exhibit all the varied probrane, so that the process is aptly described by the ducts of coagulation. These coagulations may appear name "true osteo myelitis tuberculosa purulenta," as a soft white membrane, or in the shape of rice It is fortunate for conservative surgery that such cases bodies. At one time it was supposed that cases which

joint itself. The majority of cases which have been The course of the disease is very much affected by considered under the name of white swelling, or funthe condition of the tuberculous foci; whether they gus articuli, owe their origin to some tubercular focus have a dry granulating, or a soft cheesy appearance, seated in the joint-ends which either directly or in-The former variety has a tendency to form cicatricial directly breaks into the joint. True, the synovial surroundings, and thereby remains localized, whereas membrane may be primarily affected, but the osteal the soft form becomes cheesy and purulent, rapidly dif-tuberculosis is much more frequent. We find there fuses into the surrounding tissue and there sets up iden- the granulative foci especially represented, which tical changes; as a result we then have the chronic or may be located under the cartilage or in the vicinity cold abscess. Why we should have in one case the of the synovial membrane, and only a few lines of dry form, in other cases again see the cheesy or pur-territory may decide whether they are going to break ulent variety, we have so far not been able to deter- into the joint or will remain a parosteal abscess. The mine. We are nevertheless aware of one fact: that tuberculous sequestrum is not generally accompanied the quantity of matter is not dependent upon the by suppuration; it remains dry for a long time and extent of the infectious focus. We see sometimes becomes polished or eburnated from extensive use of the largest abscesses connected with the smallest the joint. Its smoked yellowish appearance will aid

Viewed in the light of modern pathology, the terms the proliferation of soft, young connective tissue The two forms mentioned above generally preserve which, in addition to the tubercles, is found spread the joint, and finally leave the soft parts in a state of The third form, that of infiltrating progressive tu-lardaceous fibrous induration. In extreme cases the are rare, as prognosis is obviously a bad one. From showed these rice bodies were free from tuberculosis,

but recent observations seem to prove the contrary. the size of a pigeon's egg, with flat surface. Their

of cheesy granulation. The empyema we speak of with dropsy and fibrinous deposits. is the product of multiple miliary tuberculosis scattered over the inner surface of the synovial mem- of the bones and joints is of somewhat recent origin, brane, filling the joint with tuberculous matter and its clinical history is necessarily still incomplete. coating it with a tuberculous membrane, which can Tuberculosis may develop primarily in the bone itbe readily scraped off. The cartilage seems to be at self, or, by way of metastasis, be transmitted there first exempt from tuberculous infection, it only be- from other organs. Just how it enters into the syscomes involved after the destruction of the bony or ten we have so far not beer able to determine. But synovial parts of the joint has made progress. As a from experiments and from the fact that it is so frerule, the tuberculous foci are single; they may, how. quently found in the lungs and in the thoracic duct, ever, appear in a multiple form in the granulating we may safely assume that the lungs and stomach variety, and oftener still in the caries sicca. General especially serve as entrance to the virus. Very reinflammation of a tuberculous character will follow cent observations even seem to sustain the theory their perforation into a joint, unless the point of per- that tuberculosis may be communicated to healthy foration becomes occluded by the inflammatory propersons through wounds. About a dozen cases are duets of the connective tissue, as is often seen in the on record which leave no doubt that the virus has spread over the entire joint, even if the latter is filled infer with some certainty that a metastasis from these up with soft, loose granulations. These granulations organs has taken place. There is, however, a certain are simply the product of inflammatory irritation of percentage of cases (Keenig found about 17 per the joint, and may be free from tubercles. The cent.), where the bone alone was the seat of tuberespecially where extensive layers of subsynovial fat other organ affected. Undoubtedly it will always be are formed.

berculosis. Its picture is varied; in some cases, changes in the joints. where during life no sign of inflammatory change was manifested, we find subsynovial gray tubercles, and we might use acute osteo myclitis as an example. as these are mostly found in connection with acute. This affection sometimes closely follows injury, and general tuberculosis, they are more of anatomical than yet it would hardly be safe to assume that an inpractical interest to us. Somewhat related to this fectious centre was lodged in the body previous to form are the cases of dropsy with fibrinous deposits, the attack. It would be much more plausible to think or rice bodies. But the form which the surgeon meets that the poison was taken up into the system about most, is exhibited in the cases of diffuse tuberculous the time of injury, either by inhalation or ingestion, granulation. We find there numberless gray or gray- and carried to the place of least resistance. The ish-yellow tubercles visibly distributed through the question whether tuberculosis can be inherited will whole thickness of the synovial membrane, and even engage the attention of our investigators for some through the subsynovial tissue. The synovial sac time yet. The opinion that it is not tuberculosis itmay be filled with transparent liquid or pus, and its self, but simply a disposition to it, which can be granulating surface be coated with a pyogenous mem-transmitted from parent to child, seems at present to brane. Para-articular abscesses almost invariably owe predominate. Nevertheless, some recent experitheir origin to some focus in the bone, but there are ments on rabbits with a view to this point have decases in which tuberculosis, which existed in the joint monstrated the presence of the bacillus tuberculi in without suppuration, finally perforated the joint, and the first feetal stages of these animals, and these exthen ended in cheesy suppuration. Careful examin- periments strongly favor the view of direct transmisation will generally detect some point of communi- sion of tuberculosis. We all know that scrofulous cation with the joint.

nostic skill of a surgeon, is what we call the nodular amongst some weighty authorities to drop this word, form. If we were justified in classifying tubercles and to consider the changes found in such cases unwith tumors we might bring this form under the head der the head of tuberculosis. The experiences reof tumors. Its seat of preference seems to be the ported by such men as Billroth, Volkmann and knee joint, also tendons and their sheath (bursa in the Keenig, in fact, seem to justify this step. Keenig carpal joint). They may be of solitary growth in the mentions the case of a woman who suffered from capsule of the knee joint, and seem to originate from fungus of the ankle when she was 10 years old; at the fibrous portion of the synovial membrane, reach the age of 70 the foot became so painful that it had

We should not forget to mention that condition color is grayish red, studded with light gray, small which is embraced under the term tuberculous empy todules, the size of a pin head. An abundance of ema of the joint. It should be distinguished from tubercles are found on their surface or in the richly that form of cheesy suppuration caused by some focus vascularized layers. Such cases are accompanied

Clinical History.—As the question of tuberculosis knee joint of children. If the inflammation involves been inoculated into fresh wounds. In the majority the whole joint it may exhibit the form of fungus, of cases we find tubercular deposits in some other dropsy or cold abscess. The tubercles are first not organs, aside from the bursa or joints, and we may parasynovial tissue presents a gelatinous appearance, culosis; at all events, it was impossible to find any difficult to say whether trauma alone in some cases, Primary diffuse synovial tuberculosis may occur without the presence of some tubercular focus in the simultaneously with, but independently of, osteal tu- body, will be sufficient to produce such specific

But, as we are justified in reasoning from analogy, children are especially subject to affections of the A very rare form, which will often test the diag-joints, but at present there seems to be a tendency

to be amputated. He found in the old encapsuled cure can take place or not. It seems, however, not focus of the tibia distinct signs of tuberculosis, and very improbable, when we see so many cases of patient eventually died from tuberculosis of the chronic dropsy with swelling of the capsule get well lungs. Volkmann reports similar experiences, and after the application of blisters, tr. iodine, or com-Billroth does not hesitate to say that very few such pression. cases reach an age higher than 40 to 50 years; that for its development.

of miliary tuberculosis.

pose to divide it into three distinct groups:

I. Tuberculous dropsy or synovitis.

11. Tuberculous fungus. III. Cold abscess of the joint.

three, and it may occur in cases of diffuse synovial tions. This form may result in destruction of the tuberculosis with moderate swelling or with prolifer- epiphysial surface, and may in this manner interfere ating changes of the synovial membrane. In these with the mechanism of the joint, but the tubercular latter forms we have fibrinous deposits in the shape process has very little tendency to spread into the of loose bodies or organized layers, which may gradu- parasynovial tissue, or to the formation of an abscess. ally be changed into polypoid tumors. It may further If suppuration should occur, we find only the circumoccur in cases of circumscribed nodular, as well as scribed (para-articular) abscess. Very little swelling diffuse fungus, granulative tuberculosis of the synovi- is generally noticed; in not a few cases we even gain alis, but in the latter form the soft swelling of the an impression as if the joint was in a state of atromembrane seems to be more prominent than the phy, as, for instance, in the knee and hip joint of dropsy. The local symptoms are those of exudation younger subjects, and especially characteristic in this into the joint, in conjunction with the signs resulting respect is the shoulder joint by its rapid waste. The from the thickening or tumors of the synovialis. But shoulder then loses its round shape, and we find the as the exudation changes in quantity, the basis of head of the humerus in close proximity to coracoid clinical distinction rests more on the different forms process, the knee becomes deflected outwards and of tuberculosis, since they are the cause of this exud-dangling, and in the hip joint the line of the trochanter ation. Where the synovialis is but slightly changed, is raised, the extremity becomes slightly shortened. In the symptoms are simply those of dropsy of the joint, another class of cases we find the tuberculous granula-The especial characteristic of this dropsy is that, tions soft and with a tendency to cheesy granulations. after compression or puncture, it has a tendency to. In the more advanced cases these processes perforate joint after the exudation has left it, we detect a cere a circumscribed abscess in the para-articular tissue, tain degree of synovial swelling, especially so in the. The joint after much use will swell considerably and upper recesses or near the lateral insertion of the become spindle shaped, the skin looks aniemic, from

11. Tumor albus, or granulative tubercular form. secondary tuberculosis is generally the final issue. - This is the most frequent form of joint affections, A low state of nutrition especially predisposes to and some authors have devoted so much space and such affections, but still we also meet them in well time to its description, that they were interpreted, by nourished subjects. Whooping cough, measles, scar- not a few, as denying the existence of any other form lating, and eventually lupus, seem to prepare the soil of joint affection. But even the enthusiasts admit that besides tuberculosis, other joint affections, as the As to the course these tuberculous processes may result of typhoid fever, scarlatina, measles, and above take, we have already mentioned before that some all, acute osteo myelitis or syphilis may produce simhave a tendency to heal, or at least become latent to ilar symptoms. Surgeons skilled in differential diagsuch a degree that we consider the patient cured nosis should, however, be able to make the necessary These are especially the cases with the formation of distinction; and moreover, you will have a hundred firm granula ions with a tendency to cicatrization, cases of the tubercular form before you meet with less so cases with large wedge-shaped sequestrum, one case from the other causes. Acute epiphysial Some cases even, where suppuration has gone on, osteitis may give us the most difficulty in diagnosis, may furnish a comparatively favorable prognosis. having great resemblance to this granulative form. But with all this we must not forget the fact that, in A careful examination into the etiological factors, the course of months or many years, some new ex- however, as well as the acute febrile condition, may citing cause may lighten up these processes again, help to clear up any doubt. In the majority of cases and finally destroy the patient under the symptoms it will be impossible for us to decide whether we have an independent tubercular synovitis, or one resulting The clinical picture of tuberculous affections of from affection of the bones. The knowledge that joints is by no means a uniform one; on the con- osteal processes occur a little oftener than synovial, trary, full of variety. It may serve a practical pur- will not serve us much as a guide in an individual

As we have already mentioned, this affection may exhibit clinically different forms. One form, for instance, is characterized by dry, firm granulations I. Hydrops tuberculosus is the rarest form of the which have a special tendency to cicatricial contracreturn after some little time. If we examine the the synovial membrane and set up a cheesy focus or capsule of the knee joint, there we find sometimes a being grown to the subjacent tissue, so we have a solid swelling which is easily movable under the fin-veritable tumor albus. Fortunately, these extreme ger. In severe cases we also find, on moving the cases are to day not as frequent as they were years joint, a grating sound, and can detect prominences ago, owing to the improved methods of treatment, and tumors quite distinctly. Fever is not present, especially prompt immobilization. We occasionally So far we are not able to say whether a spontaneous meet cases where the granulations are so soft that it

will be difficult to distinguish it from an abscess, some light, since the emptied fluid is not as clear as leave fistulæ in different places about the joint.

of a joint have been addiced by different surgeons without really explaining all the points with full satis faction. Habit, or the way of using the joint, seems all doubt in the matter. to have most to do with its position. A slightly flexed position is generally assumed to rest the joint, system has already been reduced by tuberculous proso it very probably, in an inflamed condition, relieves cesses of other organs; it is also generally accompathe tension of the capsule and in this way lessens the nied by fever, showing the curve of hectic fever. In pain. Mechanical influences, as the weight of cov- external appearance it may resemble simple dropsy ers and the position in bed, should also be taken into of the joint, but the synovial membrane is more thickaccount. If the contractions have established a cer- ened. The form considered under the name tumor tain degree of displacement we may infer a corres- albus, although its clinical picture is varied, generally ponding degree of destruction.

others it is excruciating. In cases in which it is in tion, and very little doubt is left us after circumscribed tense we may expect to find a grave lesion of the suppuration or fistula are combined with it. Acute bone. This especially is true in the hip joint, where multiple osteris might be mistaken for it, but this afa quick, slight blow on the end of the foot or on the fection is of rare occurrence, the processes are also patella, with knee in a flexed position, or a push of multiple and found more in the shaft of the bone; in the leg in the direction of the joint, will evince severe fact, in several bones, its history at the same time will pain. If a joint, which has been hitherto painless, be of some assistance. Syphilitic affections of the should suddenly become painful without any external joint may show some resemblance at first, but the cause, we may assume that an osteal depot has characteristic look of the ulcers or cicatrices usually broken through into the joint. The presence of found, will soon settle our doubts. Those forms painful spots about the joint-ends not infrequently which occur after infectious diseases carry already a points to a focus of the bone. Our diagnosis be valuable diagnostic factor with them in their history. comes more definite when these spots, besides being soft and impressionable, show a circumscribed defect granulating atrophy, from cicatricial shrinking of the in the tissue, and especially complete will it be if we capsule and bones, may sometimes be mistaken for find a larger soft granulative focus or a small abscess. a neurosis of the joint. A careful examination, how-Such a diagnosis will be an essential guide in our ever, will reveal the wasted condition of the jointtreatment.

tis.—In this form we generally find, after having shoulder, knee and hip joint. scraped off the pyogenous membrane, the synovialis children. Prognosis is generally bad.

sistance to the different forms of remedies only, and present in a latent form which years after may lighten its tendency to relapse, will strengthen our opinion on up again and lead to further destruction. Billroth's this point. Puncture of the joint may also give us observations and those of a number of other surgeons,

Practically this will be of no serious consequence, as in simple dropsy, and is often mixed with decaying they sooner or later are followed by suppuration. It pus corpuseles and fibrinous deposits in the shape of such abscesses do not reach a large-size they may, grating membranes or rice-bodies. It can be distinby strict immobilization of the joint, become ab-guished from arthritis deformans by making generally sorbed, but more frequently they break open and its appearance between the ages of 16 and 40 years, and turthermore, it leaves no deformity of the joint, So long as these fungus processes are unaccompa- is also frequently combined with tuberculosis of other nied by suppuration, patients are generally free from organs. Cases with circumscribed tuberculous fibfever, except after abnormal exertion or surgical in- roma may be confounded with tumors of sarcomaterference, as, for instance, an attempt to straighten tous, lipomatous or syphilitic nature. Sarcomata, a contracted joint. As soon, however, as we have generally, are pedunculated, but still, in some cases, signs of the formation of an abscess, we have a rise we are left in doubt until we operate. Fortunately, of temperature in the evening, and in some cases the treatment is the same, so that a doubt in diagnoalso in the morning. Various causes for contraction sis is of no serious consequence. In cases of syphilitic gummata, if every other diagnostic point will fail us, iodide of potassium will in a few weeks clear up

Cold abscess of the joint occurs in persons whose presents no difficulty in diagnosis. Its spindle-shaped Pain may in some cases be only slight, whereas in appearance is somewhat characteristic for that affec-

Caries sicca, where joints are in a state of dry, ends, and consequently some shortening of the parts. III. Cold abscess, or purulent tubercular synovi- This form is mostly found in younger persons at the

As to prognosis, we may state that the hope of studded over with miliary tubercles. This membrane curing the local processes of a joint should not be is largely distended, as we commonly find it in dropsy excluded in any case. But the more these tubercuof the joint. It is mostly found in the knee joint lous granulations have a tendency to decay and the less frequently in the hip, and principally amongst more extensive such a focus may become, the graver the case will be. Suppuration may also enhance the The healthy appearance of a patient should not danger in a case, especially as septic infection may prevent us from making a diagnosis of tuberculosis combine with the result. If, however, we succeed of a joint, if the characteristic signs are present, in getting a patient over this danger, cicatricial con-We experience most difficulty in this respect in cases traction may bring about a favorable termination, which have been considered under the head of tuber- provided the deeper structure of the bore is not inculous dropsy, as their external appearance differs volved. But, however favorable the result may seem very little from simple dropsy of the joint. Its re- to be, we must never forget that tuberculosis may be

found that most of his cases, which he thought cured some operation which promises a fair result and withafter resection or amputation, exhibited after a few in a reasonable time. years signs of tuberculosis in other organs or had meanwhile died from that cause. He thinks that such patients seldom reach an age above 40 or 50 years. Caries sicca seems to give a better prognosis as to life, but not so favorable as to the use of the joint, since it is apt to lead to anchylosis. Children are more favored in point of prognosis than adults. As long as we find pain in the joint on pressure or after use, even after all the swelling has subsided, we must still suspect some mischief.

Treatment.—Even before the tuberculous nature of white swelling was demonstrated, surgeons, with sound instinct, instituted a treatment similar to the one followed out in tuberculosis of other organs. Prepara class of eases laboring under a mixed form of atrotions of iodine, preferably iodide of iron, mercury, phic and hypertrophic catarrhal inflammation of the arsenic and cod liver oil, saline and sea baths, have for a long time been in use, not on account of their specific effect, but principally with a view to raise the state of nutrition. But, after all, we are compelled to look to local treatment for better effect. Absolute rest of the joint is without any doubt the prime condition, especially in cases with a tendency to ab-Plaster of Paris, or some similar bandage, unites with the immobilization of the joint the advantage of circular compression. But it is indispensable to put the leg in the proper position before bandaging and to correct any contraction. For the latter purpose weight and pulley are the best expedients in the knee and hip joint; forced redressment, place—in some cases it even seems to have a more curative influence, owing to the inflammation set up by it. After contracture has been removed a plasterof-Paris bandage is certainly the most convenient. Massage has so far not fulfilled our expectation in these cases; inunction, however, of iodine or mercurial preparations, also application of cold, may occasionally be of some benefit. Injections of carbolic acid into the joint have rapidly been abandoned. Ignipuncture of the joint, at one time highly extolled, seems only to be practised now by a few.

Whatever we may do in the way of conservative treatment, it will always require many months, and even years, for recovery, and then we find that some cases need a still more radical procedure. We may use conservative measures in younger persons, with the expectation of good results, when there is little swelling and the function of the joint moderately impeded; so also in the dry granulating form. The formation of a small circumscribed abscess, accompanied with some pain, is no special cause for discontinuing this plan of treatment. Even the graver with the prospect of an uncertain result, and if the of thickened structure with enlarged blood-vessels.

although very gloomy, are no doubt correct. He case is made plain to him he will no doubt prefer

(To be concluded.)

A MIXED FORM OF ATROPHIC AND HYPERTROPHIC CATARRHAL INFLAMMATION (HITHERTO UN-DESCRIBED), AND ITS TREATMENT.

Read before the American Rhinological Association, at St. Louis, Mo., October, 1886,

> BY P. W. LOGAN, M.D., OF KNOXVILLE, TENN.

I desire to present briefly a general outline of a upper air passages. In these cases there exists simultaneously and conjointly, hypertrophy and atrophy of the mucus membrane of the nose, nose and pharynx, or nose, pharynx and larynx. I have observed numerous cases of this form of inflammation, some of which were apparently so slightly affected, so far as structural changes and other evidences of inflammatory action were concerned, that some observers would, on examination, conclude that the affected structures were in a healthy condition. The condition of the diseased mucous membrane, however, varies,—the structural changes being greater in some than in others, and the quantity and quality of secretion also varies. Now and then we see hypertrohowever, under anæsthetic may also have its proper phy and atrophy apparently well marked co-existing in the same patient, but in many of these cases I have not noticed a decidedly pronounced morbid condition accompanied with the usual characteristic appearances present in either hypertrophic or atrophic inflammation occurring separately. In other words, this mixed form of trouble does not present the usual characteristics of either the hypertrophic or atrophic variety of catarrhal inflammation. The accompanying conditions seem to stop short of a well-developed hypertrophic or atrophic condition as described by various authors.

The mucous membrane does not appear dry and incrustated with inspissated secretions, as in the atrophic variety, yet there is not usually present sufficient secretion to normally lubricate the affected surfaces, and a dry sensation is complained of. Now and then I have noticed in children laboring under this mixed form of trouble, and in whom the hypertrophic condition predominated, excess of nasal secretion, but at the same time a dry sensation of the nose, or nose and throat was often present. In these cases I have found astringents objectionable, as they forms of fungus may derive some benefit from it as increase the uncomfortable dry sensation referred to. long as there is no extensive suppuration, but if the This effect of an application containing an astrinlatter should occur, with considerable pain and signs gent leads me to suspect co-existing atrophy. The of displacement, a more radical method is called for. mucous membrane in adult patients presents the ap-The social condition of a patient will also be of some pearance of atrophy, especially in the pharynx, seeminfluence in our decisions. A poor laborer, who has ling to be paler, smoother, and apparently thinner to support a family, can not well afford to be treated than the normal and healthy structure, except here in such a conservative manner for a very long time, and there, an occasional inflamed circumscribed spot radiating therefrom, and sometimes involvement of questionable existence and its successful managefollicles, as we see in so called tollicular pharyngitis. ment. Dr. Seiler, in speaking of simple chronic ca-In some patients. I have noticed no appearance of tarrh, says: "This affection is conveniently divided disease in the pharyngeal mucous membrane, except into two large subdivisions, viz., into hypertrophic the incipient appearance of atrophy, at the same time, and atrophic nasal catarrh, which may arise indepenhave observed, in the nasal mucous membrane, by-dently of each other, or the atrophic may be a sequel pertrophy with a tendency to dryness of naso phar- and consequence of the hypertrophic variety. As ynx and larynx.

monic, symptom of the mixed form of trouble, is a This being the case, if it be true that there exists a tendency to a dry sensation of nasal or pharyngeal, mixed form of atrophic and hypertrophic catarrhal and frequently laryngeal, mucous membrane. We inflammation, how are we to meet and successfully must not be misled by the accompanying hypertro-|combat these opposite coexisting conditions? phy appearance here and there, and resort to the **fl**ammation.

an aggravation of symptoms, more especially if they mixed in character. were applied to the nasal mucous membrane. I am sure this class of cases is frequently improperly treat- condition may exist in one nostril and the atrophic ed, or disposed of with little or no treatment at all, condition in the other;" and moreover, "As the from the fact that they are many times considered treatment, however, is very different, these two vaso slight or trivial in character as really to require rieties must be considered under separate heads." little or no treatment. Patients suffering from this va- Under this state of case, how would Dr. Seiler riety of diseased mucous membrane are unwilling to treat his patient who had a hypertrophic condition be put aside in this way, therefore seek further advise. in one nostril and an atrophic condition in the The lessened secretion of the naso-pharyngeal mucous other? According to the position taken by him, he membrane tends to the development of similar laryn- would treat one nostril for hypertrophic and the other geal involvement. Really the mucous membrane for atrophic catarrhal inflammation. Now if we acin this variety of disease does not appear literally cept the idea of a mixed variety of atrophic and hydry, but there is, as a rule, unquestionably diminished pertrophic catarrhal inflammation, and the fact that secretion, which is generally purulent in character.

oughly lubricate the mucous membrane, but enough ble, I think we will succeed better than to treat one secretion is present to prevent that excessively dry, nostril for hypertrophic inflammation and the other glazed appearance which we see in a more advanced for atrophic inflammation. Dr. Seiler also says that case of uncomplicated atrophic catarrhal inflamma- "Hypertrophic and atrophic catarrhal inflammation are inclined to clear their throats, and sometimes atrophic may be a sequel and consequence of the swallow the wrong way. A hot, dry air or an at- hypertrophic variety." While this is generally conmosphere containing smoke, dust or other foreign ceded, it is not a well proven fact. It is difficult to matter seems to aggravate the trouble, especially reconcile the view that inflammation of the mucous carpet dust, which is linty, and being so, adheres membrane in one case will result in hypertrophy and more obstinately to the mucous membrane. Over- in another in atrophy, because of the presence of heat from any source sems to aggravate this trouble, organized connective tissue, when we realize the but furnace heat or dry stove heat is especially in- fact that this connective tissue is present in both jurious, as it tends to further increase the dryness of the hypertrophic and atrophic varieties of catarrhal the affected structure.

varieties of catarrhal inflammation have been men tioned. I refer to Dr. Bosworth's classification, which parts, as to produce atrophy and in another case give is more complete than that of other authors, and in-rise to increased nutrition, increased growth and indeed a good classification; but so far no author has creased action of the follicular and glandular strucincluded in his classification the mixed form of ca-tures and hypertrophy? If these conditions arise tarrhal inflammation of which I speak. This form separately and independently from each other, the of disease occurs quite frequently; indeed, so much so that I felt it necessary to call attention to its un-

the treatment, however, is very different, these two A prominent, and 1 might say almost pathogno- varieties must be considered under separate heads."

Proper classification of the different varieties of usual treatment for hypertrophic inflammation. In catarrhal inflammation is important, from the fact the mixed form of trouble I have usually found es- that we cannot treat them all alike. It is therefore pecially the atrophic element predominating in adults, absolutely necessary to recognize the true condition and in children generally the hypertrophic element of the affected structures. A hypertrophic condition greatest; yet in both adults and children, treatment of the mucous membrane of the upper air passages adapted to atrophic inflammation is, I am sure, the accompanying atrophic inflammation of the same correct treatment for the mixed form of catarrhal in-structure, will not yield to treatment usually resorted to in cases of uncomplicated hypertrophic catarrhal In the management of this trouble I would not ex- inflammation. Herein lies the difficulty of treating pect to succeed with astringents, but would look for successfully a large class of cases, which I consider

Seiler says, moreover: "That the hypertrophic treatment adapted to the atrophic condition is cor-There is not sufficient secretion, as a rule, to thor-rect in the management of said mixed form of trou-In cases of laryngeal involvement, patients may arise independently from each other, or the inflammation. Why it one case should the inflam-So far I believe only five distinct and separate matory process interfere with the glandular and follicular structures, and the general nutrition of the

⁾ Seiler, "Diseases of Throat," p. 218 3 "Diseases of the Throat."

atrophic condition is not always Nature's cure for the or the atrophic variety occurring separately. One hypertrophic condition. In other words, atrophic of our best guides in the management of the mixed inflammation, according to this view, is not always form of trouble is returning moisture of the mucous preceded by a hypertrophic inflammation. The eti- membrane or lessened dry sensation so often presology of these two conditions seems irreconcilable, ent. After having given sufficient treatment to re-Dr. Bosworth, under the head of "Chronic Nasal lieve the accompanying dry sensation, the secretions Catarrh," in speaking of atrophic or dry catarrh, being increased, and the diseased condition and apsays: " "After removing from the mucous mem- pearance of the inflamed structures improved, I have brane of the lower pharynx, the plug of dry, shreddy usually found it best to discontinue treatment as mucus protruding in the median line, when the dis long as the patient did well without it, recognizing ease has resulted from the hypertrophic form of ca- the fact that the parts must be kept in a favorable tarrh, we will find in this locality hypertrophied glan- condition to grow well by degrees. When improvedular tissues, which characterizes that form of the ment ceases after discontinuance of treatment, and disease." This is an admission of the fact that we there is a return of symptoms of the existing trouble, may have a mixed form of trouble, even in an ad-sufficient treatment is needed to again put the parts vanced and fully developed case of so called atrophic in a condition to improve without treatment for a infiammation.

relief, adopt treatment suitable to the existing atro- measures should be observed. ment used, I am governed by the condition of the but whenever it gives rise to the slightest dry sensaaffected structures and the effect produced. As the tion it should not be used. affected parts improve, less treatment will be required. The mixed variety will not bear as much continuous treatment, as a rule, as the hypertrophic.

time, after which a little treatment may be necessary The class of cases referred to in this paper, how- now and then to assist the vis medicatrix natura on ever, stop short of a fully developed atrophic or hy- to final recovery. It is impossible to reestablish a pertrophic condition, with its usual accompanying normal condition of the affected structures in a short symptoms when considered separately. A hyper-time, hence the necessity of following up the treattrophic catarrhal inflammation must be treated dif ment from time to time. pro re nata, until the parts ferently from an atrophic catarrhal inflammation, grow well. This line of treatment, in connection after full development, and as described by various with constitutional remedies, such as tonics, laxaauthors. The point I wish to make is, that we fre-tives, and diuretics, will not only remove the accomquently meet with a mixed form of atrophic and hy- panying hypertrophy, but will produce increased nupertrophic catarrhal inflammation, and notwithstand-trition in the atrophied structures, and increased ing the accompanying hypertrophy, which usually action of the glands and follicles of the diseased mupredominates in children, we must, in order to afford cous membrane. During and after treatment hygienic

phic condition, regardless of the accompanying hy- While the authorities generally take the position pertrophy. But the treatment must be less stimula- that the atrophic condition is a consequence and ting than in a case of purely advanced atrophic carresult of the hypertrophic condition, and that either tarrh attended with dry inspissated, incrusted secre- condition may exist separately from the other, I am tions, the removal of which sometimes requires the inclined to the opinion that as a rule hypertrophy use of alkaline detergents. As a rule, in the mixed exists prior to atrophy, and that after atrophic changes form of trouble under consideration, the usual deter-begin in a hypertrophied structure, treatment usually gents are not required. The treatment should be resorted to in cases of hypertrophic inflammation is mild, soothing, gently stimulating, antiseptic, and not suitable for the relief of the mixed form of atroprotective, so far as local applications are concerned. phic and hypertrophic catarrhal inflammation. In It must be unirritating. I have obtained the most other words, after atrophic changes begin in a hysatisfactory results from applications of vaseline, con-pertrophied structure, remedies such as I have mentaining a small quantity of oil of encalyptus, two to tioned, directed to the relief of the atrophic confive drops of the latter to an ounce of the former, dition, will not aggravate the accompanying hyperwhich should be made hot before the oil of eucalyptrophy, but will relieve both the hypertrophy and tus is added, after which the mixture should be stirred atrophy. In the mixed form of trouble, irritating until it becomes cool, when it is ready for use. Some astringents, etc., usually resorted to in hypertrophic bear more of the eucalyptus than others, from the catarrh, will invariably aggravate the accompanying fact that the treatment should be more stimulating atrophic condition. Our treatment, therefore, must in some patients than in others. I usually apply, by be directed to the relief of the atrophic condition means of spray tubes, about one half drachin of afore- always, when atrophy exists, regardless of any hysaid mixture with each tube used. Tubes necessary pertrophy which may exist. When spraying the for nose and throat are numbered four, five, one and lower pharynx and larynx, I usually add to the mixtwo, and when the larynx is involved a number seven, ture of vaseline and oil of cucalyptus, a few drops with which we can thoroughly spray the larynx if the of the comp, pinus canadensis mixture mentioned in patient is asked to breathe naturally or inhale deeply. Dr. Rumbold's "Hygiene and treatment of Catarrh." In frequency of applications, and amount of medica. It generally adds much to the comfort of the patient,

^{8 &}quot;Diseases of Throat and Nose" by F. H. Bosworth, p. 214.

MEDICAL PROGRESS.

THE TREATMENT OF PUERPERAL RUPTURE OF THE UTERUS.—F. KRONER, of Breslau, in a short but tributing the favorable results in the cases treated lucid communication in the Centralblatt für Gyna- with drainage to drainage itself. Natural drainage, celogic, in addition to reporting a case of his own as has been emphasized by Kaltenbach, accomplishes observed in 1880, has collected all cases of puerpe- the most good, and unquestionably the discharge of ral rupture of the uterus, in which labor was com- matters that have been poured into the abdominal pleted per vias naturales, treated without drainage, cavity is greatly facilitated by intra-abdominal pressreported during the last ten years, for the purpose of we. Hence our main object must be to favor natstudying the relative advantage of drainage or no ural drainage by a firm and well fitting abdominal drainage. The outcome of this investigation serves bandage, and by a semi-recumbent position of the paas additional proof that drainage of the peritoneum tient. Artificial drainage, without the strictest antipresents no advantages, a view that is at the present septic precautions, may be attended with more harm well as from a practical standpoint.

His own case is the following: Woman, at. 31, peritoneal cavity.—Memorabilien, Hft. 4, 1886. III-para, rachitic, child in vertex presentation; one hour after breaking of the membranes rupture of and twenty two recoveries.

Of far greater importance for the solution of the but the result was the same. question of drainage were the twenty-two cases of

out drainage lasting eighteen days, against fourteen days with drainage, and the longest seven weeks without drainage against nine weeks with drainage.

This proves that we are not at all justified in atday being admitted as correct from a theoretical as than good. Prognosis will be greatly bettered by a most thorough cleansing of the peritoneal or extra-

Opium in Fevers,—Surgeon-General Gunnell the womb, with escape of the head. Turning and has a note on this subject in the last Naval Report. extraction promptly attended to, with delivery of a While in charge of the temporary naval hospital at dead, fully matured girl baby. The womb is torn Washington, during the war, a great number of cases across at its anterior attachment to the vagina. The of fever (intermittent, remittent and continued) peritoneum not torn, but peeled off from the womb were received from the Potomac flotilla, which confor a considerable distance to the front and to the sisted of some thirty or forty small vessels engaged right. Manual extraction of the placenta, which had in the blockade of the Virginia shore. Except on slipped between the uterus and the anterior wall of the flag ship there were no medical officers on those the abdomen. Irrigation of the womb with carbol-vessels, but most of them were supplied with a surized water. Treatment during the first days consist- geon's steward or apothecary having some small ed of opium and an ice bladder to the abdomen, af- knowledge of medicine. When received at the hosterwards in emollient applications and an occasional pital the history of these cases generally was that the laxative. After suffering with a diffuse parametritis men had been sick for several days and had been for five weeks, patient is discharged cured seven treated with quinine, and perhaps a mercurial purgaweeks post-partum. Subinvolution had been nor-tive. I adopted a uniform plan with them. The mal; the womb was displaced to the right on both patient on admission was given a warm bath and sides of the uterus; tense cords could be felt; Doug-placed in a comfortable bed with cotton sheets and las' cul de sac was worn shallow and non-resistant. gown. Most of them came from hammocks on ship Theforty seven cases of ruptured uterus treated with-board, with the stains on their bodies of the blue out drainage, collected from medical literature, com-tlannel shirts which they had worn night and day. prise nineteen complicated with lesion of the peri-toneum, with eight recoveries; ten cases uncompli-effort was made to determine the time of recurrence cated, with five recoveries, and eighteen in which no of the chill or fever. An hour before this time a reference is made to the condition of the peritoneum, hypodermic injection of morphia, 16 grain, was adwith nine recoveries; a total of twenty-five fatal eases ministered under the skin of shoulder or buttock. The result was invariably the same. When the time No light is shed upon the question of drainage or of the expected paroxysin arrived the patient was in no drainage by a large majority of the fatal cases, for a profound sleep, covered with perspiration; from seven perished during or shortly after labor, eleven this he awoke refreshed and ready for food, and conwithin the first twenty-four hours, and only eight after valescent. Not a grain of quinine was given any of twenty-four hours, either on the following days or those patients after reaching the hospital-generally weeks. Of these latter three were affected with no medicine of any kind-and the men were resome disease intra partum, and four cases were in turned to duty after a few days in a condition of part tedious labors, in which the abnormal conditions health. In some cases, where the exposure had been were recognized late, and labor was terminated, after longer or when the remittent tended to pass into many futile efforts, in a severe and violent manner, continued form, the convalescnce was more slow,

Subsequent experience has convinced me that any recovery. They were far from being all simple cases, paroxysm of ague can be aborted and the attack but rupture had in all cases but one taken place broken up by the practice here given. I am sure spontaneously; and in no instance was grave infect that too much quinine is used in the treatment of tion present inter-partum. As fur as the reports go malarial cases. Twenty or thirty grains of quinine to show, the lying in differed but little from the cases sulph. in 5 grain doses in capsules between the successfully treated with drainage, the shortest with- paroxysms, with aperient containing 1 to 2 grains of calomel is a sufficient preparation for the coup de been thoroughly tested, however, in a female orphangrace of the morphia injection. After breaking the age, and St. Patrick's Industrial School, at present attack in the manner suggested salicin is often em-containing more than 150 female children, averaging ployed to prolong the effect of quinine, with good from 6 to 18 years, and the manager informs me that pepper, black or red, or with a grain of quinine is in the school, and that those treated by blistering very efficient.

is shivering in the chill stage, it can often be aborted fairly successful in female children. — Provincial by the inhalation of a few drops of nitrite of amyl, Medical Journal, January, 1887. which will shoot the attack through chill and fever into the sweating stage in half a minute. This, of course, must be managed only by a physician, who easily-applied test for wall-papers has been devised should know with whom he has to deal before employing so powerful a remedy. I do not see why a congestive chill could not be controlled by the same agent, while the mustard frictions and hot whiskey and water in the rectum are used. But of this I have no personal experience.

[A hypodermatic injection of morphine will also] abort a chill, even after the cold stage has set in.]

Treatment of Nocturnal Eneuresis. — Dr. ALEXANDER HARKIN, in a paper on this subject, says:

A mode of treatment of encuresis founded on the theory of a hyperamic condition of the cord as its cause, would naturally proceed on the lines of lowering the chronic congestion of the organ, and thus it is that remedies such as belladonna and bromide of potass., sometimes relieve by their power of diminishing reflex action, and causing anæmia of the cerebral and on placing the charred end a second time, not organs, but their good effects are transient and not too far into the flame, the flame will now be colored always perceptible. I have long since discarded them as insufficient, and have adopted the use of derivatives and revulsives, such as dry and wet cupping, or blisters to the nape of the neck, applied as high as possible, and as close as circumstances will permit to the neighborhood of the foramen magnum occipitale and the region of the medulla oblongata.

In my experience I have had but seldom to apply to the cupping; one full vesication being generally sufficient: a blister three inches in length by two in breadth, either by emplastrum lyttæ, or by my favor ite remedy, the linimentum cantharidis of the Pharma is also sometimes more difficult of cure; this may be will in cases of successful search be obvious. accounted for by the anatomical peculiarities of Lancet, Jan. 29, 1887. stricture in the female organs, the urethra is only one and a half inches in length, and is much wider than muscle so distinctive of the other sex. It is also thirst of diabetic patients: generally well-known that females, even in waking moments, have not always complete control over the bladder and that the slight impulse communicated by a fit of sucezing, laughing or coughing, may at ation of its contents. My plan of treatment has Remèdes, October 1, 1886.

Five-grain doses in capsules, with a little there has not been a single case for more than a year had all recovered, only two having required a second After the beginning of the ague, when the patient application. In private practice, too, it has been

> SIMPLE TEST FOR WALL-PAPER.—A simple and by Mr. F. F. Grenstted. No apparatus is needed beyond an ordinary gas-jet, which is turned down to quite a pin-point, until the flame is wholly blue; when this has been done, a strip of the paper suspected to contain arsenic is cut one-sixteenth of an inch wide, and an inch or two long. Directly the edge of this paper is brought into contact with the outer edge of the gas flame a grey coloration, due to arsenic, will be seen in the flame (test No. 1). The paper is burned a little, and the fumes that are given off will be found to have a strong, garlic like odor, due to the vapor of arsenic acid (test No 2). Take the paper away from the flame, and look at the charred end—the carbon will be colored a bronzered, this is a copper reduced by the carbon (test No. 3); being now away from the flame in a fine state of division, the copper is slightly oxydized by the air, green by copper (test No. 4). By this simple means it is possible to form an opinion, without apparatus and without leaving the room, as to whether any wall-paper contains arsenic, for copper arseniate is commonly used in preparing wall papers. Tests 1 and 2 would be yielded by any paper containing arsenic in considerable quantities.—British Medical Journal, Dec. 11, 1886.

Entozoa and Pernicious An.emia. — Dr. G. REYHER, writing on the etiology of pernicious anæmia, points out that, as in a large number of copecia, applied vertically, suffices. - It is very seldom-these cases a Bothriocephalus latus has been diagthat a second application is required; occasionally, nosed and expelled by means of male fern, the paespecially in females, after some months of respite, tients subsequently recovering, and as the anæmia there may be a call for the renewal of the remedy; of miners is now known to be due to the Λ nchylosin obstinate cases and in grown up patients, dry or tomum duodenale, it is possible that all cases are wet cupping may be requisite to complete the cure. I due to entozoa of one kind or another, and that It is of importance to note that while this infirmity is therefore diligent search should always be made in of much less frequent occourrence in the female, it the freces for the ova of tenice, etc. The treatment

TREATMENT OF DIABETIC THIRST.—DUCHENNE in the male; it is besides unprovided with a sphincter recommends the following mixture for the excessive

Phosphate of potassium...... 2 parts

One teaspoonful should be given two or three any time in some individuals cause a complete evacu-times a day in a little wine or hop tea.—Noureaux

THE

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THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters, that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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No. 65 RANDOLPH STREET,

THE RED CORPUSCLE AFTER TRANSFUSION.

From a clinical standpoint the question of the normal life-duration of red blood-corpuscles is chiefly of interest on account of its bearing upon transfusion of blood. As is well-known, the lamented Panum made the first direct attempt to ascertain the lifeduration of transplanted corpuscles, but by a method which was both crude and laborious-though he found that the red corpuscles were capable of living directly proportional to the quantity of blood inlife-duration was probably longer That the share taken by the liver in this process of count of the blood plasma. destruction is always considerable, but is always greater in dogs than in rabbits; 5. Since after trans-number of the corpuscles, experiments on animals

fusion of blood in conditions of health, the rate of destruction of the transfused corpuscles averages from 2 to 3 per cent. pro die in the rabbit, and is considerably more rapid in the case of the dog, to conceive of a condition, therefore, in which after transfusion of a small quantity of blood, for example, 3 or 4 per cent., the corpuscles may remain discoverable for a period of some days, is to conceive of a condition, which, in all probability, never obtains; and, while this is true of the rabbit, it will hold still more true of the dog (and, by analogy, also of men), in which animal the process of blood-destruction is normally more rapid.

We are not so much interested, however, in the manner of conducting the experiments, as in the conclusions which may be drawn from them as to the effect of transfusion upon man; and Dr. Hunter's paper is chiefly valuable to the clinician on account of what he says on this point. We cannot, on man, transfuse such large quantities of blood as to ascertain, by actual enumeration, the life-duration of the transfused corpuscles. Again, transfusion is practised upon man only in conditions of anæmia, and here the functions of the blood-forming or blood-destroying organs are altered or impaired. "We may assume that in man, as in the dog, the corpuscles after transfusion, will be disposed of with a rapidity at least five days after transfusion, and that their jected, and varying with the activity of the organs Twelve years concerned in blood-destruction, especially the liver.' after Panum's experiments Worm-Müller found by If, for example, "in a person weighing 112 lbs., the experiment that the longest possible life-duration of quantity of whose blood would be 138 oz., we transcorpuscles after transfusion in dogs was about two fused 6 oz. of blood (or 4.3 per cent.), the excess of or three weeks. Quincke's observations agree with corpuscles would under normal circumstances be this result; and experiments made by Dr. WILLIAM got rid of in all probability in a period of from one HUNTER, of the University of Edinburgh, and pub- to two days." But as we have seen, it is in condilished as a "Report to the Scientific Grants Com-tions of anamia that transfusion is performed; and mittee of the British Medical Association," still for the purposes of this discussion we may disregard further confirm the accuracy of the statement, traumatic anamia. We may regard simple anamia From his observations on dogs and rabbits he draws and chlorosis as due to a deficient blood-formation: the following conclusions: 1. The duration of life on the other hand, anaemia may be due to increased of red corpuscles after transfusion varies considera- blood destruction; due either to greater activity of bly in different animals, and in the same animal at the blood destroying organs, or to lessened vitality different times; 2. That the life-duration depends on of the corpuscles, or to both. "So far as my obtwo main factors, namely, the quantity of blood servations at present go, I am inclined to think that transfused, and the activity of the organs concerned the greater number of cases of aniemia, if not, inin blood destruction; 3. That the process of blood-deed all, may be referred to one or the other of the destruction is probably, under normal circumstances, first two conditions; either to diminish production more rapid in the dog than in a rabbit, and that this of blood corpuscles, or increased destruction." It is certainly the case after transfusion of blood; 4. will be understood that we are now taking no ac-

As to the effects per se of a diminution of the

show that the greater proportion of the corpuscles, estimate of the life duration of the red corpuscles may be withdrawn without serious result to the after transfusion. In the dog the rate of destruction animal. We may withdraw one half or two-thirds of of corpuscles in excess is 5 or 6 per cent. daily, or the blood of a dog or rabbit, and replace it with a even more. But in man we can rarely transfuse a 3/4 per cent. solution of common salt without affect- quantity of, blood equivalent to more than 5 or 6 per ing the general health of the animal. And as a mat-cent., which is probably entirely insufficient to mateter of fact, animals fatten under repeated bleedings. rially influence the general mass of the blood, for its Now, chlorosis vis essentially the result of a faulty destruction may be expected within a day or two at formation of red corpuscles, probably in the main most under ordinary circumstances. Now, in cases induced by a faulty assimilation of iron and conse- of pernicious anamia we transfuse corpuscles into an quent deficient formation of hæmoglobin. In such organism whose own corpuscles are perishing with cases, in spite of the fact that the number of corpus- undue rapidity; and "it may be fairly regarded as cles may be reduced by one-half, one-third, or even doubtful whether the introduction of corpuscles unmore, and the hæmoglobin percentage even more der such circumstances can be of the slightest value reduced, the condition of the patient is far from be- at all;" that is, if the value of the operation is to ing a serious one. But the case is quite different in depend on the continuance of corpuscle-life for some other cases of anæmia, such as those to which the time. "It may, however, be urged that, in other terms 'progressive' and 'pernicious' have been ap-conditions of anæmia, namely, those depending on chlorotic patient with that of one suffering from apply against the efficacy of transfusion, since under pernicious anaemia, associated as this is with a gen-such circumstances the process of blood destruction eral wasting of the body, it is impossible for us to re- is probably also diminished. This is probably the sist the conclusion that in the two cases we have to case, but in such conditions there is little or no ocdeal with two entirely different affections, both char- casion for resorting to such an extreme measure." acterized, it is true, by a great deficiency in corpus- But this diminution of corpuscles does not per se cles, but with entirely opposite tendencies. The constitute an immediate danger; we know that there latter condition must be regarded as essentially the are cases of anæmia in which the corpuscles are reresult of an increased destruction of red corpuscles, duced to 700,000 or 800,000 per cm., without the mainly on the part of the liver; the condition being life of the patient being endangered; and we can reentirely uninfluenced by the administration of iron." store the blood to its normal condition without trans-These extremes of anæmia must be carefully distifusion. The amount of oxygen conveyed to the tinguished, and it must be remembered at the same tissues by the new corpuscles may be considerable at time that between the two there are many varieties first; but as this supply depends on the life-duration of intermediate forms. But the important point to of the new corpuscles, it is doubtful whether the remember in all of them is "that the condition of the operation is justifiable on this ground. Most probblood, as regards the number of corpuscles, does not ably, thinks Dr. Hunter, the beneficial results of in itself constitute the disease, but must be regarded transfusion are due to the introduction of a certain mainly, if not entirely, merely as the result of disease quantity of hæmoglobin into the system, which may -of morbid action in some organ or other of the serve as a stimulus to the blood forming glands, and body." Under such circumstances transfusion can thus stimulate them to an increased production of act only by modifying the nutrition of the body, and red blood corpuscles. This view is based on the dethis it can do in one or other of these ways (taking struction of blood in the liver, the spleen, and the into consideration only the red corpuscles): 1. bone-marrow, and the effect of an accumulation of Either by the blood-corpuscles continuing to live for blood pigment in the organs on the nutrition of the a certain time within the circulation, and continuing animal. An accumulation of pigment in the spleen to perform during that period all the functions of is both compatible with health and conducive to its those normally present; 2. By the introduction of a maintenance; but the accumulation of pigment in certain amount of oxygen along with the corpuscles the liver is always greatest when the animal's health at the time of transfusion, and the increased supply has suffered most—and this is readily understood of oxygen brought to the tissues while the corpuscles, when we remember the double function of the spleen hæmoglobin contained in the corpuscles.

When we contrast the appearance of a diminished production, the same argument cannot remain in the blood; 3. By the introduction of the -blood forming and blood destroying-and that pigment accumulated in the liver is effete matter, indi-We are thus enabled to form a tolerably definite, cating that a large amount of iron has been withdrawn disease."

Dr. Hunter's very interesting paper, containing an of half of a short, flat, or irregular bone. account of his experiments, may be found in the British Medical Journal, of January 29, 1887.

RESECTION AND EXCISION.

examples: "Resection of lower end of radius; ex- as using it (1806). In 1812 the Faculté de Méde-

from the system. But as in all cases, says Dr. Hun- cision of the extremities of ulna and radius; resection ter, "only a certain proportion of the blood corpus- of upper end of humerus; the humerus is generally cles so introduced is destroyed by the double function resected in part, though it has been removed entire; organs, the remainder being disposed of by the liver, the scapula is resected for shot injuries, necrosis, and "and those proportions are determined by the rela-morbid growths . . . resection for necrosis should tive activities of the two sets of organs, it follows involve the entire bone; the spine, acromion process, that, in most cases of amemia, only a small propor and angles may be separately resected; resection of tion of the hemoglobin so introduced can be utilized cuneiform bones; osteoplastic excision of the foot for purposes of blood formation; and this proportion (possibly a new operation); the vertebræ have been becomes infinitesimal, and the value of transfusion subjected to frequent partial resections; portions of correspondingly lessened, in those cases of anamia ribs may require resection; resection operations on - for example, pernicious amemia-which in all the bones of the face; excision of half of lower jaw; probability depend on an excessive blood destruction resection of upper jaw." These are a few of the on the part of the liver, a destruction evidenced, many examples which might be cited. It will be amongst other things, by the extraordinary amount seen that the definitions practically exclude the reof blood-pigment found within the liver-cells in that moval of a portion of the shaft of a long bone, or of the articular extremity with a portion of the shaft, or

If we did not know where to go for information on this subject we might very properly ask for the authority upon which the words have been thus defined. In the 1874 edition of Dunglison's "Medical Dictionary" resection is defined as "Act of cutting or paring Surgical writers, especially those using the English off. A name given, especially by the French surgeons, language, seem to have fallen into hopeless confusion, to operations in which the carious extremities of long and a great deal of error, in regard to the meaning bones, or the unconsolidated extremities of fractured and use of the words resection and excision. This bones forming irregular joints, are removed with the is most prominently seen in three very recent works saw." This definition would be more nearly correct on operative surgery, in which we read the following: if the words "carious" and "with the saw" were "The terms excision, exsection, and resection may omitted. Webster's definition (last edition) of rebe applied without distinction to operations having section is: "The removal of the articular extremity for their object the removal of the articular extremi- of a bone, or of the ends of the bones in a false ties of bones, or of bones in part or whole" (Mears); articulation." This is not entirely inclusive, but "Excision of bone is a conservative operation, di- shows that resection does not mean the removal of rected to the extraction of such portions of it as are the shaft of a long bone. Excision means destrucinconsistent with the future usefulness or the symme-tion, extirpation. But perhaps it may be well to go try of the part, together with the removal of the back a few years and see what has been the usage of condition directly demanding the operation" (Bry- the words: In Littre's translation of Hippocrates ant). By the latter excision is employed to the ex- the words resection and resequer are used in the sense clusion of resection, which is not used in connection of removing a portion of bone. Benivieni, in writwith operations on bones. In a third, and still more ing (1520) of an operation, uses the words magna recent work, some attempt is made to distinguish the ossis parte resecuta. Park, who first resected the words: "The terms resection and excision are fre- knee in 1781, speaks of his operation as total extirquently used as synonymous, but though the defini- pation of the joint or section of the extremities of the tions of the two words are not unlike, there is a bones forming the articulation. Thirteen months different and distinct meaning attached to each when later Moreau operated on the tibio-tarsal articulation, properly employed. Resection strictly implies the and his son describes the operation as a résection, removal of the shaft of a long bone, while excision using the word in the titles of two papers (1803 and means the removal of the joint ends of the bones, or 1816). Syme wrote a "Treatise on the Excision of the extirpation of a short, flat, or irregular bone" Diseased Joints," and this is one of the earliest au-(Stephen Smith). To show how consistent the last thorities (if it be one) for such use of the word, exwriter is in applying the terms we may cite a few cept its use by James Jeffray, who also quotes Park

cine of Paris gave the following as the subject for a thesis: De la Résection et du retranchement des Portions d'os, etc. The title of Champion's Thèse, written in 1815, was Traite des Resections dans la continuite des os caries. Since that time we find that French and German writers uniformly use the word as we claim it should be used. Fancy a German using such a term as Gelenkexcision.'

In the Catalogue of the Library of the Surgeon General's Office we find resections tabulated under "Excisions." But on examining the list it will be found that in about 80 per cent. of the titles resection is the word used; that the word excision occurs most frequently in English titles, though resection is used in some of these; and that German, French, Italian, Spanish, Danish, Dutch, Norwegian and Russian writers use resection almost invariably in speaking of the operations on joints. We find German writ ers using Aussagung as synonymous with resection. Wagner uses the words "Resection und Extirpation" in a title, showing that he distinguishes them. ally, Ollier, of Lyons, who has made the most careful study of the subject, and everything connected with operations on bones, of any writer, says, in his Traite des Résections: We will only apply the name resection to the operation which consists in dividing a living bone and cutting off a considerable portion of it, preserving the soft and hard portions situated below it. By considerable portion, we mean so much as by its absence changes the external shape and relations of the bone. He does not use the word excision, because he says that some authors have used it synonymously with resection; instead of it he uses total ablation or extirpation; and he divides resections into two categories: 1. Resections of continuity, or osseous resections; and 2. Resections of contiguity, or articular resections. The term total resection he uses for an operation which removes "all the osseous extremities which constitute an articulation." It certainly does not seem reasonable to speak of total removal of the radius as a resection, and term total removal of a rib an excision; and at the same time use excision for the removal of the articular extremity of the radius. It is a confusion of terms, and warranted neither by good usage nor etymology. applied to soft parts excision is always used in the sense of extirpation, destruction, total removal; and resection in the sense of partial removal. We excise the tongue, spleen, kidney, larynx, tumors; we resect the intestine, tendons, pancreas, lung, etc. There seems to be no reason for completely changing the meaning of a word according to the structure or location of a part operated upon.

NEURASTHENIA AND NEURATROPHIA.

In the Philadelphia Medical Times, of January 22, 1887, is a leading article in which it is said that the term "neurasthenia" was coined by Dr. Geo. M. BEARD, from a term "nervous asthenia" used by Dr. Fordyce Barker, and that Dr. Beard wrote the first accurate description of the condition. Other writers have made the same or a similar error. Dr. Beard did not invent the term, nor was he the first American writer on the subject. His first contribution appeared in the Boston Medical and Surgical Journal, on April 29, 1869. Dr. E. H. Van Deusen, of Kalamazoo, Mich., wrote the first systematic paper on the subject in 1867, and was the first to call attention to the theory of its being associated with an underlying neuropathic diathesis (Michigan Asylum Reports, 1867); a theory which the Medical Times credits to Arndt (Die Neurasthenie; Wien: 1886), but which has been a profound conviction with advanced neurologists since the appearance of Van Deusen's paper. Not did he coin the word; it may be found in Dunglison's "Medical Dictionary," Edition of 1856. In a late article Playfair objects to the term, but finds nothing better; though neuratrophia expresses the underlying organic condition of all forms of neurasthenia. It expresses a state of nerve starvation due to causes inherent in the nervous system itself, having its appropriate symptomatic expression in nervous exhaustion, and its immediate consequences (Alienist and Neurologist, July, 1882). In the Alienist and Neurologist, of October, 1880, may be found a paper by Dr. C. H. Hughes, of St. Louis, giving full credit to Van Deusen for his work in this field.

SOCIETY PROCEEDINGS.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Stated Meeting, January 12, 1887.
The President, Jos. Taber Johnson, M.D.,
in the Chair.

H. M. Cutts, M.D., Secretary.
Dr. J. Taber Johnson read a paper entitled
can the clesarfan section be safely substituted
for craniofomy in the united states
at the present time?

(See JOURNAL, Feb. 12.)

DR. T. E. MACAKDLE said that no one listened to Dr. Johnson's paper with greater interest than himself. If two years of careful study had accomplished so much for him, he felt quite sure that he will stand

1887.]

Dr. Johnson is to teach his students what he says is greater prevalence of deformed pelvis.

duty to the child? Perhaps the woman, when she and then standing up for it manfully. discovered herself pregnant, not knowing the de- Professor Leopold, of Dresden, has operated nine fully hurt if you call it murder.

or kill either of them. man who cannot become a mother is of greater im- the child, in cases of otherwise insuperable difficulty." portance to the State than a child whose possibilities are unlimited. I will be greatly indebted to Dr. J. stands in direct opposition to craniotomy, and has for a list of the cases in which our hands will be tied invariably tended to diminish the frequency of its by an adherence to an inflexible rule never to com- performance where the child is living. Thus, as remit murder.

surgery, to make correct comparisons, let us afford the time has not arrived when a stand should be

by his side before very long. I expect to hear him statisticians no chance of making them, but let us declaim with me against "the deliberate and cold- adopt the rule to know our art so thoroughly that we blooded murder of an unoffending child," and 1 ex- will recognize early enough the conditions calling for pect to hear him teach that the child should be given. Casarean, section, or some of its alternatives. Let a chance for its life even at some risk to the mother. it be no longer said that "in Germany physicians I congratulate him on his near conversion. If Dr. can control the circumstances of their operations and Meadows did not convince others that craniotomy their patients better than we do in this country; that should be forever abolished from the list of justifia they have better and more opportunities to perform ble operations at any rate he seems to have enlarged timely Casarean sections than we do in the United the views of many who listened to him, and of many. States;" excepting, of course, the greater number of who read his burning words. All that is asked of eases which are hable to occur on account of the the outcome of the discussion in England, viz., that fortunately, our opportunities of studying deformities whenever Casarean section offers the best chance it of this character are comparatively limited, yet I should be urged upon the family. For he contends contend that a more accurate study of pelvimetry, that it always offers the best chance of saving life. by means of normal pelves, will remove such blots Dr. Johnson does not wish to be bound by east- from our escutcheon, as the recent case in Philadeliron rules of any kind, whether medical, ethical, or phia. An early diagnosis and the consent of the theological. "Thou shalt not bear false witness" and patient and her friends to an early Clesarean sec-"thou shalt not commit adultery" are about as cast iron tion, is more than half the battle, says Dr. Johnson. as "thou shalt not kill;" and yet I cannot imagine my Very well, make your early diagnosis, and teach your friend committing perjury or stealing his neighbor's students to make an early diagnosis, and teach your wife, though he might, indeed, under certain circum- students that they must do away with the fear that stances, kill his neighbor's child, for fear some one the result will be fatal, and let them, by their words would say he was bound by a cast iron rule, formu- and actions, so inspire their patients that, being imlated by himself or for him by others. If, forsooth, bued with confidence, there shall be no delay, the woman has been in labor for twenty-four hours, no golden moments frittered away. The fault and he cannot successfully deliver by forceps, must lies with obstetricians, and more especially with he destroy the feetus because he has been engaged teachers of obstetrics and writers of obstetrical textto see this woman safely through her labor, and nei-books. They have not been properly instructed ther she nor her husband are willing to subtract any-themselves, and they fail to properly instruct others, thing from the mother's chances for the sake of a but they go along blindly, handing down the teachliving child? Does not the accoucheur owe some ings of their predecessors without learning the right

formed condition of her pelvis, consulted her physicitimes, saving eight women and all the children. The cian to rid her of the burden she did not wish to two maternity hospitals of Dresden and Leipzig tobear. But the good physician who is bound by the gether have had sixteen operations with fifteen macast iron rule not to commit abortion under such ternal recoveries and the survival of all the children. circumstances, because it is murder, will not hesitate. Let us emulate this most successful and glorious to perform craniotomy, and his feelings are dread-record. Is it not good sound Yankee doctrine to let no one excel us in anything good? Have the Dr. Johnson thinks he makes a strong point when Europeans greater skill, more brain force than we? he quotes Barnes as disapproving of the action of If so, we can not begin too soon our endeavors to those who wait until the child is dead before per equal them. Do we hesitate to perform laparotoforming craniotomy. I hold such men culpable, and mies because we cannot hope for the success of Tait? contend that they should make an effort to save two And shall we lay so much stress on antisepsis when lives. I contend that when the child is alive, we Bantock, Keith and Tait pretend not to use them? hold its proxy, and must cast its vote in favor of Let physicians and patients be taught to believe Cæsarean section or one of its alternatives. I would that Cæsarean section is the best operation to permodify Lusk a little and say "the duty of a physi- form, that it shall be done early, and that it does cian is to his patients," and he has no right to neglect not mean sure death; let these principles be incul-Even the pagan Cicero, cated, and we open the door to a more successful quoted by Parvin, deems it right to save the life future. I agree with Tyler Smith, that "Craniotomy which shall be of greatest service to the State. But was a rude attempt, devised in the infamy of the ob-Parvin has not proven to my satisfaction that a wo-stetric art, to rescue the mother at the expense of

Every great discovery in this branch of medicine gards craniotomy, a process of diminution has been If it be difficult, in the practice of medicine or going on for ages. It remains to be seen whether

in cases in which the child is alive and viable.

lieve that such deplorable contingencies need never husbands will give consent to Cæsarean section. occur, and that cases of this kind, when they do hap- DR. S. C. BUSEV corrected Dr. Smith in regard to that if all the resources of obstetrics in the way of putated the uterus. prevention, management, and alternative treatment, tion would never occur. There is no department of head, would he do embryotomy? medicine in which, looking to what has already been for the future, than obstetrics. If facts and argu- released? ments are of any value, the diminution or abolition need ever be entertained by the accoucheur.

DR. THOMAS C. SMITH did not see why craniotomy should be stigmatized as murderous, and he has yet to see an advocate of Cæsarean section who was consistent in his arguments. The men that have been termed "ignorant" in this discussion are the very men who have been most successful with Casarean section. The country practitioner, who has to rely on his own resources, is the man who can do successfully these operations, as well as his highly educated city brother.

What are we to do in a transverse presentation with an arm presenting and a firmly contracted uter. ns? Is that child to be delivered by Cassarean section? or are we to wait for the death of the feetus and a rupture of the uterus? How is it in twins upon this ground. with locked heads? Are we to deliver by Cæsarean is not usually called a murderer.

to find out the diameters of the pelvis? In the virgin? Of course not.

had been called carlier I might have." We must craniotomists, but he seems now to have modified

made for its entire abolition, as a rule of practice, take things as they come, we cannot have them always as we want them. What has antisepsis to do Pelvic deformities, besides being the most fre- with the case? Formerly, Casarean section saved quent cause of craniotomy, have always been con- a good many lives in this country, but since the insidered as the most justifiable excuse for its perform-troduction of antisepsis we find 86 per cent. mortalance. But if we give due importance to measures of ity among mothers. I feel alarmed for those who prevention, it cannot be denied that all such cases place so much faith in antisepsis. One cannot say may be met without the necessity of craniotomizing much for the encouragement of Cæsarean section the living child at or near the full term. But I be- from its results in this city. Few women or their

pen, ought to be considered as depending on some third case of Casarean section mentioned by him. error or neglect, and to be held only as exceptions. It was in no sense a Casarean section. The laparto right practice. Nothing will tend so much to di- otomy was done to relieve strangulation from disminish or prevent such cases as the establishment of placed fibroid tumor. The woman had been five or the non necessity of craniotomy as the rule of prac- six days suffering from this. The tumor had been tice. Considering the various means at our disporremoved, when the membranes broke and the child sal in the way of preventing the necessity for crani- was delivered per vias naturales. The nterus conotomy, I do not hesitate to express my strong con-tracted, but again dilated, and there was alarming viction that, as the rule, craniotomy in the case of harmorrhage. The operator then removed the uterus, the living and viable child should be abolished, and controlled the hemorrhage, and subsequently am-

Dr. Busey asked Dr. Smith if, taking into considwere properly wielded, the necessity for the opera-eration the contracted pelvis in his case of impacted

Dr. Smith replied that he would; and asked Dr. done, there is more reason to be proud and hopeful Busey what he would do if the head could not be

Dr. Busey said that when the child's head was of craniotomy must greatly diminish the loss of ma-impacted for twenty-four hours the child would be ternal as well as of feetal life. Rightly considered, dead, and Ciesarean section and craniotomy were the interests of the mother and child rarely, if ever, inot comparable under such circumstances. In a come into collision. Neather fœticide nor matricide reply to the question what he would do if the child were living at the end of twenty four hours, Dr. Busey said that he would lift the head out, after having chloroformed the woman.

Stated Meeting, February 19, 1887.

THE PRESIDENT IN THE CHAIR.

The discussion on Dr. Joseph Taber Johnson's paper was continued.

THE PRESIDENT remarked that as several gentlemen were present to night who were not present at the last meeting, he would say for their benefit, that in his paper Casarean section was made the operation of election, but at the same time craniotomy was not to be abolished. The discussion was to be

Dr. S. C. Busky said that at the last meeting he section? The man who "sacrifices" one child there had no intention whatever of censuring the gentlemen named in his remarks, but, on the contrary, he Dr. McArdle says, get around the necessity of desired to commend them upon their change of opincraniotomy by studying pelvimetry. When are we ion. He desired also to congratulate himself, that so many of the profession had so nearly adopted the views expressed by him two years ago. The discus-The gentlemen advocating Casarean section must sion is upon "Craniotomy vs. Casarean Section," have things as they want them. The women must and the precise issue is, not that craniotomy has be brought for operation at the beginning of labor, been, or will ever be, abolished, but that it "should" Suppose such a case is attended by a midwife who, be; and this upon purely scientific and moral grounds. after ineffectual attempts to deliver, sends for a doc- He would make a few quotations from Dr. R. Barnes' tor who discovers the state of things. He sends for paper upon the "Alternatives to Craniotomy." Dr. the surgeon, who says, "I can not save her, but if I Barnes has hitherto been the highest authority of the

his views somewhat. Barnes says: "The question may commit the act, or a rule that you will not comwe are met to discuss—'What are the Alternatives mit the act? Is killing such a trivial act that a phyto Craniotomy?'—may be accepted as the great test sician can at will determine its justice and propriety, of the progress of obstetrics. Or the following properand excuse himself upon the hypothesis that it was osition may be stated: the more nearly we approach his right, his privilege? Our own experience, and to the abolition of craniotomy, the more nearly do the experience of the past, has taught that if we rewe attain perfection in obstetric practice. Tyler cognize it as a legitimate operation it will often be Smith brought the question before the Obstetrical done, and its alternatives will be less often resorted Society in 1859 in these terms: 'On the abolition of to. The increased knowledge of the application of craniotomy from obstetric practice in all cases when the forceps has already diminished the number of the child is living and viable.' To attain this con- craniotomies, and when we have taught its various summation in the goal to which humanity points, alternatives a little more thoroughly, there will be And science in this respect, as in many others, is unfewer in the future. tiringly striding towards the fulfilment of the dictates of humanity. That science will ever achieve all labor, by Barnes, has already saved many from cranithat humanity longs for may be doubted; but the otomy, even by the advocates of the operation. pursuit is a noble one, and cannot fail to bear good. The argument that we cannot recognize the deformity fruit."

or otherwise, we have arrived at this point—there is ing the incapacity of the mother before term, be a viable child; it cannot be brought living through taught, and we shall have more induced labor and the pelvis; a momentous question confronts us, fewer craniotomies. Craniotomy is a comparatively Shall we deliberately sacrifice it, by perforation or rare operation. Tyler Smith estimated that it was equivalent operations, so as to save the mother from done only about once in 500 labors, and now it the perils attendant upon attempts to deliver per must be even rarer. It is admitted that, with a convias naturales, or by Casarean section at a time se-jugate diameter of, or below, two inches, craniotomy lected when the child is viable? In such a case, the is more fatal than Casarean section. Now, if the tion, as a real alternative of craniotomy. If the op-pared, they ought to be measured by their respective portunity of election between the induction of labor results in like conditions of pelvic obstruction below to be completed by craniotomy, or to be evaded by the maximum conjugate, at which either is admissiface to face with labor at term, the pelvis deformed craniotomy its disastrous results to mothers in the beyond the reasonable probability of extracting the higher grades of diminution of the conjugate and feetus by embryotomy with safety to the mother, the the total loss of children at all grades. Cæsarean section has become an operation of neces-

thing in the word, or in the suggestion of the fact trasted the two operations as follows: that something is killed, seems to give them umbrage. A more moderate word might be found, but the act should be described as it is, "killing at will." If the operation is not done in the truest belief and the firmest conviction of its right, in the mind of the operator, then surely there can be no excuse for it. The act of destroying must be not only the result of deliberation, but of conviction, else it is criminal. favor of craniotomy as an argument in defense of those who may not be competent to perform Casarean section, or to determine the proper relation of results of Casarean section have been: either to the case. Also against what he styles a cast-iron rule, i. e., not to kill one that the chances of the other may be improved, but to pursue that course which gives a chance to both and saves most lives. Surely it cannot be an argument in favor of craniotomy, that it cannot be performed by unskilled surgeons. This cannot be the scientific way of reresolve to kill, or to resolve not to kill? Which is before quoted. Barnes concludes: most likely to promote the killing, a rule that you

The introduction of the induction of premature until term, is not against Caesarean section or for Farther on he says: "Now, whether by design craniotomy. Let the absolute necessity of recogniz-Cæsarean section takes rank as an elective opera- relative merits of the two methods are to be com-Casarean section, has gone by, and we are brought ble, and not by excluding from the mortality of

Moreover, when we consider the cases, above the sity. It is not an alternative, it is the only operation." (Brit. Med. Journal, Oct. 2, 1886.)

minimum. at which craniotomy is permissible, which can be delivered by forceps or version, it leaves a I have been constantly surprised at the sensitive- narrow limit for craniotomy and that is covered by ness of the craniotomists whenever the term "killing" induced labor. Dr. Kinkead, of Dublin, at the is applied to the operation of craniotomy. Some meeting of the British Medical Association, con-

CAUSES OF OPERATION.	Percentage of mat. mortality		
Contracted pelvis, 2.5 inches and under. Pelvic tumors, Stadfelt. Ovarian tumors, Playfair. Ovarian tumors, no other treatment. Playfair. Carcinoma of uterus. Hermann.	40.		

Compare this maternal mortality with the same in Dr. Johnson's paper is not so much an argument in Casarean section, and there is not only no very great disparity, but a very considerable difference in favor of the latter, when we add the children saved. The

	NUMBER,	Percentage of mat. mortality
	Sarnes	46.
	Iarris	
32, quoted by h	Unkend	 C2.5

I may put in here, as contributory evidence, the garding the question. Which is most obnoxious, to conclusions of Dr. Barnes at the end of his paper

"1. The legitimate aspiration and tendency of sci-

ence is to eliminate craniotomy on the living and stances." Mr. Lawson Tait, in the same discussion, viable child from obstetric practice.

otomy can be justifiable.

abortion has gone by.

debatable point.

make craniotomy the proper course to adopt.

obstructed labor from ovarian thmors, the alternative

to craniotomy is to remove the tumor.

"7. In cases of immovable tumors, Porro's opera-

tion is the proper alternative.

not, Porro's operation is the alternative. There the and that was about forty two years ago." interests of mother and child coincide.

obstructing delivery, Porro's operation is the proper alternative.

"10. In atresia of the cervix or vagina, Cæsarean section or craniotomy may be necessary; but incisions or gradual dilatation will more frequently be

the proper alternatives.

"11. When obstruction is due to hydrocephalus or dropsy in the child, embryotomy or tapping is indicated. When the child is dead, embryotomy is indicated, and decollation when the child is impacted, and turning is hazardous.

"12. In convulsions and hæmorrhages, the proper alternatives for craniotomy are found in the more scientific methods of conducting labor under these

complications,

"Lastly, but the dream of Tyler Smith, the abolition of craniotomy, will be fully realized only when at the outset, only 38 lives can be saved by craniothygiene shall have triumphed over disease and de omy, and this per cent, has never been attained.

formity."

the men whose opinions coincide with my own. In be maintained, for while one man may have a series the discussion following the paper of Dr. Kinkead, of cases without a single death, another, in the same before quoted, Dr. Lusk says he believes "that, un-city, will have a succession of fatal ones which will der 2.75 inches, namely, below the limit where pre-increase the mortality. Nor is it fair to say that the mature labor and version were available, modern success of the Sanger operation is due to the locality methods of Casarean section were preferable to in which it is done, or to the dexterity of the operacraniotomy. Caesarean section always held out tors. Undoubtedly dexterity is of value, but just as promise when performed under favorable circum- necessary as it, is the conviction of right, and the

said that he could add but little from the obstetric "2. The advance of hygienic rule, the improve- side of the question; but from the surgical aspect, ments in forceps, in turning, in obstetrics generally, he felt certain that the argument that such operations have materially curtailed the field within which crani- as that of Porro would fall largely, of necessity, into the hands of men inexperienced in abdominal sur-"3. In the most extreme degrees of pelvic deform- gery, was not of much value; for exactly the same ity, where delivery per vias naturales can only be ef-thing was true of bad cases of craniotomy; and he fected with doubtful success to the mother, Porro's felt certain, of the two classes, under similar circumoperation is the legitimate alternative for craniotomy, stances, the resulting advantages would be largely it being understood that the opportunity of inducing on the side of amputation of the uterus." Dr. More Madden, for a long time Master of the Rotunda "4. In less advanced degrees of pelvic contraction, 'Hospital' in Dublin, following Mr. Tait, said: "In but still incompatible with the delivery of a living a long experience in hospital and private practice, child * per vias naturales,' the opportunity of induc- and as an obstetric teacher, he had not himself been ing abortion having gone by, but in which craniotomy able to recognize the necessity of craniotomy, and would effect delivery with strong presumption of he had never resorted to it or countenanced it. . . . safety to the mother, the Casarean section may be a. In cases of difficult or complex labor, in which craniproper alternative for craniotomy. This is the most otomy, which he regarded as a murderous and horrible operation, had been recommended, he had been "5. In the minor degrees of contraction, say from fortunate to save life by one—or attempt the various three inches to three and a half or three and three timproved methods of artificial delivery now available quarters inches, the opportunity of producing labor —uamely, either by the induction of premature labor; having gone by, the far greater safety to the mother by the modifications of Porro's operation; or by Cæobtained by craniotomy, and the prospect of living sarean section; or by the timely and judicious emchildren in future pregnancies by induced labor, ployment of the long forceps, or version-whichever method might be adopted, it should, he said, be borne "6. In other emergencies than deformity, as in in mind that the primary object of the obstettic art was to deliver living children from living mothers, with safety to both.

Finally, Mr. Hough said, "after a large practice of over forty years at midwifery, he had only met one "8. In rupture of the uterus, the being delivered or case in which it was necessary to perform craniotomy,

If we are to consider the question from a scientific "9. In cases of disease or tumors of the uterus standpoint, we must take into consideration the total number of lives saved. The lives of the mothers alone do not give a fair basis for comparison of the two operations. He has prepared a table contrasting 38 cases of Sänger's operation, given by Harris, and an equal number of supposed cases of craniotomy, thus:

Operation,	Cases.	Women saved.	Per cent. wo- men saved.	Children saved.	Per cent. chil- dren saved.	No. fives at risk,	Lives saved.
Sänger	38 38	26 38	68.42	None.	86.84 None.	76 76	58 38

Seventy-six lives are involved in both cases. But Barnes says that the percentage of deaths has been Dr. Johnson would, perhaps, like to know some of reduced to 5 per cent. in craniotomy. This cannot what create success.

determine when, and where, and how to perform the ample, and sustained by moralists of all ages, is, that operation, but experience has shown that these are if two lives are in such peril that both carnot be the very men to get along without it, and that in their saved, but one will be, by the sacrifice of the other, hands the operation is seldom, if ever, done.

to the same high standard, but few will perform the fines has or ever can exist in cases where Clesarean "sacrificial" operation. In my opinion, the question section and craniotomy are alternatives. No one may be safely left to the advance of science, and I ever has or can assert that either life will be saved by believe that in ten years few men will do it or justify the sacrifice of the other. No one ever has or can it. The craniotomists claim the right of election, guarantee the life of the mother after craniotomy. two lives is the most valuable. But when, and how, The operator? the man who may be impelled to the and by whom, is this question to be decided? Cer- execution because of ignorance of the other procedtainly not by the executioner. The many alterna- ures, or too timid to undertake another. Who can tives which afford reasonable chances of saving both estimate the value of the life of an unborn child to are a positive denial of such a right. Barnes says society or to the State, and who is to determine the upon this subject: "Therefore, if it be still con-relative valuation of such a life and that of a woman be preferred to embryotomy, it must be qualified The executioner? If the life of the mother could child's? Are we prepared for this? It is not simply the case. a question for medicine to decide. Religion and civil law claim a voice—a preponderating voice." Here is a positive declaration that "religion and civil PHILADELPHIA COUNTY MEDICAL SOCIETY. law have a voice—a 'preponderating' voice" in the matter. Those who claim the right to kill, claim it upon the ground that it is done indirectly. The presumption is that the act is deliberate, and hence must The President, J. Soi is Cohen, M.D., in the be direct. No conscientious man can excuse himself upon any such hypothesis.

The child is entitled to life at the increased risk of the mother. Humanity demands it, and science SUPPURATIVE INFLAMMATION OF THE LIVER IN A clearly points to it as the line of duty. The right to destroy the fœtus is also defended upon the theory that it is the aggressor—an equally fallacions argument. Consciences that can be quieted upon such a and frail build, presented the following history: basis must indeed be flexible. It is also defended upon the basis of individuality. It is admitted that pain immediately over the right hypochondriac a larger number of lives are saved by the Cæsa region, corresponding to the right lobe of the liver, rean section. Nevertheless, it is claimed that there and at the same time began to favor the part by are instances which absolve the operator from wrong. slightly bending forward and to the right side when that which is proper and right, but the denial of this and kept up active exercise. There were apparently right or principle cannot carry with it the privilege to no other symptoms present—at least she complained commit a wrong, nor can it absolve the operator of none. This state of things continued for about from the deliberate commission of a wrong. Sen- one week, the little patient continuing her school timentality, family ties, and other circumstances, duties, although with much suffering and inconvenimay embarrass individual instances, but such considence. She now retrained from going down to recess erations cannot affect the question in its scientific with the other children. The pain became more aspects. Many persons believe the production of severe, especially at night, producing great restlessabortion before the period of quickening is justifiable, ness, and interfering with sleep. The stooped conbut no physician will admit such a doctrine. After dition of the body was now permanent; walking all, except that Dr. Johnson maintains that craniot- was discontinued owing to pain; and some fever (at upon the subject do not greatly differ.

courage of one's convictions. These, together, are to sacrifice the child for the sake of the mother is a very old one, and has met with general acceptance; Perhaps it does require the best educated men to that principle clearly enunciated by Cicero, for exlet that life which is of the least value to the State or When the profession in this country is educated up to society perish." No such condition as Cicero dewhen two lives are at stake, and also which of the Moreover, who is to determine the value of the lives? tended that the Cæsarean section should in all cases who cannot give birth to a child per vias naturales? upon other grounds. Two points must be granted, certainly and only be saved by the killing of her fæor either of them: 1. Must we abandon the old tus, and the death of both was otherwise inevitable, moral law, which declares that it is the mother's right the execution of the child might be justifiable as the to save her own life, even at the sacrifice of her only alternative,—but such is not, and never can be,

Stated Meeting, February 9, 1887.

Dr. George W. Vogler reported a case of

CHILD TWELVE YEARS OF AGE; OPERATION AND RECOVERY.

M. C. S., female, &t. 12 years, of rather delicate

On October 7, she first complained of intermittent It is true physicians are not always permitted to do standing or walking. She was still attending school, omy is occasionally a proper procedure, our views hight particularly) also manifested itself, with marked impairment of appetite, coated tongue, thirst, cloudy Dr. Johnson has quoted from the recent work of urine, and constipation. Both the mother and child Dr. Parvin, in which he says: "The principle of after several careful examinations of the part, found morals upon which most obstetricians test the right nothing to account for the trouble. In the meanwhile, a physician in attendance upon another mem-

ful position in bed by encouraging her to occupy a emulsion with hypophosphites and syrup ferri iodidii. rocker, or, if possible, to step about the room a owing to their inefficiency to combat suffering, good health. Temporarily, I ordered an ointment applied every eight hours, composed of camphor, opium, ext. belladonna, comp. resin ointment, and cosmoline.

six days, with the effect of markedly softening the of 20. swelling and causing it gradually to diminish in size,

The patient was thoroughly etherized, and after ber of the family was asked to look at the child, selecting a favorable point by the aid of the explor-He examined her several times, but found nothing of ing needle, a free opening was made, one inch or note, and pronounced the case as probably a strain, more in length, down through the eighth intercostal or one of cold, for which he ordered a plaster, and space, about one and a halt inches to the right of the some citrate of magnésia for febrile disturbance, linea mammalis. Immediately a large quantity of The child continued to grow worse daily, and the pus flowed from the wound. The amount of pus I same physician ordered a fly-blister to the affected judged to have been at least eight fluid ounces. At part. It may be mentioned just here, that the pain, first the pus was "laudable," free from odor, but never shifted, but was always confined immediately streaked or marked with biliary coloring matter; over the area corresponding to the right lobe of the toward the end it assumed the very dark condition liver. Flax seed and onion poultices were ordered usally spoken of as "chocolate-colored pus," due to to be applied by the medical gentleman upon notic- the presence of blood or disintegrated hepatic tissue, ing later a slight swelling over the seat of pain. Gradual pressure over the hepatic area aided in its Upon November 12, five weeks after the commence- rapid and free evacuation, the bulging over the interment of her illness, I assumed charge of the case, costal spaces disappeared, and for the first time the I found her bedfast, greatly reduced in flesh, with an outlines of the ribs were readily reorganized. A anxious expression and suffering intensely. Her probe was now passed through the wound under the favorite position was a sort of sitting posture, with ninth rib, and it entered in an obliquely downward the body bent forward and to the right, and with the direction, to the extent of four inches, toward the lower limbs flexed strongly upon the abdomen. linea alba, and three inches obliquely upward toward The symptoms already described were very marked; the sternum, in depth perpendicularly about two and also irregular attacks of chilliness or rigors; tempera- a half inches. A perforated rubber drainage tube ture was elevated every night; there was no cough, doubled upon itself, and was introduced into the jaundice, or vomiting; there was, however, sallow-depth of the cavity, enabling free drainage; and the ness of the skin, and dark, turbid and scanty urine. daily injection of carbolized oil (two to sixteen fluid Examination revealed a dark bluish swelling, some ounces) through one end, and its escape through the three inches in diameter in the right hypochondriac other. Warm cataplasms were continued night and region, bordered by the sixth rib above; the tenth day. After some five days the tube was replaced by below; the linea mammalis (a line extending per- one of a smaller calibre, and entirely done away pendicularly downward from the right nipple), upon with the ninth day after operation. A small piece of the inside; and the linea axillaris, on the outside. lint dipped in carbolized oil was used a few days The swelling was about three quarters to one inch in longer, simply to keep the cut from closing and inheight, and presented all the appearances to sight sure through healing from within outward. Finally, and touch of a carbuncular development. It was carbolized zinc ointment completely healed the hard, firm, and quite painful to the touch. There would by December 8. Her improvement and was no fluctuation. My first object was to ease the rapid convalescence after the operation were wonder-child of her enforced or assumed cramped and pain-ful. Internally she has been taking cod-liver oil

December 12, she was walking and playing about little. She was put upon concentrated nourishment, her room. Of course, the marked constitutional destimulants, and medicinally, on syr. ferri iodidii, and pression due to her serious ailment, will to a considbromides and chloral for the pain. The latter reme-erable extent, continue for some time to come, but dies had to be early replaced by opiates and quinine, there is at present no doubt of her entire recovery of

January 15, 1887, the child is well. The first noteworthy fact is the age of the patient, viz., 12 years. Statistics show this affection to be This plan of treatment was continued for five or rare in children, being seldom seen under the age

In seeking for the *cause* of the disease in this case, and the development of a central point of concen- I am led to adopt one of a tranmatic nature. tration just over the eighth intercostal space. I Frerichs, Budd, Andral, Romis, Morehead, and thought I detected fluctuation on palpation, but ob- others, in their collection of cases, show but a very tained nothing but blood on aspiration with the ex-small percentage due to external violence. Thus, ploring needle. At any rate, the child seemed Budd reports only two out of his sixty two cases easier and more comfortable. Anodyne flax-seed collected; Morehead, but four out of his extensive poultices were now started, and on the 21st instant observations—318 in all. The patient revealed no I prepared to operate, all the conditions seemingly previous malarial, dysenteric or metastatic history, pointing to the detention of deep seated pus. Con- or any other inflammatory and ulcerative process in trary to the usual custom, 1 determined to treat the the gastro-intestinal canal, which are generally looked case by free incision, the thorough evacuation of the upon as the chief disturbing influences or causes of pus (if any), and the prevention of reaccumulation suppurative inflammation of the liver. Careful inby complete drainage by means of rubber tubing. quiry elicited the following history and probable ment of her symptoms, she assisted her aunt in cartional disturbances, and, finally, produce a fatal issue rying flower plants from the yard up to the fourth by rupture or blood-poisoning, if the very rare act of floor of the house. One of these plants was, owing absorption does not take place. to its weight, entirely beyond her strength, yet, after four efforts, she succeeded in landing it on the fourth-free incision, perfect drainage, and the rapid healing floor. She described very vividly the pain felt by and antiseptic properties of carbolized oil. The the pressure, and the weight sustained over the right method of gradually opening the abscess as recomhypochondriac region in her struggles to complete mended by Récamier, Begin, and others, by the sepher task. As before said, the child is of a very space aration of a slouch through many applications of build and delicate physically, and it is quite probable caustic potash or soda, is very slow in operation, that this external violence originated her painful painful, productive of loss of tissue, and if an openaffection.

treatment. I found much difficulty for a time in ar-liver open spontaneously, and though air freely riving at a satisfactory conclusion as to the diagnosis enters the cavity, the patients usually go on to rapid of the disease, and was inclined for some days to be recovery. In fact, this latter mode of termination lieve the case one of an unusual carbuncular de- of the disease (spontaneous opening), is very much velopment, dependent upon a very badly run-down welcomed by the physician, and has eminent advosystem, and having its starting-point in the mechan-cates. I should not think after the excellent result ical violence or external contusion referred to above, obtained, of treating similar cases by any other plan Even the exploring needle failed me in establishing than the one suggested. Lives are undoubtedly lost a positive conclusion. It was only quite definitely by the partial or imperfect method of the removal of arrived at in doing as Frerichs so aptly puts it: "In foreign material, by repeated aspirations or punctures, most cases a correct diagnosis will only be arrived thereby necessarily keeping up the source of trouble at, by not relying upon individual symptoms, by tak- which must eventually end in death. The early and ing a general view of the mode of origin and entire prompt operation happily terminated my case in reclinical history of the case, and, after excluding by covery in about fifty days, while Rouis, in his valuacomparison the diseases of the liver and of the ble and extensive statistics, shows the average duraneighboring parts, which may give rise to symptoms tion of the disease in cases not operated upon, and similar to those of hepatitis.

ally unfavorable in suppurative hepatitis. Frerichs colon, or stomach, to have been 140 days. says: "Suppurative hepatitis belongs to the class of severe maladies which imperil life, and which of abscess of the liver, and in these cases the sympterminate in death far more frequently than in re-tomatology was somewhat different from that of the covery." And this naturally leads to the considera- case described. I should think that an abscess of tion of the treatment. I candidly believe from the the liver holding 8 ounces would produce more conpresence of the grave symptoms, that my patient stitutional disturbance than was present in this case. would have died in a short time but for the prompt. The destruction of liver structure is usually greater, and energetic operation undertaken as soon as a and the case, as a rule, requires a longer time for rereasonable conclusion could be arrived at concerning covery. The three cases which I have seen all rethe diagnosis. Even when there is considerable sulted fatally, and at the post mortem the liver tissue doubt existing and the condition of the patient is was found to be very ragged, and hanging in shreds serious, careful exploratory incision could be made in the abscess cavity. In these cases the diagnosis to determine the true nature of affairs. No danger was readily reached by a microscopical examination can result from this when proper precautions are of the pus. The liver cells could be easily detected. nsed. At any rate, the aspirator should be early That, I think, should have been the mode of determused as a means of establishing diagnosis. Drs. ining whether the case was really one of hepatic Sims, Hammond and Jimney, of Mexico, and many abscess or not. others, have frequently punctured the liver without haustion or blood-poisoning averted. Upon the rare. other hand, imperfect removal of the pus by one or more aspirations or punctures, permitting more or I have seen, the tendency to point has been in a

cause: About four days previous to the commences stantly forming, undoubtedly keep up the constitu-

The case happily illustrates the good results of ing into the pus cavity is finally established air must A few words as to the diagnosis, prognosis, and also surely enter. Again, many abscesses of the which recovered by bursting either through the It is well understood that the prognosis is gener-thoracic or abdominal walls, through the bronchi,

Dr. C. N. Seltzer said: I have seen three cases

Dr. Joseph S. Neff said: It is well known that any bad results.1 It has been demonstrated time puss from a hepatic abscess rarely contains liver and time again, that the entrance of air into such a debris, because most abscesses in this situation are cavity through an incision is not necessarily attended surrounded by dense walls of pyogenic membrane. by decomposing action and death, but, on the con-trary, a complete evacuation is obtained, reaccumuthe liver substance projects in shreds into the abscess lation prevented, and the threatened death by ex- cavity, are cases of diffused abscess, which are very

In the circumscribed abscesses of the liver which less to remain behind, will, in addition to that con-different direction from that in the case reported. I have seen only one case in which the abscess was opened through the abdominal walls. That was the case of a man in the Jefferson College Hospital.

¹Since completing these remarks, I notice in the January 1st number of the Medical News, a report of a "Case of sudden death from the introduction of an aspirator needle," by Dr. Reeve, of Dayton, Ohio

The abscess was tapped a number of times, but as peritoneum. In the course of twenty-four hours a localized peritonitis had existed. there will have been some local peritonitis with the formation of adhesions, and then the operation is completed. Dr. J. M. Barton operated in my case, and after cutting through the abdominal wall with a scalpel, a white hot knife was used in order to avoid hæmorrhage from the liver structure. After the liver had been penetrated to a short distance, the knife failed to act satisfactorily, and the operation was completed with a soft gum catheter. In the case reported, the cause of the affection and the youth of the patient are also points of considerable interest.

Dr. Seltzer said that his remarks were based on the statement, that this was an acute diffused hepatic abscess, and not one surrounded by pathogenic membrane.

Dr. Vogler said he had no doubt whatever as to was read by the Secretary. the diagnosis of the case. The situation of the abscess, enced no trouble.

(To be concluded.)

GYNÆCOLOGICAL SOCIETY OF BOSTON.

Stated Meeting, November 9, 1886.

THE PRESIDENT, H. O. MARCY, M.D., IN THE CHAIR. 11. J. Harriman, M.D., Secretary.

Dr. E. C. Keller presented

CYST OF THE BROAD LIGAMENT

removed from a patient 65 years of age. Seventeen pounds of thiid were evacuated. Recovery was complete in three weeks.

Dr. Keller also presented a

SUBPERITOREAL FIRROID FROM THE FUNDUS UTERL

distance. The tumor was diagnosticated as an ova-the sigmoid flexure. The expulsive force thus applied, rian cyst with gelatinous contents, but when the ab- assisted by the vectis and forceps, was sufficient to domen was opened a fibroid was found attached to deliver the tumor precisely as if it were a feetal head. omentum. The tumor was removed by the thermo-without a single unfavorable symptom. The tumor cautery and the stump securely tied. The patient weighed 1/2 pounds, and resembled in size and shape rallied well from the operation and progressed favor- an ox's heart. Its longitudinal circumference was fifably until the sixth day. The temperature then went teen inches, and its lateral circumference at point of up; patient vomited and refused food, and death oc- attachment was twelve inches. Upon section the curred on the seventh day.

The tumor weighed 834 lbs. after the blood was the man was evidently sinking, it was decided to removed. It was not as firm as an ordinary fibroid, open it through the abdominal wall. One of the but to the touch was resilient and comparatively soft. dangers of this operation is that pus may escape into. These peculiarities led to a mistake in diagnosis. The the abdominal cavity. In performing this operation, autopsy revealed the fact that about five ounces of some operators at the first sitting cut down to the blood had oozed into the abdominal cavity, and that

Dr. H. O. Marcy presented

A DERMOID CYST WITH BONY WALL.

The interesting feature of the specimen was that a plate of real bone existed in the lower portion of the sac, from which a long spine projected into the cyst. The Fallopian tube was spread out over the tumor in the line of incision, and, being congested, it made it difficult to determine whether the tumor was ovarian and cystic. By the vagina the hard bony mass could be distinctly felt, and this fact led to the opinion that the tumor was fibroid.

In the absence of Dr. Thornton Parker, his paper, entitled

THE REMOVAL OF A LARGE VAGINAL TUMOR,

This case occurred in the practice of Dr. H. R. the fact that the pus was mixed with biliary matters, Storer, of Newport, R. I. Patient 35 years old; twice the fact the finger could be introduced through married, and has had one child at a normal labor. the cut two inches under the ribs, and the very grave. Health good until four years ago, when she became constitutional symptoms, were sufficient to indicate seriously menorrhagic. When medical aid was sought the seat of the disease. I unfortunately neglected it was found that the vagina was entirely filled with a to make microscopical examination of the pus. As mass resembling in shape a pear with its base upwards. Dr. Neff has said, it is not necessary that disin. As the uterus could not be felt above the pubes in tegrated hepatic structure shall be found, for many its natural position, it was at first thought that it was of these abscesses are localized. I thought that in one of the rare cases of spontaneous uterine inverall probability adhesion had formed between the abssion. A catheter could not be made to fully enter dominal wall and the liver, and in operating 1 experithe bladder. In the lower abdomen was found an obscure mass lying obliquely from below to the right, which moved with the tumor. With difficulty a sound was introduced into this mass a distance of $2\frac{3}{24}$ inches, thus settling the diagnosis of a very large fibroid tumor situated in the vagina. An operation was decided on and an ecraseur applied, but the chain broke. The operation was abandoned for the time and no unfavorable symptoms followed. Several days later removal was again attempted and was successful. There was virtually no hæmorrhage. After the tumor was severed it could be rotated in the vagina, but could not be removed in the ordinary way on account of its size. Strong, straight hooked forceps in the grasp of a strong man failed to deliver the tumor. It was determined to produce expulsion by pressure superiorly and from within, in imitation of the powers of nature during labor. The sphincter ani having Patient was 38 years of age; unmarried; menses been forcibly dilated, Dr. Storer introduced his foreregular; uterus free, and sound entered the normal arm into the rectum so far that the fingers entered the fundus. There was one small adhesion to the The vagina was then plugged. The case recovered tumor was found firm, homogeneous and fibroid.

which in some respects resembled the one narrated upon patience. in the paper. In his case the fibroid was attached to We find on reading the introduction that this book the fundus uteri, and, as it was too large to be re was written for the general practitioner; and of all moved whole, it was cut up with the ecraseur and American works on nervous diseases which we have removed in pieces. Dr. Brown thought that a simi yet seen, this is the most intelligible to one who is lar procedure might have been adopted to advantage not a specialist in neurology. It goes over the in this case. Putting the arm into the rectum is a ground as the physician must go-from symptoms barbarous and unnecessary practice. He regarded back to lesions, and not from lesions to symptoms, it as bad practice to attempt to remove a whole which is the route followed by other authors of such tumor when it could be more easily and safely re-books. Further than this it is scarcely necessary to moved piecemeal. The interests of the patient should notice the work, except to say that the only sense be of first importance.

saw no need of the ccraseur in this case, and thought described. Should this be added in subsequent edithat the mucous membrane might have been cut and the tumor removed in pieces. He regarded the in troduction of the arm into the rectum as bad surgery and a somewhat violent mode of procedure.

Dr. E. C. Keller had removed tumors similar to the one described by means of strong vulsellum

Dr. H. O. Marcy would remove such a tumor by splitting it in pieces and, as it were, shelling it out of its envelope. He mentioned a case which was presented to the Society of a similar tumor which he had removed in fourteen pieces. Dr. Marcy regarded the écraseur as a clumsy and bungling instrument, and thought that other instruments would serve the same purpose with better results. He had introduced the arm into the rectum without doing injury, and held the opinion that it was a justifiable mode of procedure in the diagnosis of some cases of obscure pelvic disease.

Dr. R. L. P. Goodwin mentioned two cases of impaction of fieces caused by eating stick cinnamon which he had successfully treated by dilating the rectum and forcibly removing the impaction.

Dr. E. W. Cushing exhibited to the Society by means of the microscope specimens of the Gonococcus.

BOOK REVIEWS.

Treatise upon the Phenomena produced by Diseases of the Nervous System, with Especial Reference to the Recognition of their Causes. By H. Fevers. C. WOOD, M.D., LL.D., Member of the National phia: J. B. Lippincott Co. 1887. Chicago: W. errors. Keener.

The first, and only, complaint that we have to make is that it is not stated in the title-page that the distinguished author of this book is the University of Pennsylvania Professor who has given us a work on Materia Medica and Therapeutics, and who has contributed so much to the subject of fever, and to the highest class of medical literature in this country. SECTION ON MEDICAL CLIMATOLOGY AND DEMOGRAPHY The author need not have apologized "for trespassing upon the patience of the profession;" he is too well and too favorably known as a writer for any-

Dr. W. Symington Brown described a case of his thing he should write to be considered as a trespass

in which it can be said to be incomplete is that it Dr. E. W. Cusming agreed with Dr. Brown. He does not treat of the therapeutics of the conditions tions the general practitioner will be under still further obligations to Professor Wood.

> CLINICAL THERAPEUTICS. Lectures in Practical Medicine delivered in the Hospital St. Antoine, Paris, France. By Professor Dujarden-Beau-METZ, Physician to the Cochin Hospital Member of the Academy of Medicine, etc. The Treatment of Nervous Diseases; of General Diseases; and of Fevers. Translated by E. P. HURD, M.D. 8vo. Detroit: Geo. S. Davis. 1885.

> That a book by the distinguished author of this work is worth reading goes without saying. It is most readable in style and deals with subjects intrinsically interesting. It is not a text-book, but a book rather for the practitioner than the student. It might better have been entitled a treatise on certain topics of clinical medicine than therapeuties. It is true, however, that for the most part it deals with methods of treatment, but does not ignore symptomatology and diagnosis. We recommend it to our readers with pleasure.

Chapters are devoted to the following subjects: Clinical Therapeutics; The Nervous System from a Therapeutic Standpoint; Hydrotherapeutics; Medico Electricity; Treatment of Neuralgia; of Hysteria; of Epilepsy; of Chorea; of Meningitis; of Apoplexy; of Chronic Myelitis; The Blood from a Therapeutic Standpoint; On Blood-letting; Treatment of Anæmia: of Acute Rheumatism; of Chronic NERVOUS DISEASES AND THEIR DIAGNOSIS: A Rheumatism and Gout; of Diabetes; of Syphilis; Fever from a Therapeutic Standpoint; Treatment of Typhoid Fever; of Intermittent Fever; of Eruptive

It is unfortunate that a work of so much interest Academy of Sciences. 8vo, pp. 501. Philadel- should be marred by a few glaring typographical

INTERNATIONAL CONGRESS.

NINTH INTERNATIONAL MEDICAL CONGRESS. Washington, September 5, 1887.

Scheme of Subjects for Papers and Discussions.

I. Importance of the study of Climatology and

Demography in connection with the Science of Medicine.

- 11. What constitute determinate climatic characteristics.
- III. The effects of climate on the human race as manifested in local demographic conditions; and of the several elements of climate as shown by coincident meteorological, morbility and mortality statistics.
 - 1V. The question of Acclimation.
- V. Relative advantages of mountain and seaside resorts for recuperative purposes and as palliative or curative in certain diseased states of the systemstations.
- VI. The therapeutic value of natural mineral
- VII. Accurate records of prevailing sickness in any community a necessary factor in any comprehensive system of vital statistics. The responsibility of Governments to amply supply their people with the climatic and vital statistics of their respective countries.
- the study of the Natural History of Disease, as contributive of numerical data having a demographic be sold only on a physician's prescription. bearing, 1, as to the kinds and proportions of prevailing diseases; 2, as to the absolute amount of tion, etc.
- 1X. Medical Nomenclature considered in its practical relations to Vital Statistics.
- X. The melioration of demographic conditions effected by Preventive Medicine. Influence of the physical well-being of a population upon its economy. Offences against moral and civil law in their medical relations to demographic circumstances.

Those who wish to present papers before the Section must advise the Secretaries before the first of May, 1887, and furnish them with brief abstracts of their papers before the first of June.

Attention is called to the following Rule of the Congress: "In the meetings of the Sections, no member shall be allowed to speak for more than ten minutes, with the exception of readers of papers and those who introduce subjects for discussion, who may each occupy twenty minutes?

Those who intend to be present at the sessions of the Section, and especially those who desire to take part in the discussions, will confer a favor by communicating with the President and Secretaries, who Sciences Médicales," died recently in Paris. will be further gratified at receiving suggestions as to the work of the Section.

Albert L. Gihon, M.D., President, P. O. Box 291, Vallejo, California.

Secretaries.

CHARLES DENISON, M. D., 245 FOURTEENTH Street, Denver, Colorado, 1SAMBARD OWEN, M. D., 5 HERTHRAND, and Servick d. Soc. Chimatol. 4 Algèrs, Algeria, Dr. A. Wernich, Region Chimatol. 4 Colorado, 1988. A. Wernich, Region of Chimatol. 5 Company.

Regier u. Mediz-Rath, Coslin, Germany,

MISCELLANEOUS.

DETECTION OF BLOOD-SPOTS ON IRON.—Dr. Dannenberg contributes some valuable data on detection of blood-spots on iron. Blood is easily proven on ordinary surfaces by means of the crystals of haemine, but when blood-spots on rusty iron are to be examined their detection is not so simple a matter, as the iron rust seems to form a combination with it. Dr. Dannenberg, however, states that if a few drops of a 10 per cent. solution of caustic potash be placed on the spot, and thus loosened, the rust scraped off and segregation versus aggregation of invalids at health and treated with ammonium sulphide and water, and then handled according to the usual method, elegant extended rhumbic crystals will be formed. He considers these as conclusive proof and names them "Haemidin" crystals.

Cocaine Legislation.—On February 15, Dr. J. B. Mattison, of Brooklyn, read a paper on "Cocaine Dosage and Cocaine Addiction" before the King's County Medical Society, after which Drs. Wallace, De Lavergne and Mattison were appointed a committee VIII. Collective Investigation, apart from aiding to draft a bill, for presentation to the Legislature, placing cocaine on the list of poisonous drugs, and to

Disinfecting Stations.—Several disinfecting stadaily sickness and consequent loss of time, occupa- tions were established in Berlin on November 1, and their use is compulsory by the police regulations. Within six weeks after their establishment 10,593 pieces were disinfected, mostly belonging to persons infected by diphtheria and scarlatina.

> DIPLOMA MILL IN MAINE.—The *Boston Herald* has recently ventilated an extensive diploma industry in Lewiston, Me., a representative of that paper, who says that he is innocent of any knowledge of medicine, having obtained without difficulty a diploma from the Maine Branch of the "Druidic University of America." As this "Branch" is incorporated under the State law, the people of the State must now pay the expenses of "a joint special committee" from the House and a few Senators, "to inquire into the expediency of repealing" the character of the Maine Branch and the Maine Eelectic Medical College.

- Dr. T. Gallard, the well-known gynecologist of Paris, died on January 31, of diabetes.
- M. RAIGE-DELORME, one of the founders of the Archives Générales de Medicine, and one of the editors of the "Dictionnaire Encyclopédique des

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM FEBRUARY 19, 1287, TO FEBRUARY 25, 1887

First Lieut. Chas. C. Barrows, Asst. Surgeon, resignation accepted by the President, to take effect Feb. 17, 1887. S. O. 42, A. G. O., Feb. 19, 1887.

First Lieut. Chas. S. Black, Asst. Surgeon, ordered from Ft. Clark, Tex., to Ft. Davis, Tex. S. O. 23, Dept. Texas, Feb. 18, 1887.

Journal of the American Medical Association.

EDITED FOR THE ASSOCIATION BY N. S. DAVIS.

PUBLISHED WEEKLY.

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CHICAGO, MARCH 12, 1887.

No. 11

ORIGINAL LECTURES.

THE SYMPTOMS AND DIAGNOSIS OF MULTIPLE NEURITIS; WITH REPORTS OF CASES.

Based on a Clinical Lecture Delivered at the New York Post Graduate Medical School, Januar v 18, 1887.

BY CITARLES L. DANA, M.D.,

PROFESSOR OF NERVOUS DISEASES N. V. POST-GRADUATE MEDICAL SCHOOL; VISITING PRYSICIAN TO BELLEVI'E HOSPITAL.

A very good description of multiple neuritis was now forthcoming.

case running a course of four and one half months, atrophic cells in the lumbar cord. and having the type of the subacute spinal paralysis of several years, and started from a contusion of the the subject in 1883. sciatic. Eichhorst's case³ came next. It was like nerve trouble, not a simple degeneration. Then of Medicine, Vol. xii, p. 33. See also articles by Déjerine reported a case also resembling acute ascending paralysis. He found also neuritis, including some changes in the anterior roots. Neither Eichhorst's or Déjerine's cases are very complete. Eisenloht reported a case of subacute paralysis and autopsy. The cord was normal, the sciatic showed parenchymatous and interstitial neuritis.

Joffroy contributed a very elaborate paper to the Arch. de Phys. Normale et Path., No. 2, 1879. He describes: 1. Spontaneous parenchymatous neuritis. 2. Neuritis from lead poisoning. 3. Neuritis in the course of infectious diseases. Under the first division he describes cases of multiple degenerative neuritis, with autopsy. Lancereaux reports a case of this kind occurring in phthisis, as do Desnot and Pierret.

In 1880 Leyden's summed up the work of his predecessors, and reported a case of his own, with autopsy. He gave a systematic clinical history of the disease, and one which is still quite correct. Leyden was followed by Melchert.*

In 1882 Scheube, and in the same year Baelz, given by Leyden in 1881, again by Piersson in 1883, showed that the nerve symptoms of beri beri were and by Strümpell in his "Text book on Medicine." due to a multiple neuritis. Koeniger, writing on Dr. X. Francotti, in 1886, described it well; so also this same subject in 1882 and 1884, alleged that the did Dr. Buzzard in the Harveian Lectures for 1885. neuritis was only a complication. Ballet, in 1883. Dr. Gowers gives a very complete account of the found atrophy of the anterior cornua in beri beridisease in his recently published text book on ner- nerves not examined. Haradan found neuritis and vous diseases. Dr. M. Allen Starr will no doubt degenerative changes also in anterior nerves in dorcover the whole ground in the most thorough manner sal and lumbar regions. M. P. Mendesⁿ found lein the Middleton Goldsmith Lectures on this subject, sions in the nuclei of the columns of Goll, and in the posterior columns, especially, of the cervical and I venture to give here some notes on the history lumbar cord there was atrophy of cells and parasites of this new development in neuro-pathology, since it in vessels; also a neuritis as far up as the spinal ganhas made such a change in some of the conceptions of glia. Tschowskii2 reported several cases, with auparalytic disorders. Dumenil, in 1864, reported a topsy in three. He found multiple neuritis, and also

After Leyden's communication there were soon of Duchenne. The autopsy showed diffuse lesion of published a large number of cases, by Hiller.13 Granthe nerves, the brain and cord being normal. A sec-ger Stewart, DEichhorst, Strümpell, Müller, DVieond case," with post-mortem examination, ran a course - rordt.15 - Piersson wrote16 a systematic monograph on

Roth, in 1883, reported to a case of acute general one of acute ascending paralysis, of six weeks' dura- paralysis, with autopsy, showing extensive parention, except that there was pain and sensory dis chymatous and interstitial neuritis. Dr. S. G. Webturbance. Autopsy showed acute inflammatory ber. of Berlin, reported some cases in the Archives

Gaz. Hebd., 1864, No. 13.
 Ibid., 1866, Nos. 4, 5, 6.
 Virchow's Archiv, Vol. 69.

³ Virchow's Archiv, Vol. 69, 4 Centralb, für Nervenheilk, 1879, and Deut. Arch. für klin. Med., 227, 1883 20 Correspondenzbl. f. Schweize Aerste, 1883, No. 13.

⁶ Charité Annalen, 1880, and in Zeit, f. kliu. Med., 1880.
6 In ing. Dissertation, 1881. Greifswald, Beitrag zur Diagnose der subacute Poliomyelit s. ir. Multiple neuritis.
7 Zeits, f. klin. Med., 1882. Bd. iv. p. 616, and Virchow's Archiv, 1884, p. 146. Bd. og. and p. 531. Bd. ov.
8 Deuts. Archiv. f. klin. Med., Ed. 31, pp. 141, 317. Bd. 32, p. 83;
8 Deuts. Archiv. f. klin. Med., Ed. 31, pp. 141, 317. Bd. 32, p. 83;

⁸ Pents Archiv f. klin. Med., Ed. 31, pp. 141, § 7, 103, 32, p. 83, Bd. 34, p. 410.

9 Proc de la Societé Anatomique
10 Neurol Centralblatt. 1885, p. 326, two cases.
11) rog. Med., N. et 4, 1885
12 Neur Centralb., §\$26 p. 484
13 Berlin, klin. Wochenschr., 1881, No. 41.
14 Edinburgh Med. Journal, 1881,
15 Archiv f. Psych. u. Nervenk., Ed. viv. p. 695,
16 Ibid., p. 685
16 Teber Polyneuritis acuta, Volkmann's Samul, klin, Vort., No. 227, 1884

E. Remak, Grocco, and Oppenheim. and Oppenheim.

Strumpell,29 by Dr. Dreschfeld,30 and by Schultz,41 These writers give a full history of this special subject up to the date of this writing.

studied by the writer, and a full account of it given in Brain, January, 1887. In the same article the history of the relation of lead-poisoning and of diphtheria to multiple neuritis is given. In the past year weeks, or even less. The symptoms then gradually a number of additions to our knowledge have been made, all of which are to be summarized and presented by Dr. Stair in the lectures referred to.

In a thesis entitled "Des Pseudo-tabes," by L. Leval Picqueche (Paris, 1885), a very complete history of this form of multiple neuritis, from various causes, is given. Dr. Starr has also called my atten-Toxiques." by Broussais, of Paris.

The symptoms of multiple neuritis develop in two or four years, e.g., Dumenil's case. forms; 1st, those of atrophic motor paralysis with subsidiary sensory changes; 2d, those of ataxia and cally from the disease ordinarily known as subacute other sensory disturbances with only moderate mo- multiple neuritis. tor paralysis. The motor form is the more common. sult of poisons or the infection of diphtheria.

erally come on rather suddenly, and are sometimes; of weakness, and the paralysis steadily increases until the patient is unable to walk or use his hands. | tor form. The lower extremities are oftenest and most seriously affected, the upper extremities next, and the muscles! of the face and trunk least often of all. The flexors of the foot and the extensors of the hands are particularly attacked. The paralyzed muscles speedily become atrophied. The bladder and rectum are not affected. The sexual power is lessened. The pulse is generally quite rapid, owing, perhaps, to involvement of the vagus.

On making a physical examination the skin is generally found hyper-æsthetic, and yet there may be some tactile, thermal and pathic anæsthesia. Later this generally develops. Pressure along the course of the nerves and over the muscles causes much pain, as do muscular movements.

Electrical examination of the muscles shows generally a partial degenerative reaction, the muscles being less irritable than normal to both galvanic and fairedic currents. The contractions are sluggish, but

Eisenlohr, a Strümpell, Moeli, Hirt, Löwenfeld, it is not common to get polar changes. The nerves show also diminished electrical sensibility, but fur-The relation of alcoholic paralysis was studied by hish no positive indications of neuritis as against polio myelitis, though perhaps their irritability is less. There are not usually any marked vaso-motor phenomena except ædema. Sometimes the secretion The relation of arsenical paralysis to neuritis was of sweat is profuse, and in arsenical cases 1 have seen the feet and hands shed the epidermis as it it had been raised by a blister.

The disease reaches its height in two or three ameliorate, and the rule is a progressive improvement ending in cure in four to six months. In some cases the spinal cord apparently becomes involved, and the sphincters are paralyzed; diabetes and various other central symptoms appear.

Some cases of multiple neuritis run a very acute course, and present the symptoms of acute ascendtion to a very complete work entitled "Paralysis ing spinal paralysis (Landry's paralysis). Other rare cases present a slowly progressive course lasting three

These types are different clinically and etiologi-

The Sensory or Ataxic Form is spoken of by Gow-The sensory or ataxic form occurs chiefly as the re- ers as rare, but I have seen quite a number of illustrations of it. Here the symptoms begin with burn-The Atrophic Motor Form.—The symptoms gen- ing, tingling sensations in the feet and hands, especially the former. The patient notices that his gait accompanied with fever, which may reach 103° to is uncertain. The tendon reflexes disappear, the 104 F. The patient suffers from feelings of numb. limbs are partially anæsthetic, or areas of aræsthesia ness, prickling or burning in the feet and ends of the are found. There is a moderate degree of motor fingers. These sensations gradually extend up the weakness and atrophy. In a few days the patients extremities, but rarely reach the knee or elbow. may develop nearly all the symptoms of locomotor They are accompanied by sharp pains and feelings ataxia. These cases are generally of toxic origin. They run a subacute course, about as does the mo-

> The symptoms may be summarized as follows: Prodromic period in some cases of several weeks characterized by some numbness and lumbar pains. Rather brusque onset, sometimes with pam.

> Motor Symptoms: Progressive symmetrical paralysis, ascending, and affecting lower limbs most and oftenest. Paralysis flaccid, atrophic and painful. Partial degeneration reaction. Abolition of kneejerk as a rule, and of skin reflexes in paralyzed limbs.

> Trophic Symptoms: Muscular atrophy; cedema; rarely erythema, eczema, herpes, changes in nails and skin, local asphyxia and gangrene.

> Sensory. Parasthesia; especial characteristics are burning sensations, pains of both darting and dull character, worse on movement; tenderness in limbs, and especially over course of nerves. Later some anæsthesia, general or over distribution of nerves.

> Cranial Nerves: In rare cases only affected, but optic neuritis is not very rare. Rapid pulse from involvement of the vagus sometimes occurs. Sphincters not involved as a rule.

> The termination is usually favorable, but death may come on unexpectedly.

> Further details in the history will be brought out in the report of the following cases. These I will give here only in synopsis.

Case 1. — Alcoholic Multiple Neuritis. Sensory

²¹ Neur, Centralbl., 1884, Nos. 7, 8, 22 Had., 1884, No. 11, 12 Chartte-Annalen, Vol. iv. 1584, 21 Neurolog, Centralbl., 1884, No. 21, 22 Had., 1885, No. 7, 29 Had., No. 14, 22 Contrib. alla stud. clin. ed anat. path. delle Nerv. mult. prim., 1885, 23 Deutsches Archiv f. klin. Med., 1895, Bd., 36, p. 461, 29 Krankheiten des Nervensystems, p. 121, and Berlin. klin. Woch., a. No. 22

^{1885,} No. 32 30 Brain, 1884, July et seg. 31 Neurolog Centralbl., Nov., 1885.

Form —The patient, a bar tender, had always been with simply an annoying numbress of the feet and healthy, and gave no history of syphilis. In the finger tips. Two other cases have since come under past year he had indulged excessively in sexual in-my notice. tercourse, but still more excessively in alcohol, and after having been on several sprees he was taken to Beri beri.—This case occurred in the service of Dr. the hospital suffering from delirium tremens. This Roosevelt at Bellevue Hospital, and through his developed into mania, and he was confined in the kindness I was able to show it to my class. The asylum for several weeks. During this time he be- case has been reported in full by Dr. Koosevelt, and came partially paralyzed, but improved and was dis-will soon be published; so I will not give the details charged. When seen by me soon after, he presented here. The patient, a sailor, after suffering several weeks the symptoms of a man in the early stage of locomo-|from| the amemia and anasarca characteristic of the tor ataxia, except that he had no eye symptoms, ""wet form" of beri beri, gradually developed a paralgirdle pains, bladder or marked sexual trouble, ysis of the lower extremities. The flexors of the foot There was marked ataxia, parasthesia, areas of anies- were most affected. The paralysis gradually involved thesia, loss of tendon reflex, some motor weakness. the muscles of both legs, but to a much less degree I learned that he later did develop some central those of the thigh. There was some pain and parsymptoms, which lead me to think that the cord be-testhesia, but little other disturbance of sensibility. came also involved.

had indulged nightly in sexual intercourse and very ease, but it appears to me that the multiple neuritis excessively in whiskey-drinking. While playing ball is not the disease, but is only one of the symptoms, one day he noticed a weakness in his legs. This in or in some cases one of the sequele. creased in a few days, and he was now obliged to Case 6.—Multiple Neuritis from Rheumatic Cause. limbs were alone affected, while here the flexors of and the following case seems to illustrate it, although the foot were especially attacked. The feet dropped, I confess that the diagnosis can not be made posand at one time could scarcely be moved at all. There itively: was partial degeneration-reaction. The legs were much atrophied and there was some aniesthesia, but Russian birth, had always been healthy, but had jerk was abolished. The sphincters were normal. His present occupation is that of a peddler. About The patient got worse for several weeks, then began two months before he was seen by me he had been

ing. Sensory or Ataxia Form.—I have shown the ness, prickling, and dead, heavy sensations in the class two patients who suffered from multiple neuri extremities. All this increased until in a day or two tis of this type (published in full in *Brain*, January, he could hardly walk, and could not go up stairs. 1887). In one the patient, a young man of 25, took. About this time he had severe pains in one knee, a poisonous dose of Paris green. Within a week he which lasted only a night. His symptoms did not had developed very characteristic symptoms of improve, and he finally came to me. There was pseudo tabes, or arsenical ataxia. The symptoms then the same condition of paresis of the extremities were burning in the feet and hands, extreme ataxia, with paræsthesia; the knee jerk was abolished; there some tactile anaesthesia of limbs, combined with ex- were areas of anaesthesia over the external surface of treme hyperceschesia and tenderness, especially over the legs; there was considerable static and locomothe course of the nerves; peeling of the skin of feet tor ataxia. The eye (he had but one) was normal, and hands; pains in the legs, especially on movel and he had no girdle pains or sphincter troubles. ment; optic neuritis; partial degeneration reaction; No degeneration-reaction. Urine 1026, acid, rather moderate paresis and atrophy; no girdle pains, no dark, no albumin or sugar. Under treatment he sphineter paralysis, no involvement of face or eye gradually improved. Nine months later I saw him muscles. Mind clear, but patient nervous and hys again; the knee jerk had returned, and all his sympterical. There was gradual improvement up to a toms had disappeared. certain point, then the symptoms remained stationary for many months.

Case 5 .- Multiple Neuritis from an Infection of The muscles atrophied and showed in one leg par-Case 2.—Alcoholic Multiple Neuritis. Motor and tial, in the other complete, typical degeneration re-Atrophic Form.—This patient I saw at Bellevue action. The paralysis progressed very slowly for a Hospital, while visiting for Dr. Tuttle, and have few weeks, then slowly improved. Judging from shown him several times to my class. The patient some of the recorded histories, beri beri may also was a young man aged 23 years, who for over a year produce a sensory or pseudo-tabetic form of the dis-

take to his bed. When seen by me he presented —There is no doubt that multiple neuritis may be the usual symptoms of alcoholic paralysis. His lower caused by what is known as rheumatic influences;

M. D. G., a Jewish ex Rabbi, age 29, married, of not much pain. There was no ataxia. The kneed greatly overtaxed himself a few years ago by study. slowly to recover. At the end of six months he could much exposed to cold and wet. He felt one day a barely walk with help. His mind remained clear. | great weakness coming on in the lower extremities, Case 3.—Multiple Neuritis from Arsenical Poison- and to a less extent in the arms. He felt also numb-

Case 7.—Neuritis Complicating Locomotor Ataxia. I have shown to the class on several occasions a Case 4.—In the second case the patient, a man of patient who had had for a year some slight ataxic 45, was taking Fowler's solution in daily doses of symptoms, but had been able to do his work, that 3iss, and he gradually developed a pseudo tabes sime of a brakeman, every day, and who believed himself ilar to that above recorded, but milder in type. His to be suffering only from a paralysis of the left third symptoms, too, improved, and he was finally left nerve, which was of several years duration. One

day, not feeling very well, he took a Turkish bath, and next day was in bed with an intensely painful eration in lead paralysis. Beiträge zur Path. u. Path. paralysis of the lower extremities. There was exquisite tenderness along the course of the nerves, 131. So did Kast (Centralb. f. Nervenheilk, No. 8, burning feet, pronounced ataxia, and abolition of knee- p. 137). jerk. The symptoms seemed to point to the development of a neuritis complicating the original poster in a case diagnosticated at the time as polio myelitis rior sclerosis, and this is an accident which I believe anterior subacuta, but which gives much such a hismay sometimes occur in true locomotor ataxia.

always be made with certainty. It must be based,

3d, upon the course of the disease.

Diagnosis from the Etiology.—Painful symmetrical progressive paralysis, with atrophy coming on after degeneration-reaction. an attack of theumatism, is probably neuritic.

The same may be said regarding attacks coming on in alcoholic patients. The post mortem evidence ened; E, irritability lessened or absent. collected by Dreschfeld, Schultz, Francotte and paralysis are of peripheral origin. Some are, however, I believe, myelo-nenritic.

The paralysis from arsenical poisoning, bi-sulphide and oxide of carbon, and in some cases after the use of lead, are peripheral. The pseudo-tabes after diphtheria and in diabetes is neuritic, but glycosuria may

occur in true tabes.

The paralysis and pseudo-ataxia after infective diseases, diphtheria, variola, pneumonia (Virchow's Arthe course of acrodynia and beri beri, are neuritic.

It is not yet demonstrated that multiple neuritis Webber and Chapin have reported cases which applation of the paraesthesia of the extremities, are diag-

pear to belong to this category.

Diagnosis from the Symptoms.—Rather sudden onset with marked pains in legs and arms, and sometimes fever, followed by rapid symmetrical atrophic multiple neuritis. Hyperæsthesia is present at first, with great tenderness of muscles and along the course, ascending paralysis or poly-neuritis. of the nerves. Later tactile and thermic anæsthesia of moderate type develops.

The specially characteristic symptoms in detail, are: Symmetrical ascending paralysis affecting the atrophic paralysis, with highest grade diminution of

fect and extensors of arms.

ports a case of generalized neuritis with marked ence of skin reflexes; tenderness over the great electrical alterations of non-paralyzed nerves and nerve trunks; pains on starting to walk; the even-muscles. It was in a woman of 30 years, and fol-tual return of the tendon-reflexes and normal eleclowed acute rheumatism. This was followed by trical irritability. The bladder and rectum were, burning pains and numbness of the legs and arms, however, somewhat affected. with intention-tremor and some atrophy of hand muscles.

Clenic movements, intention-tremor or athetosis. Muscles of face and extremities, though not paral-

give polar changes.

zard (*Brain*, 1878, vol. 1, p. 121).

Kahler and Pick found the severe form of degen-Anat. des Central nervensystems; Leipzig: 1879; p.

Kahler and Pick (op. cit.) also found these changes tory as that of Remak's case. Bernhardt has also The diagnosis of subacute multiple neuritis cannot described such a case (Virchow's Archiv, 1879, Bd. 78, p. 274). In Schultz's case of alcoholic neuri-1st. upon the etiology; 2d, on the symptoms; and tis marked diminution of E. I., but no qualitative changes.

Rapidly developing atrophy of muscles. Partial

The usual formula being—

Faradic current over muscles—E, sensibility less-

Galvanic current over muscles—E, sensibility less-Bernhardt shows that almost all cases of alcoholic ened or absent; E, irritability lessened, contractions sluggish. Generally in reversal of poles, but KaCC

Œdema is often marked, without albuminuria. The pulse-rate is high. Sphincters not involved; no decubitus. The face and eye muscles are rarely involved, but occasionally there is optic neuritis. Optic neuritis has been noted by Eichhorst (Virch. Archiv., 1876, Bd. 69, p. 69); Strümpell (*Archiv f. Psych.*, Bd. 14. p. 339); Löwenfeld (Veber Multiple Neuritis, 1885, p. 15); E. chir, Vol. 68), measles, typhoid, and occurring in Remak (Neurol. Centralbl., No. 14, 1885); Dana (*Brain*, June, 1887).

The burning hands and feet, the peeling of the occurs in children except from beri beri, although skin of the extremities, the sometimes sharp demark-

nostic points to be noted.

Favorable termination favors the diagnosis of multiple neuritis. The presence of degeneration reaction with retention of voluntary movement favors polioparalysis, are the main characteristics of subacute myelitis. Localization of paralysis in physiological groups of muscles favors polio-myelitis, symmetrical

The diagnostic points in a case of Schulz's seen by Strümpell were: The multiplicity of the processes attacking the extremity nerves; high grade lower extremities most, and especially the flexors of electrical irritability, without quantitative changes; the slight paræsthesia without anæsthesia; the joint Diagnostic Electrical Reactions. E. Remak re- affection; the absence of the tendon-reflex with pres-

Diagnostic signs given by L. Löwenfeld in a case of rheumatic multiple neuritis with athetosis were: Motor weakness with fever and sensory disturbance limited to certain nerves; girdle sensations and great yzed, only react to severest electrical currents and sensitiveness of the back muscles; absence of pupillary, bladder, rectal and sexual symptoms; girdle Ethnoted the degeneration-reaction (milder form) sensations about the extremities; electrical reactions in non-paralyzed muscles—head paralysis (Arch. f. were those of partial degeneration-reaction; there Psych., 1885, v. p. 445). Also Bernhardt (Berlin, was striking diminution of electrical irritability to klin. Wochenschr., 1878, Nos. 18 and 19), and Buz-hoth currents, with slight polar changes. This has been found by Brenner and Bernhardt also.

The ordinary course of an acute poly-neuritis is, according to Roger: 32 Sharp attack, with severe pains in extremities, oftenest in lower; often a fever; then paralysis, without contractures, with rapid atrophy. Hyperæsthesia is followed by anæsthesia; tenderness; electrical degeneration reaction.

Initial pains, early, marked sensory disturbances, combined with degenerative muscular atrophy and paresis of extremities, following acute articular rheumatism, point to subacute multiple neuritis.33

Some particulars may be given regarding the diagnosis of the different forms of multiple neuritis:

:. Alcoholic neuritis runs a less acute course, is less progressive, and the paralysis is more confined to the extensor groups. The legs alone are often affected. There is a characteristic hyperæsthesia and hyperalgesia. Cerebral symptoms are frequent. The gait in the pseudo-tabitic cases is modified from that of true tabes by the fact that, the extensors of the feet being paretic, the foot is brought down flat.

by Oetlinger (loc. cit.), are: The symmetrical paralysis, almost always beginning in the lower extremitiant of multiple neuritis, with, on autopsy, evidences ties, and affecting especially the common extensors of both neuritis and myelitis. Eisenlohr has reof the foot and the extensor hallucis. Bladder, rec-ported a case that is particularly striking. J. J. tal, facial and eye paralyses are not present. Ataxia Putnam reports two cases of painful myelo-neuritis. is not constant, nor are contractures. In chronic forms there is hyperesthesia; in acute forms analge- jerine reports³⁶ two cases of tabes with extensive desia. Generally there there is cedema and trophic disturbances of the skin. Tendon reflex always ab-

The prevalence in women was not observed by Octlinger. The ataxia was static only in a case described by Lilienfeld.

Besides the points given, the alcoholic patient may of the direct cerebellar tract. suffer from central scotoma; tabetics have a more general narrowing of the visual field (Bernhardt).

Optic neuritis is seen in acute myelitis, multiple sclerosis, multiple neuritis, and alcoholic neuritis, but never in true tabes.

There are mental disturbances in alcoholic cases, and women are oftener affected.

The degeneration-reactions are temporary, and only noted at the height of the disease. The ataxia is static only in some cases. There may be rapid pulse and hyperidrosis.

In arsenical neuritis, a characteristic trophic disturbance is the entire shedding of the epidermis of the feet and hands. A hysterical mental condition is sometimes present. The paralysis may be motor and atrophic, or may take a pseudo-tabetic form, the last being rare.

by the changed electrical reactions (high grade diminution of E. irritability, with or without qualitative changes). In tabes, at the beginning, there may be an increased E. L., which later decreases without any it is indeed surprising to see the rapid general imdegeneration-reaction.

There is an ataxic neuritis seen in early atrophic paralysis.

The pupillary symptoms, girdle pains, bladder and rectal disturbances are, as a rule, absent in neuritis. There may be slight pelvic symptoms in ataxic

The tendon reflex, though apparently absent, may be brought out sometimes by Jendressik's method in neuritis; never in tabes (Moeli).

In post diphtheritic multiple neuritis there are generally paralyses of the soft palate first, then general muscular feebleness, ataxia and loss of tendon reflex. In a few cases the external eye muscles are affected, causing exophthalmoplegia externa. 4

Subacute multiple degeneration neuritis is to be distinguished clinically from acute ascending spinal paralysis (Landry's). In the latter disease there is, it is true, a multiple neuritis, in some cases at least, but its cause and course, as well as the anatomical changes in the nerves, are different.

Myclo neuritis .- Multiple neuritis may be combined with a polio-myelitis, and then symptoms of The diagnostic signs of *alcoholic neuritis*, as given both diseases may be present. Leyden, Rosenthal and Dejerine have found cases running a course like

> Central spinal lesions predispose to neuritis. Dégenerative neuritis.

Illustrations of symmetrical ascending neuritis and myelitis are given by Grainger Stewart, who reports There are three forms: mild, chronic and acute, three cases. The patients showed the signs of multiple neuritis with ascending paralysis, beginning in all four extremities. Post-morten examination showed secondary degeneration of the columns of Goll and

TUBERCULOSIS OF BONES AND JOINTS.

Read before the Northwestern Ohio Medical Association, at Lima, Ohio. December 9, 1886.

BY M. STAMM, M.D.

OF FREMONT, ONTO. (Continued from page 262.)

Cases of tuberculous dropsy of the joint should, as soon as diagnosis is possible, be operated upon, as all other means will have little effect. This operation generally consists in making incisions into the joint, removing the swelled synovialis. After having washed out the joint with disinfecting fluid, dust it over with iodoform, put in drainage-tubes, etc. The idea of preventing the spread of tuberculosis from A multiple neuritis of the sensory or ataxic form an affected joint is less an indication for operative is differentiated easily from locomotor ataxia usually, measures than the local condition itself. Such measures, amputation especially, may sometimes be called for to cut off the dangers of septicemia, pyæmia and amyloid degeneration of the kidney and other organs;

⁸² L'Encéphale, 1885, No. 2.
⁸³ Kast, Archiv. f. Psych., 1881, Bd. xii, p. 266; and F. C. Müller, 1bid., Bd. xiv, p. 609.

provement of the patient following amputation. For bibliography see P. Meyer, Virchow's Archiv, Bd. 85, p. 214.
 Also Mendre, Neurol Centralbl., 1885, No. 6.
 Neur, Centralbl., 1884

[#] Brain, 1814, p. 558 # Journ of Nery, and Ment, Disease, 1812, p. 212.

factory results.

ceps, which may be passed along a probe. After tion. being able to introduce a finger you may scrape off the tuberculous granulations with the nail, sponge, although amputation in most cases, especially above or sharp spoon. Then, if necessary, you make a the age of 30 years, will be the best measure. The counter opening for drainage tubes, rub in some io-technique of resection should be carried out with a doform, and apply some antiseptic dressing. Should, view to remove all the pathological parts of the joint, however, the whole joint be filled with matter, simple Long incisions, usually more than one, should be incisions will be of no avail, since the synovial tuber- made, in order to expose all the synovial folds, as it culosis is more diffuse and has a tendency to cheesy is important to remove whatever is diseased with the decay. We may, in cases of children, at times suc- knife, forceps or scissors. These incisions can genceed by making large incisions and removing the erally be so managed as to obviate any transverse affected synovialis; in adults, on the contrary, re- cut or section of the muscles, so that, if it was only sections, or more often amputations, are the only necessary to make a partial resection, the function resort.

under some pressure, in order to clean it from small such resections. spicula of bone or shreds of tissue, then dry the parts resection is therefore the only curative way.

in which local resection, right from the start, would sis, although it has, by virtue of its cicatricial atrobe the best resort. But, unfortunately, diagnosis will phy, a tendency to stiffen the joint and, as it occurs not always come to our aid at the right time, since principally in youthful subjects, also to shorten the only when the symptoms do not improve; if pain, limb from one half to two inches. A conservainstead of subsiding, increases after a long course of tive treatment is best indicated in these cases. A rational treatment, our suspicion, that extensive de- plaster of Paris-bandage, as long as there is no struction of the bones by a large granulative focus contracture, is of great advantage. We should not or a large wedge shaped sequestrum are the under forget to tell the family that a very long time is relying causes, becomes hardened into a fact. At such quired for a cure. Taylor's splint answered very

Where we are certain of a large osteal focus or some -typical resection or amputation. - Perhaps it is hardly partial destruction of the joint, we are not necessa- necessary to add that in younger patients the conrily compelled to make a typical resection or ampusservative plan should not be so easily abandoned as tation, but, thanks to the excellent effect of iodoform in older individuals, especially above 50 years of age, in such conditions, a partial resection, that is, the as it is well known that resections in children leave removal of the affected parts only, gives very satis-bad functional results; and moreover, these processes have a better tendency to heal at an early age than A small circumscribed abscess may, after the joint in later life. The fact, also, that children can better is immobilized, heal spontaneously and leave a fistula afford to sacrifice three or four years' time for treatonly for a short time. Should it, however, be neces-ment than grown persons who have to earn a living, sary to open such an abscess, the best way is to should have some weight with us. But steady fever make an incision, and should you have to find your as a sign of suppuration and fistula, acute nephritis way deep between the muscles or in the neighbor- or amyloid degeneration of some organs, are, even hood of the blood-vessels, dilate with a pair of for- in youth, a vital indication for resection or amputa-

A large cold abscess calls for an early resection, of the joint would not suffer too much by it. We In most cases of tuberculous fistula it would be should make it a rule not to remove of the bone more bad practice to introduce a spoon and try to scoop, than what is really affected or is necessary to get free it out, as we never can be certain whether we have access to the diseased synovialis, in order to remove removed all the diseased parts. It is much better in that portion fully. The latter can be removed better such cases to open the joint freely and remove what- with forceps and seissors than with the sharp spoon. ever is affected with knife and chisel; this can often. Ligaments and periosteum may, as a rule, be left inbe done without damaging the function of the joint, tact. The affected bone is best removed in children It is scarcely necessary to say that this should be with the knife, in adults with the chisel, saw or spoon, done by the bloodless method. After the affected and we should not hesitate to leave an irregular surbone and synovial membrane has been removed, we face where only a part of the epiphysis is affected. should irrigate the joint with some disinfecting fluid. The bloodless method, as well as the application of (carbolic acid, corrosive sublimate or salicylic acid), iodoform, have essentially improved our results in

Tuberculosis of the Hip Joint.—We occasionally and rub some iodoform into the walls of the joint, meet some slight subacute forms of this affection in We then introduce drainage-tubes and apply antisept the hip joint, which may recover in the course of tic dressings, which should exercise some compressione weeks or months after the application of ice or sion to prevent hemorrhage after the rubber bandage tr. iodine, also after the use of pulley, Taylor's splint, is loosened. The leg should for the first day or two or Hutchinson's plan (high-soled shoe on the sound be kept in a raised, almost perpendicular position, to leg with a pair of crutches). But these cases have a prevent loss of blood. The results in purely syno- great tendency to relapse. There are probably some vial fungus are not so favorable, owing to the impossimall foci which do not lead to extensive infection. sibility of removing the capsule of the joint com- The majority of cases, however, are of a grave napletely without resection of the epiphysis; typical ture, as the bony parts, acetabulum and head of the femur, are generally greatly disorganized. Caries It cannot be denied that there are cases so grave sicca presents yet a comparatively favorable prognoa time, then, we are generally obliged to make a well in a few of my cases, and gave also satisfactory

results in the hands of others. Contractures are best patients up to 14 years about the same frequency is culty in tracing the fistula to its origin.

break into the pelvis. Resection is the only safe resection. means to give an outlet to the matter, but it should at the same time be combined with an incision near authorities raise their voice in condemnation of a the anterior superior spinous process. Multiple abstypical resection of the knee joint in children below scesses with fluctuation in front and behind the joint. 14 years. But still this is no cause for remaining as well as fistule that have no tendency to heal, also lidle in such cases, as a vast deal of good can be acdemand resection. The diagnosis of the grave osteal complished by the sharp spoon or by partial resecprocesses is difficult before they burrow into the joint. tion. These partial resections are best made by a In localized foci of the neck or head of the femur, curved incision at the inner side of the joint, beginalso of the upper rim of the acetabulum near the in-ning at the tibia near the insertion of the ligamentum ferior spinous process, we obtain good results, with patellie, with the convexity inwards; after having out mjury to the function of the joint, by careful reached the upper part of the joint turn towards the removal.

points to disorganization of the bony parts, princi- the synovial membrane, another incision at the outpally the acetabulum; and here we need not wait for side, in front of the lateral ligament, should be made. the formation of an abscess, but resect at an early. Very little difficulty is thus found in the removal of time. Children, even at an age of 11/2 years, seem the anterior part of the capsule, cartilage or bone. to furnish good results after resection, and we should. If this is not sufficient, we may hip the ligamentum not feel altogether discouraged in cases even above patellie slightly, and pull it outwards; or, if neces-50 years of age. We should never neglect to remove sary, cut the internal and crucial ligaments, which all the diseased portions of the acetabulum or cap- will give us all the room desired after flexing the limb. sute of the joint. The incision is best made in a A very ingenious method has been recently reline drawn from the posterior spinous process to the ported by Israel, which was followed by no less middle of the trochanter, it should be made deep brilliant results; brilliant because he succeeded in down to the bone and can, if necessary, be extended preserving the function of the joint after having refurther. Should the acetabulum be affected, the moved the capsule of the joint completely. He chisel is the best instrument to remove whatever is made a flap starting from the condyles and reaching diseased. Should an iliac abscess be the result of below the tuberosity of the tibia, then by means of perforation, it should be opened below the anterior the saw he separated the tuberosity in an oblique disuperior spinous process by a large incision, in order rection from the tibia, so that it remained with the to free its inner walls from all tuberculous granula-ligamentum patellae attached to the flap. As the tions, a drainage tube may then be left in there, and synovialis was found thickened and covered with one also near the trochanter. If we use iodoform, tuberculous granulations, it was totally removed in the first antiseptic dressing need not be disturbed for connection with the crucial ligaments and the semieight or ten days, the others can be left even for a lunar cartilage. After having inserted the drainagelonger time, so that we seldom have to change it more tube, he nailed the tuberosity to the tibia. As soon than three times before the wound is healed. Exten- as the wound healed by first intention patient was sion to the leg is commonly used in some way or induced to use passive movement of the joint. The other for the after treatment.

Tuberculous dropsy seems to have almost an exclusionatening and with natural shape of the joint. sive seat in this joint. As a characteristic feature of

reduced under an esthesia, it necessary in several sit observed between osteal and synovial processes, tings. In the majority of cases we find cheesy gran- whereas in adults osteal processes seem to predomiulation with suppuration. The localized abscess nate. The femoral condyles are more often involved generally points at the front part of the joint; much than the head of the tibia. Amputation should be less frequently along the iliopsoas muscle near the reserved for old people, or for patients who have a lesser trochanter, and we sometimes find great diffi- complication with nephritis or septica mia; eventually also for cases in which the leg is so shortened and Of very great consequence are those cases which deformed that no good use can be expected from

We have already seen that a number of our best middle line, where you readily find the distended syn-Spontaneous luxation of the joint in these cases ovial sac. As it is necessary to get free access to

operation was performed in March, 1884, and patient Knee Joint.—In the knee joint we find all the dif- is now about 10 years old; he can bend his leg at an ferent forms of tuberculosis described in this paper, angle of 100, has full strength in its use, with no

Typical resections can be made by different meththis joint we may mention that grave osteal processes ods. A transverse incision across the middle of the even have sometimes a tendency to isolate them patella, and then dividing the latter with the saw, is selves. A partition is, so to say, formed by the very much in favor with some surgeons. The patella inflammatory tissue, almost amounting to a new sy-has, of course, to be wired together at the complenovial sac, which keeps in this way the other half of tion of the operation. In one case I followed Hahn's the joint intact. The diseased patella may also ad-method, which consists in making an incision at the here to the femur by a ring shaped septum. This inner side, starting from a point as far back as possiexplains why a comparatively good function is left ble at the line of the joint, cutting the quadriceps even after a protracted course of disease. A great muscle close above the patella, and ending at the outtendency is shown for contracture; early treatment, side at a corresponding point. The advantages of however, can do a great deal to prevent this. In this method seem to be that the wound heals faster,

danger of secondary hamorrhage. Steel nails about the field. three inches long, one end shaped like the point of a

seem to predominate in the tarsal joint; tuberculous forms are occasionally found. In most of the eases dropsy is found in but a few cases. In children a we are obliged to resect, provided there are no dissequestrum of the tibia gives a characteristic clinical tinct signs of phthisis present. About four years ago picture (thickening of the tibia, fistula, and consecu- I made a resection on a man 44 years old; the joint tive swelling of the whole joint). A cheesy, granu- was distended with matter; the glenoid cavity had to lating depot or sequestrum of the astragalus may be scooped out, and about 21/2 inches were removed cause perforation into the ankle, talo calcaneus or of the humerus. The patient is well satisfied with navicular joint, and from there extend into the differ- the use of his arm. It is best to make the incision ent bones. Suppuration occurs frequently; we find in front of the aeromion process, along the intertuthe abscess distending the extensor muscles in front, bercular groove, and about four inches long. posteriorly it is buried under the tendo Achillis. Elbow Joint.—Osteal tuberculosis seems to be the Milder forms may heal spontaneously in children, less most frequent in this joint, principally at the olecraso in adults; there some operative interference is non, less often at the condyles of the humerus, and generally imperative. Swelling below the malleoli, very seldom at the radius. Conservative treatment at the upper border of the calcaneus, points to an seems to promise poor success, this seems to be due affection of this bone. Swelling over the neck of to the complicated mechanism of the joint. We the astragalus, to the region of the scaphoid bone, should therefore not postpone resection too long, as signifies affection of the navicular joint. Taking it is almost devoid of danger, and the functional rethese points into consideration and finding pain on sult equally as good as after protracted conservative moving the different joints, we will be enabled to treatment. Partial excisions in some cases are acdiagnose with some accuracy the extent and seat of complishing all we can reasonably wish for. Israel the affections of the several joints.

by means of the plaster of Paris bandage, but if ex made by an incision about four inches long over the tensive suppuration should set in, we better resort to inner side of the olecranon; the periosteum should, some kind of operation. Destruction has in some if possible, be saved. cases gone so far that no better choice than amputation is left us. Last year I had to amputate the leg this joint to be more frequently affected than the of a young man, in which all the tarsal bones and the bones. So long as such affections remain circumlargest part of the shaft of the tibia were disorgan- scribed, or occur in children, a cure, although often ized. But cases where the epiphysis of the tibia, fib- with some deformity, may be brought about by the ula and astragalus, even part of the os calcis, are compressive bandage. In adults, however, where affected, quite often furnish very good results after the whole joint is involved, tuberculosis of the lungs resection. During the last two years I resected the is threatened quite early. In such cases resection ankle join's of two young men with very satisfactory should soon be called into requisition. This is best results. In one case I excised one inch of the as made by an incision about three inches long, running, tragalus, one half inch of the tibia, and left the fibula at the dorsum of the hand, from the ulnar side of the intact; the wound was healed by first intention on the second inctacarpal bone over the epiphysis of the tenth day, except the drainage openings. Two weeks radius. After having cut the skin, you get down beafter operation patient rode home (about twenty-two tween the extensor indicis on one side, and the exmiles) in a wagon without the least discomfort. Both tensor carpi radialis brevis and extensor pollicis of the patients have now good use of their legs. I longus on the other side, then you divide the earpal followed in this case Keenig's method, which I cn- ligament and capsule of the joint, push the tissue both cunciform and part of the first metatarsal out delay. bones with excellent result. Last summer I had to

as it is nowhere in immediate contact with the bone; remove, in a lad 16 years old, part of the scaphoid, it also enables better drainage and you get freer ac- cuboid, both cuneiform and first metatarsal bones; cess to all the parts of the joint. The patella also only a shell was left of all these bones. Patient sufstays better in its place, and not as many blood-ves-fered before the operation for three years, and is now sels have to be cut as in other methods, so there is no able to walk without a cane and do some work in

Shoulder Joint.—This joint is not so subject to tutrocar and the other with a small head, are now used berculous affections as the other joints, and we are to unite the joint-ends more firmly. I kept my pa- not able to give any definite reason for this. As we tient in a plaster of Paris bandage with wire frame. have mentioned before, caries sieca seems to have Ankle and Tarsal Joints.—The osteal processes quite a predilection for this joint, but all the other

had splendid results even after removing the entire Treatment of the milder forms is best carried on capsule of the joint. The typical resection is best

Carpal Joint.—The synovial membrane seems in thusiastically endorse. This consists in making an towards the ulna, and when you get at the bones try incision immediately in front of the inner mallcolus to save of the periosteum as much as possible. In down to the scaphoid bone; a similar incision is made persons above 40 years, where there is extensive in front of the external malleolus down to the talo- caries of the bones and considerable infiltration of navicular joint. This gives you ample scope for the the soft parts, running along with chronic bronchial removal of the bones and capsule. The same holds catarrh and profuse night sweats, fever and pain, yeltrue in affections of the tarsal bones. I removed low color of the face, we should not temporize with four years ago in a man sixty-four years of age, any other measure, but proceed to amputation with-

THE CLIMATIC TREATMENT OF DISEASE.

Read before the Chicago Medical Society, February 7, 1837. BY JOHN A. ROBISON, A.M., M.D.,

OF CITICAGO, 11.1..

ATTENDING PHYSICIAN FOR THROAT DISEASES, PRESBYTERIAN HOS-PITAL: ATTENDING PHYSICIAN COOK COUNTY HOSPITAL.

There is probably no field in therapeutics in which the general practitioner becomes so quickly lost as that tion of 1,000 feet, or more, above the sea level. of the elimatic treatment of disease. He seldom has the time or opportunities to investigate the subject person-neither too warm nor too cold, the air should be in ally, and what little knowledge of the subject he possesses has been gleaned from the voluminous literature. written by various authors on this topic. Even this knowledge is ill defined. There is a great difference of opinion among writers on climatology as to what should be the altitude, temperature, dry- and home comforts with congenial society easily ness or moisture, etc., for the treatment of various obtained. pulmonary diseases. The purpose of this and following papers will be to formulate the desiderata for cli-daily outdoor exercise without fatigue. mates in the treatment of various pulmonary diseases.

largest class of these diseases, we will first briefly in the climatic treatment of this disease.

mended."

Professor Ludwig Buhl, of Munich, a high authordust, rather dry, and not subject to great changes of will notice is temperature: this latter is particularly necessary in a medium degree of moisture. The residence should be in a spot well sheltered from the wind, and on summer, an elevation of from 2,500 to 3.000 feet should be sought. In the spring and autumn this feet."

be taken almost daily in the open air during the winter and spring months, is the best for the consumptive patient.

From the opinions of these authorities we can tabulate certain facts:

- 1. The climate must be such as to insure pure air free from dust, or foisonous germs,
 - 2. Such air is more apt to be found at an eleva-
- 3. There should be an equable temperature, continuous motion and yet there should be no wind
 - 4. There should be plenty of sunshine.
 - 5. The landscape should be pleasing.
- 6. The health resort should be easily accessible
- 7. The patient should be able to take almost

When patients are able to find homes in climates Inasmuch as phthisis pulmonalis constitutes the which nearly fulfil all these conditions, clinical observations demonstrate that consumption may not note what eminent authorities say are the requisites only often be arrested but cured. It is a well-known fact in mycology that a modification of the environ-I quote the opinion of Dr. C. J. B. Williams: ment often prevents bacteria from thriving and mul-"Our great object in consumptive diseases is to give tiplying, and this may account for the improvement the patient as pure an atmosphere as possible, of which often follows the residence of a consumptive such thermometrical, hygrometrical, and other qual- in a pure climate where he can take exercise. ities, that it can be breathed safely and freely by Bodily nutrition is increased, the power of resistance him. It should therefore be free from extremes, to disease is augmented, and the germs of consumphumid or dry, and neither too still nor too windy, tion die. The disappearance of the discase is and its influence on his frame should be furthered by heralded by the improvement of the appetite and frequent exercise of various kinds carried out in the digestion, the increase in force of the circulation, cheerful sunshine, uninterrupted by rainy, misty, or the stimulation of the respiratory functions with mwindy weather. For consumption originating in crease of normal oxidation and bodily heat. Thus septic influences, a climate of great pureness and with the improvement of the general bodily nutrition dryness would seem to be indicated, and this is to be is favored that condition of the lung where there is found at considerable heights above the sea level, absorption of the inflammatory exudates present in In these cases a mountainous climate is recom- incipient phthisis, or the formation of cicatrized tissue in the later stages of the disease.

Having thus considered the climatic conditions ity on tuberculosis, says: "For commencing or favorable for the treatment of consumption, we wish already established chronicity, the (I might almost say) to pass in review the claims which certain localities in principle cure is pure air. There must be plenty of the United States present as being suitable places to air, and it must be free, properly changed, without send consumptive patients. The first locality we

ASHEVILLE, N. C.

In western North Carolina, between the Blue well drained soil, with large arry rooms. South of Ridge on the east and the Alleghanies on the west, the Alps (in Europe), if possible, and during the lies one of the most picturesque valleys in the South. In this valley is the village of Asheville. It is on the line of the Western North Carolina Railroad and may be changed for an elevation of from 1,500 to has about 5,000 inhabitants. It has long been known 2,000 feet. In winter the patient may dwell either as a summer resort, and for this reason its popularity near the sea, or at an elevation of from 500 to 1,000 as a health resort has not grown rapidly. But there are many reasons why it should attract the attention Dr. J. Hughes Bennett says: "What is really of the profession more. In the first place the altirequired is a cool temperate climate, which should tude of Asheville is 2,250 feet above the sea level. range from 55° to 66° F, during the day, and 45° to The air in the summer is pure, cool and invigorating, 55° at night. The air should be dry or with only and in the winter mild on account of the latitude, slight moisture, little rain, and a clear bright sun. The climate is pleasant and salubrious. There is a Such an exhibitanting climate, in which exercise can large proportion of sunshing days so that outdoor ex

clay soil retaining the moisture for some time. How- Marietta, Ga., submitted to me for examination, has ever, the precipitation of moisture is quite evenly been carefully tested and found to be of excellent distributed throughout the year, being excessive at quality for drinking purposes. It contains but a no time. What little snowfall there may be seldom small amount of mineral matters and only a trace of remains long, even on the mountains, and its stay organic compounds." in the valley may be measured by hours.

seasons for a period of eleven years is shown to be that most interests the invalid is that here can be

as follows:

Spring		 		10.1 inches.
Summer.		 		13.5 "
Autumn .		 		7.1
Winter		 		0.5 "
		 	_	
Tota	1	 		4.02

Temperature.—The record at Asheville shows the following mean temperature for the seasons:

Spring	54.3 deg. F.
Summer	71.3 "
Autumn	55-3 "
Wmter	27.2
-	
Vearly mean	55-3

In a series of nine years the mercury did not rise above 90° F. any day in the summer. During this season the nights are always cool, permitting refreshing sleep. In winter it is very seldom that a zero temperature is reached, while the air is comfortable, dry, clear and invigorating.

Dr. H. O. Marcy, of Boston, who has personally investigated the claims of this region, says he has sent a large number of patients there with excellent results. And there is not wanting testimony from many physicians who have seen the benefits which result from a residence there during the spring and summer months.

However, there are places more accessible to perreached by Northern tourists is

MARIETTA, GA.

has an altitude of 1,800 feet. The scenery about resort at Marietta, is ever providing for the social which he will never weary, nor forget. tion to take outdoor exercise cannot be resisted. wonted exercise. Malaria is unknown. The drinking water is pure, as

ercise can be taken daily, except when it rains. After has been attested by Prof. W. S. Haines, of Rush a rain it is not easy to take exercise on account of the Medical College: "The specimen of water from

The society in Marietta is composed of cultured, The average rainfall in inches of the different kind hearted and hospitable people. And the fact found all home comforts. It is not a place where the necessities, not mentioning the luxuries, of life are

absent.

The temperature of Marietta is mild throughout the year. In 1885 the lowest mean monthly temperature was in January, 30.3° F. The yearly mean temperature was 59.4° F. During the winter of the same year there was no snow at Marietta. Snow seldom falls and only remains a very brief period. Of course this place is as yet little known, and yet it would seem to afford a place where those who wish to find a quiet home where the climate is pleasant, where the air is somewhat rare and pure, and where outdoor exercise can be taken, can live comfortably.

However, a large number of consumptives, when they go to a quiet health resort, suffer from homesickness, and become so despondent that they refuse to take the exercise so essential as a remedial measure in this disease. If they could find a locality where there is a combination of all the requisites of a perfect climate for consumptives, and also the opportunity to enjoy city life with all its attendant evidences of civilization, they could be placed under the ideal requirements for treatment. The only locality that I know of where there is the possibility of such a combination is

LOOKOUT MOUNTAIN, TENN.

This mountain has been memorable since Hooker sons living in the North. One point that is easily fought his battle on its summit in mid-air, but it is only recently that it has been thought to be desirable as a health resort. For this reason we cannot give any records of temperature, humidity, etc. But it This village is on the line of the Western and At- matters little, for temperature charts do not always Iantic Railroad, about twenty miles northwest of prove to be of much value. Again, we cannot give Atlanta and 120 southeast of Chattanooga, Tennes- extensive statistics as to the benefit to be derived see. Its altitude is 1,132 feet. About ten miles from a residence on this mountain, but we can enufrom the town is the Kennesaw Mountain, from whose merate the features which will commend themselves top Gen. Sherman made the famous signal to Corse: to all fair-minded physicians as those demanded in "Hold the fort; for I am coming." This mountain health resorts for consumptives.

This mountain has an altitude of from 1,500 to Marietta is delightful. For outdoor exercise one can 3,000 feet. The altitude is somewhat greater than take pleasant rambles, or can secure good livery at that of Marietta or Asheville. The advantage in this low figures and take the most delightful drives. If is that it insures a greater purity of the atmosphere the rural scenery becomes too monotonous one can and increases the activity of the respiratory functions. go to Atlanta, which is one of the most beautiful. As for the scenery that greets the eye of the observer cities in the South. But for amusements it will sel as he stands on this elevation, it is not in our power dom be necessary for the invalid to leave the village, to give you a word picture of it. Suffice it to say, for the proprietor of the Whitlock House, the health that to the lover of nature are presented views of enjoyments of his guests by excursions, drives, etc. rambles over the sides of the mountain disclose new The air is so fresh and invigorating that the temptal beauties in the landscape, and urge one to take the

The sunshine is abundant, and the temperature,

perceptible snow on the mountain.

amusement, or do shopping in Chattanooga.

about 30,000 inhabitants, having doubled its popula- O'Dwyer tubes, by making them with smaller heads. tion in the last twelve years. Northern enterprise has invaded the city, and the result is a grand development of her resources. Wealthy residents are building their suburban residences on Lookout Mountain, and the construction of the cable road was the outgrowth of the demand for building spots on the mountain. And yet this will prove a boon to sickly humanity. It enables the consumptive patients of the North, South, East and West to go to a place where are as nearly combined as it is possible on earth all the requisites for a climate in which con-trachea, by a rubber collar. (See cut No. 3.) sumptives should live. On Lookout Mountain cottages can be built in which patients can reside the year round. The cottage hospital plan secures to their inmates quiet, purity of air, such temperature in each room as each patient demands, home comforts, especially when the patient's family is along, and independence of action. By a residence on this mountain there are secured the following advantages:

- 1. Purity of air.
- 2. A proper elevation above the sea level.
- 3. Equable temperature, and air in motion, yet no glottis. (See cut No. 4.) During the act of deglutiwind storms.
 - 4. Sunshine.
- 5. Ontdoor exercise, pleasing landscape, home comforts and the advantage of close proximity to a

That these advantages can be secured is not merely an assertion, but fact that is susceptible of proof, and in due course of time the proof will be forthcoming.

MODIFIED INTUBATION INSTRUMENTS.

Exhibited to the Chicago Medical Society, February 7, 1887, BY F. E. WAXHAM, M.D., OF CHICAGO,

I wish to say a few words this evening in regard to intubation of the larynx in connection with the specimens and instruments I have to present. About thirty years ago a new operation was proposed as a substitute for tracheotomy, by M. Bouchut, of France, and so great was the opposition to this new operation, which was styled tubage of the larynx, that a committee headed by Trousseau, appointed by the Academy of Medicine, reported adversely in regard to it, and the operation was so deeply buried in oblivion, that early operators in this country were not even aware of the attempts and failure of Bouchut.

The most earnest advocates of intubation do not consider that the instruments are perfect, indeed the

even in winter, seldom is low as is evidenced by the operation is yet in its early infancy, and it may be years fact that during this winter there has been almost no before the method is fully and perfectly developed. One of the chief objections to the operation, indeed the Recently there has been completed a cable railroad only valid objection, is the difficulty of swallowing, winding up the mountain, thus connecting it with the danger caused by the falling of food and fluid into Chattanooga. The trip from the top of the mount the bronchial tubes through the canula, and the too tain to Chattanooga can be made in twenty-five min-frequent occurrence of broncho pneumonia. I would utes. This enables one to live on Lookout Mountain not exaggerate this danger, but certainly it is true and transact business, attend church or places of that many patients die of broncho-pneumonia from this source. To overcome this difficulty I have had Chattanooga is now a busy, enterprising city of Messrs. Charles Truax & Co., of this city, modify the



Cut No. 2.-Waxham's Modified Tube.

The tube is prevented from slipping into the



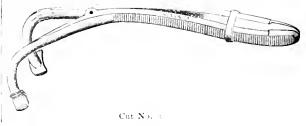
Cut No 3.

this rubber collar is attached a flap, or artificial epi-

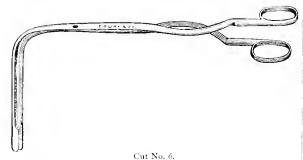


tion the larvnx rises and presses against the base of the tongue and the epiglottis, and the pressure of the epiglottis holds the rubber cap, or artificial epiglottis, over the aperture of the tube, thus preventing the dropping of solids into it, and as deglutition ceases, the larynx falls and the elasticity of the rubber throws it upwards. This rubber attachment does not entirely prevent the falling of liquids, of water particularly, into the tube, but it is of very great assistance in swallowing solids and semi-solids. I have used this modification in a number of cases with good results, and I have now a little patient convalescing from a desperate attack of diphtheritic croup, in which this modification was used.

I would also present a modification of the mouth gag. (See cut No. 5.) In the old gag the extremities are



liable to strike the shoulder, especially if the child is dinary pad of antiseptic gauze with tape attached to senot held well and is allowed to slip down in the lap of cure it in place. This pad should be passed over the the attendant, the extremity of the gag striking the mouth and nostrils and should be used by the physician shoulder and throwing it out of the mouth. This gag when inspecting the throat or when operating upon passes back of the head and we avoid the danger of a bad diphtheritic case. I believe it is a duty that the gag being displaced by pressure of the shoulder. every physician owes to himself, his family and friends, This gag was first suggested by Dr. McWilliams, of to take these precautions, especially in the treatment this city, and has been in the market for several of bad diphtheritic cases. months. There is still another danger that may follow the introduction of the tube, and that is the detachment of membrane below the tube, or the pushing of membrane down ahead of the tube when it is introduced. An accident of this nature occurred to me recently; a tube was passed down into the larynx and the respiration at once ceased, the child turned blue and seemed upon the point of death. was at once removed, but the respiration was only with the same result. It was again removed and the trachea forceps (see cut No. 6) that I have devised for



this purpose were introduced into the mouth and a mass of membrane, a perfect cast of the trachea and the two larger bronchial tubes, removed. After the removal of this cast the tube was again introduced, and respiration was easy. Without these forceps an immediate tracheotomy would have been necessary.

In this connection I present to the Society a membranous cast from the trachea larynx and bronchial tubes of the late Dr. Newton. This specimen is remarkable not only for its thickness and its extent but for the rapidity of its growth; it was produced within three or four days after the invasion of the larynx. The fate of Dr. Newton, whose early death we all regret most sincerely, teaches us a sad lesson; it teaches us the danger that besets the faithful physician, and the necessity of taking every possible precaution against the contraction of this hydra headed monster, this justly dreaded disease.

To those practising intubation 1 would advise that an ordinary rubber cot with the end cut off should be slipped over the forefinger, and then during the operation, if the gag is displaced, the finger is protected; as an additional protection, it will be well for the operator to use a respirator, (see cut No. 7.) an or-



NEURITIS PLANTARIS; A CLINICAL RECORD.

Read before the St. Louis Medical Society, March 5, 1887. BY C. H. HUGHES, M.D.,

OF ST. LOUIS, MO.

This rare, painful and formidable malady of the slightly improved and the tube was again introduced, terminal distributions of the two popliteal nerves in the foot is worthy of the physician's especial study. It comes on as the sequel, usually, of a low form of blood-depraying fever, like typhoid or protracted malarial, with typhoid like depression, or in the latter stages of phthisis; but it may be the sequel of an exhausting, long-continued rheumatism, or possibly of a badly-managed or neglected and chronic gonorrhea, as Ross asserts, though I have never seen this as a result of that disease. It appeared as a conjoint symptom in some of the cases of caisson disease at the time of the building of the St. Louis Bridge, and I have seen it follow upon a residence in the high altitudes of Colorado, and an attack of the so-called mountain fever of that region. It comes upon a nervous organism, shattered and tremulous, and choreic, and the painful paroxysms are agonizing. The patient cries out with pain, and often cannot rest at night, even after prolonged wakefulness, without powerful anodynes. The slightest touch, such as the application of local anodynes with the hair pencil, to the painful parts, often cannot comfortably be borne. A peculiar burning sensation, without thermometric evidence accompanies the pain. The pain is usually localized in the balls and the tips of the three toes supplied by the internal plantar nerve, and in the heel and plantar arch of the foot, but sometimes implicates also the two smaller toes, which are supplied from the external branch of the plantar nerve, the fifth toe being supplied exclusively by the external plantar, while a filament from the internal joins with the external, in giving the fourth its æsthesiodic supply.

Misleading vasomotor disturbances, suggesting erysipelas, or incubating abscess, are sometimes associated with this form of neuralgia, but in those intensely severe cases which have fallen under my observation, the feet have been pale and dry. A sour sweat has been mentioned as associated with some quite similar cases described by Ross. I have never observed this.

Poulticing does not help these cases, and the metatarsal and tarsal swelling, and fluctuation which usually follows this procedure, sometimes excites the fear of forming abscesses, but this soon subsides if the poultices are not renewed. Intense dry heat or a draft of cold air alike painful to the patient, and

to 150° is often a source of comfort to the patient. left his foot, Ether and Goulard's extract give a little temporary better but is sometimes too burning. A paint of tember 23. He had lost much of his hair and his equal parts of chloral and camphor with morphia or nails were changed to a dirty brown color. The belladonna is pretty well borne in some cases, and movements of the upper and lower extremities were gives considerable, and sometimes complete local tremulous and choreic on attempting exertion. The relief for a time. Cocaine, likewise, but is usually paroxysms of pain in the feet recurred every few too painful when first applied. Indine is not worth minutes without exciting cause, but a touch or draft much, nor is oil of winter-green, and the latter after of air, or putting the feet pendant, would start the a poultice is excruciatingly painful to the patient, pain immediately. The pain was often in the two In fact, to precede these applications when they can feet at the same time, but most frequently alternated. be borne with poultices is apt to make them un. The most comfortable attitude the patient could asbearable.

erythemomegalalgia. He regarded it as a rare vaso- that way. motor neurosis of the extremeties, and Ross, the only neurological writer, who, to my knowledge, re- a liberal diet, judicious galvanism, belladonna, acofers to this subject, regards it as plantar neuralgia, nite, gelsemium, quinine, arsenic and the bromide "inasmuch as the vasomotor disorders are preceded and muriate of ammonia, with occasional doses of and accompanied by some paroxysms of pain." My morphia and chloral, the patient became practically cases may possibly have been more exclusively convalescent of the neuritis by the 7th of October, neuralgic or neuritic, for there was no redness in any the pain paroxysms having ceased to recur, no tarsal of them. The present case is the third or fourth or plantar pain to touch, and but a little tenderness well defined case of this kind coming under my ob- to firm pressure remains, October 12, over the sciatic servation. They are very rare, as Mitchell says, in notch. The patient has increased a good deal in the description of his cases. Anstie makes no note flesh, rests well at night without hypnotic aid, and of them, and the cases described by Elliotson, which takes a nap or two during every day, while active Ross thinks were plantar neuritis from gonorrhea, treatment for the neuralgia is almost entirely withwere probably cases of gonorrhical rheumatism, in-drawn. But there remains the irritable heart, a volving the tendonous portions of the muscles of the lame step in walking, to accommodate the left side, sole of the foot and plantar fascia.

unique, and while it might be described as a newly dis-sent-home for a few days, free from pain, but still covered disease, I think it well to group it as only a walking somewhat lame, and with a pulse of 120 per variety of the already noted cases of plantar neuritis minute. and tarsal hyperalgesia.

About the 1st of August, 1886, G. B., a young without pain, but still with a lame step and an abman of 19 years, was taken sick in the mountains of normal heart-beat, and remained under treatment Colorado, thirty-six miles west of Gunnison, at or till the 4th of November, when he was discharged near Dry Fork, of Gunnison River, with a chill. A convalescent, with a slightly lame step, no pain, and low form of fever followed, called in that section, a heart-beat when sitting, of 84 per minute. There mountain fever. He was brought to his home in was no history of venereal disease in this case. Illinois. After, or about the end of the fifth week of his illness, he had sharp, lancinating pains in the ceded by any pronounced form of fever, but by a toes and under the plantar fascia. The tips of the general malaise, irritable heart and a masked interthree inner toes, supplied by branches from the in-mittent, in which there was only restless sleep and ternal plantar nerve, could bear not the softest wet night sweats, in the person of an old lady of 65 sponge of an electrode to touch them without a little years, who has had a chronic stationary ovarian flinching, and only a very mild, constant current tumor for over thirty years, which Dr. Jesse Judkins, passed from these to the internal malleolus could be of Cincinnati, thought it not advisable to operate Achillis reflex were exaggerated in both extremities, of September. but much more so in the left than in the right leg. had disappeared from the feet.

the weight of the bedelothes cannot be tolerated by of the heart, the heart beats continued throughout the toes, or even a feather pillow, sometimes, by the two months of his sickness at 120 per minute, except soles of the feet; but hot water beginning with a when modified by treatment. A tenderness, on temperature of 100° and gradually raised from 130° pressure, at the sacrum persisted after the pain had

The patient was much emaciated and very feerelief, but are often too painfully cold; chloroform does ble when he came under our observation on Sepsume was to flex the thigh on the abdomen, and to Wier Mitchell was the first to describe an affection grasp the leg below the knee with locked hands, similar to this but not the same, under the name of while lying recumbent or holding his knees up in

Under a treatment which consisted mainly of rest, and some incomplete rheumatic and malarial symp-The history of the following case is somewhat toms have appeared. October 24, the potient was

On October 20, the patient returned for treatment,

A case came under my care last June not preborne. The temperature of the foot was not above upon. This trouble was followed, on the 1st of July, The patellar tendon reflex and tendo- with a dysentery which lasted till about the middle

Dr. Elsworth Smith, of this city, succeeded me in No effort at eliciting the reflex phenomena was at-charge of this case on the 24th of July (when I took tempted till after the hyperalgesia and hyperæsthesia my vacation), and the patient, by our joint advice, went East, to the sea shore. After her return, in Without fever and without evident organic lesion September, the foot trouble reappeared, and was

much like one of Wier Mitchell's typical cases of neuralgia of central origin of the common terminal erythemomegalalgia. The skin in this case was red branches of a certain nerve-trunk. This gives it the over a certain area of the sole of the foot and the character of peripheral neuritis rather than of simple great toe, and the two adjoining lesser toes, and neuralgia. But why neuritis plantaris should select peeled off. The nails were not discolored, but the the internal plantar nerve about the point of its bifurball and tips of the great and adjoining toes were in-cation, and at its distribution in the toes is only tensely painful. An ointment of acetate of lead conjectural. It may be due to the fact, that it is and belladonna was however well borne, and this larger than the external, has more to do in the moveand quinine and belladonna internally gave relief. ments of the foot and toes, and is more pressed upon The patient is now (November 25) quite well for one in standing and walking than its outside neural of her age and other local infirmities, and has neighbor. gained in flesh, appetite, sleep and strength.

they may also precede, as well as follow poison or though by no means in all. depravity of blood, and the effect is not always, nor do I believe ever, altogether spent on the peripheral nerves, though it is there usually most apparent. In the case first above described, there was pain in the sciatic on pressure, near its point of emergence, from the pelvis under the pyriformis muscle, and lower down between the trochanter major and the complained of about the waist, even after the pain had left the foot, so that what Ross says of this disease, viz.. that it is sometimes progressive, and in its later stages may be associated with evidences of spinal disease, such as girdle pains and partial paralysis, muscular atrophy is not a future impossibility with our patient, though we shall endeavor by judicious management of the case, if permitted, to avoid so dire a result.

tion of neuralgia trifacialis and other forms of transi- ated. Suppuration followed this tapping, and thirteen bifurcate from the posterior tibial, but is exclusively puncture for eleven days, than a hydatid sac partly confined in all the cases I have seen to the digital forced its way out and was partly extracted through branches of the internal plantar, extending no this opening. The sac was greyish in color, transfurther outward than the distribution of the nerve to lucent, and elastic, and its sunken condition would the inner aspect of the ball of the fourth toe, and the about fill an egg cup. The swelling gradually subtoes all seem to be more or less conjointly rather sided, the sinus closed, and the patient left cured.than alternately painful, as is usually the case in true Lancet, Jan. 29, 1887.

Ross, we think, has justly criticised the name ery-There was no persisting accelerated heart action themomegalalgia, given by Mitchell to these cases, in this case. While I regard these cases as all be- "inasmuch as the vasomotor disorders are preceded longing to the same category of peripheral nerve and accompanied by severe paroxysms of pain," irritability from inflammatory states of the nerves or though the name given by Mitchell is certainly very their sheaths, or conditions approximating inflamma- descriptive of his own cases, as they all had erythema tion and due to blood states, as other forms of neural as well as intense pain, and the flushing over the pain and nerve-sheath inflammation after fevers, painful area is quite characteristic in many cases,

MEDICAL PROGRESS.

HYDATID CYST OF THE SCROTUM.—A case of ischium. There was also some sense of constriction hydatid of the scrotum came under the care of Mr. PHILIP E. MUSKETT in the Sydney Hospital during the course of last summer, and as this is an example of a very rare condition a brief note will be of interest. The patient, aged 25, had been in Australia since he was 3 years old, and in a sheep district where the water was very bad for four years before the swelling appeared; this was first noticed eight years before he came under treatment. During that time it had been tapped twice, and on the second The efforts of pathologists have, of late, been in occasion also injected with iodine. When admitted the direction of establishing them as febrile sequelæ, to the hospital "there was an intra-scrotal tumor, as they most usually, but not invariably are, as MM. about the size of a large emu egg, on the right side. Pitrès and Vaillard (Reveu de Médecine, December It was smooth in outline and its general contour 10, 1886,) have lately shown in regard to post- nearly oval. The tumor was tense and dull on pertyphoid neuritis and in regard to post-neuritis tuber- cussion, but gave to the fingers on palpation the sen-They belong to the same category as those sation of fluid within. There was no impulse on extremely sensitive states of teeth, and nails and hair coughing, and it was irreducible. The position of roots which sometimes are seen to precede, but more the testicle at its posterior part was made out by the often to follow, certain states of depravity-or poil presence of testicular sensation. The cord could son of blood; the clinical cach, emias and toxh, emias, not be clearly defined at the upper portion of the Neuritis plantaris, as I have observed it, is seldom swelling. Light was transmitted by the ordinary displayed in the constitutionally neuralgic, like sci-manner of procedure, and, finally, the history had atica and tic-douloureux, and singularly does not been that of an eight years' growth: painless except suddenly migrate from one branch to another of its from its mere weight." The cyst was tapped on the great nerve root, the posterior tibial, or of the day following admission, and about an ounce of popliteal bifurcations of the great sciatic, in imita-, "serous looking fluid" of pale yellowish tinge evacutional neuralgia. It does not even alternately pass days later, about 6 ounces of purulent fluid were to and from the external and internal plantar, which drawn off. After this pus drained away from the

THE

PUBLISHED WEEKLY.

THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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SATURDAY, MARCH 12, 1887.

THE TREATMENT OF PUERPERAL CONVULSIONS.

be administered hypodermically to some, if not to the patients, but renders them brighter." all, patients with acute uraemia, without endangering Leading obstetricians seem to be agreed that phine so administered is first to arrest muscular sions, some placing it above all others as a continuspasms by counteracting the effect of the uraemic ous remedy, others using it to control convulsions poison on the nerve-centres; second, to establish until other drugs begin to act. While formerly it profuse diaphoresis; third, to facilitate the action of was recommended that it be used in full anæsthetic cathartics, and diuretics, especially the diuretic ac- doses, so as to paralyze the motor centres, it seems tion of digitalis." We know that in puerperal con- to be agreed, on this side the Atlantic at least, that vulsions, as in uræmic convulsions of nephritis, the it should not be pushed except when labor is nearly functions of elimination are held in check; and at a close; except in this case "it is advisable to reunder such circumstances morphine may be admin strict the chloroform to the pains, and to the restlessistered with the view of "holding the patient until ness which is often the preliminary to a fresh seizure." the normal eliminating process shall be re-established." It seems to be more widely and exclusively used in

In a recent communication Dr. JOSEPH D. EG-Journal of the American Medical Association. GLESTON, of Worsham, Va., writes: "I have used morphine in these cases for sixteen years, and I began its use on account of its antispasmodic effect. I was afraid of chloroform because it caused too much coma, and had tried chloral, veratrum viride, and other drugs in place of venesection, which reduced the patient so much that I was anxious to find something that would lessen the use of the lancet. By using morphine I found that I could dispense with chloroform altogether, but not with chloral, the effect of which was more lasting, and the drug could be continued indefinitely without injury to the patient. I have not had a case of puerperal convulsions for five years; and this I attribute to the use of bitartrate of potash as soon as there is the slightest swelling of the feet or legs of a pregnant woman. I have yet to find one show the slightest symptom of uræmia after beginning its use, two teaspoonsful every morning, in water. If, in spite of this, amaurosis occur, I order chloral in 10 grain doses three to six times a Within the past six months several papers on the day, with very decided effect. In an experience of treatment of puerperal convulsions have appeared thirty-six years (thirty cases with thirty recoveries) I in different journals, and among the various measures have found nothing equal to morphine and chloral, and remedies suggested and praised for treating this by which we can treat the cases without the loss of affection, we have seen no mention of one of the blood, and consequently with better and easier aftermost powerful means for controlling these convul- recovery. Morphine does not increase coma when sions—hypodermatic injections of morphine. It is used during convulsions; it is easy to see whether now almost twenty years since Professor Loomis the pupils are inordinately contracted. So far from began the use of morphine subcutaneously to control the coma being increased it will be found that in uræmic convulsions. We need not stop here to dis thirty minutes, at farthest, it is lessened, and in many cuss the pathology of puerperal convulsions, and to cases the patient fairly on the road to recovery. inquire as to the difference between them and the Should I have a case of puerperal convulsions toconvulsions of ordinary nephritis. Loomis makes day, the first thing I would do would be to use a comno distinction between them when he writes: "From manding dose of morphine and atropia hypodermatthe histories of quite a large number of puerperal ically, and give bromidia or chloral; and if this did and non puerperal cases of acute uremia, in which not act promptly I would bleed. One would be surmorphine was successfully used, I have reached the prised to see the effect of morphine in these casesfollowing conclusions: First. That morphine can as if bringing the dead to life. It does not stupefy

Second. That the almost uniform effect of mor-chloroform is the first remedy in puerperal convul-

afterwards uses such remedies as chloral and bro-functions of elimination. that it should not be combined with atropia; though why atropia should be left out does not appear (quoted by Parvin). This injection is repeated in a few hours, but with a smaller quantity of morphine,

using morphine. Veratrum viride has also been en- essary to qualify a person to practice medicine; and, dorsed as an efficient remedy in these cases; though second, provide a reliable executive tribunal or board such recommendation is by no means new. Dr. for determining in a uniform manner when each perclaims were first put forth, it was used in one case tained the standard of education specified in the law. wood's fincture in three hours, but without the slight- executive board must apply to all parties proposing est effect. Besides its uncertainty, its safety in large to enter the profession. and repeated doses is by no means established. It. For the law making or political power of the State

England than in this country. From the excellent seems scarcely necessary to say that when the conwork of Professor Lusk one would gain the impres- vulsions have been controlled, even temporarily, sion that he first bleeds, then gives chloroform, and "every effort should be made to re-establish the Digitalis is especially mide of potassium; but it is difficult to see the ne-berviceable throughout. Active cathartics should be cessity for both venesection and chloroform. Most given without hesitation, as these are usually very of those who advocate the use of morphine advise efficient aids, not only on account of their eliminathat it be given in small doses, though there seems tive action, but also because they lessen the congesto be no good reason for this; but at the same time tion of the nerve centres," (Purdy). "As a subsidithe dose recommended by Clark, a grain and a half, ary measure the lower bowel should be cleared out seems unnecessarily and dangerously large. Smith, with an enema, and a cathartic (a drop of croton-oil, of Melbourne, who reports that no case of puerperal or calomel and jalap in case the patient is able to convulsions has died in the Melbourne Hospital swallow) should be given by the mouth" (Lusk). since the introduction of the morphine treatment, Croton-oil is especially valuable, as it may be placed gives 1/4 to 1/3 of a grain hypodermatically, and says on the back of the tongue when the patient cannot swallow.

LEGAL REGULATION OF MEDICAL PRACTICE.

This is the season of the year when the Legislaif the patient has another lit. Nitrite of amyl has tures of many States are in session, and not a few of given signally good results in these cases, but alarm-them are considering Bills, or amendments to laws ing hæmorrhage may ensue if given during labor. already existing, having for their object the regulation Pilocarpine has been highly recommended by a few, of the practice of medicine. Copies of Bills or Acts but the results do not seem to be very encouraging, and have been sent to us from several States, which had its action on the heart seems to contra-indicate it. been introduced into one or both houses of their re-Nitro-glycerine is said to be promising as a resource; spective Legislatures, but in only one instance had but there does not seem to be very much promise in they been acted upon and acquired the force of law. a drug which must be given in one minim doses While these numerous attempts at medical legislation every hour to get an effect when time is all important. show a popular desire, both in and out of the profes-In conclusion, it seems that too little attention has sion, to protect the people from medical charlatanism been paid to the morphine treatment of these cases; and ignorance, they show a very general failure to and this seems to be due to the strong prejudice comprehend either the true basis for legislation, or which has existed against the use of opiates in gen- the skill to adjust the details for obtaining the best eral cases of renal disease. It may be said that a results. Hence we invite the attention of all parties patient is much more manageable, so far as giving interested to the following simple propositions: 1. other drugs is concerned, when under the influence The only legitimate ground on which the law making of morphine than while under chloroform. And power of a State or nation can presume to regulate, while chloral cannot be readily dispensed with in or in any way to interfere with, the practice of medthese cases, a patient is brought under the influence icine, is the presumed necessity of protecting the of a subentaneous injection of morphine much people from being imposed upon and injured, by sooner than under the influence of a rectal injection impostors and ignorant practitioners. 2. To accomof chloral; and if we wish to give chloroform until plish this purpose the law-making power must first the narcotic takes effect, it is easily seen that a con-clearly define, in unequivocal terms, the minimum siderable time of chloroform inhalation is cut off by amount of education, both general and medical, nec-Eggleston writes that twenty-five years ago, when its son proposing to commence practice has actually at-(post-partium) to the amount of a ounce of Nor- The same standard of qualification and the same

to attempt to recognize medical theories or discrim- the fixed position of the upper limbs causes the whole inate between so-called schools of medicine, or in action of the auxiliary inspiratory muscles to be comany way influence the private judgment of the prac-bined in raising the chest, and the upper part of the titioner, is to commit a radical error, as untenable as lungs, whose expansion is always measured by that it would be to enact laws discriminating between the of the chest, dilates as far as possible at each inspirseveral sects or denominations in religion. Not only ation, which is necessarily exaggerated by the effect should there be one standard of requirements for all, of the ascent. When carried on in this way, such a but there should also be one and only one standard plan constitutes a true and useful kind of pulmonary of eligibility for appointment on the executive or ex- exercise." amining board, on which is to devolve the execution of the law. To proscribe one class of practitioners may be benefited by judicious mountain exercise and simply because they may be teachers in medicine, climbing. In the New York Medical Journal, of and to dictate that a certain number shall be selected. February 26, Dr. L. Barkan, of Brooklyn, gives professing one pretended theory of medicine and a some very interesting information on this subject certain number professing another theory, is a species interesting both on account of his remarks as to the of class legislation of the most odious character, and value of pure air in the treatment of disease, and on invariably injurious in its results. It would be en- account of the records of cases. The best inhalation tirely proper and consistent for the law to specify, for apparatus, baths, and medicaments, he says, are of the guidance of the appointing power, that no person but temporary value if no compensation is made for shall be eligible for appointment as member of the the loss of vitality and of muscular tone, especially executive Board whose general and professional edu-that of the heart and vessels; if the blood-stasis in cation has not been fully equal to the standard of the glands and other organs does not yield to an inrequirements specified in the law, and who had not creased flow of blood in the arteries and veins; if the been a practitioner, and a citizen of good reputation, thinned blood does not become thicker and more rich at least five years in the State. With this plain and in albumin, if the accumulating carbonic acid is not fair rule of eligibility for the profession, and the ap- expelled by a more plentiful supply of oxygen; if the pointing power vested in the Governor, with the right fat deposited in the body is not more rapidly oxidized; of confirmation in the Senate, there would be no and if the kidneys are not made to act more effidanger of having the State Board made up of inferior ciently. But all these effects are produced more men or mere theorists.

THE BENEFITS OF MOUNTAIN-CLIMBING.

year to the climatic treatment of disease, it seems the better-mentally and physically. well to mention the increased benefit which the patient may receive by climbing gradual and steep as- given as follows: Man of 40 years, weight 230 cents while seeking a renewal of health in suitable pounds, circumference of waist 120 ctm., of chest climates. Jaccoud has called attention to this in his 116 ctm. The first walk caused him to pant for admirable work on the "Curability and Treatment of breath so that he was almost obliged to stop every Pulmonary Phthisis:" "Walking is not the only form, three minutes. On the second day the breathing of exercise which should be taken; if the character was easier, and he had to stop every five minutes. of the country is suitable, constant ascents, propor- The secretions were increased in amount, and the tionate to the age and strength of the patient, should torpid condition of the bowels was corrected. The be prescribed. These ascents should be made with walk was lengthened each day. At the end of a slow and measured steps, so as to occasion no fatigue month climbing caused but slight acceleration of to the respiratory organs, and there should be occa- respiration, which was inaudible, he could walk for a sional rests on the way. If it is wished to expand the quarter of an hour without stopping, and he could lungs as far as can be done, the person should be ad-climb for four hours a day. The cardiac contracvised while climbing to place a stick between the tions were full and strong, and he had lost the feeling arms, which are thrown back, and the dorsal region of oppression and dyspncea. At the end his weight of the back. In this position the transverse diameter was 208, circumference of waist 107 ctm., and of of the lower part of the chest is completely expanded, chest 121 ctm. The second was an old case of neu-

But phthisis is by no means the only affection which certainly and more generally by mountain climbing than in any other way. Those who have had any opportunities for observation must know that after several weeks spent in mountain excursions the con-As more and more attention seems to be paid each dition of the patient is changed, and radically, for

The cases reported by Dr. Barkan may be briefly

ralgia of the left facial nerve, resulting in numbness nancy. A considerable number of this class, when of the affected cheek. After a three weeks' excurpositively assured that they are pregnant by the physion the numbness entirely disappeared, and has not sician, and faithfully warned of the dangers, physical returned. The third patient had suffered for thirteen and moral, liable to result from any and all methods years with rheumatism. At the end of two weeks of of producing an abortion, at once abandon all further treatment he could climb hills, and after doing this efforts in that direction. For the physician to publish for a week and a half his rheumatism had perma-such cases would be manifestly unjust; and certainly nently disappeared. The fourth patient was plethoric there should be no law compelling him to do so. But and hypochondriacal, and had hæmorrhoids. Im- admitting that the other parties persist in desiring the provement was noticeable at the end of two weeks: performance of the abortion, and the physician not after four weeks the hæmorrhoids had entirely disap- only refuses to do it, but actually makes public thei**r** pounds; his waist measure from 108 to 98 ctm., and seeking out the professional abortionist who, for the his chest measure increased from 104 to 109 ctm. stipulated fee, will proceed with his murderous work The fifth patient had chronic gastric catard. There just as readily as though no publication had been was noticeable improvement after one week, and made. The proposed law to him would be of no after three weeks the stomach was in good condition. consequence, except in making all parties desiring A bronchial catarrh, which had given trouble, was abortions more cautious to seek him first instead of much improved the first day, and disappeared on the going primarily to the regular physician. Again, very third day. He gained fifteen pounds during his trip. few of those who apply to physicians for aid in effect-In a sixth case psoriasis disappeared permanently ing an abortion take a reliable witness with them, or in twenty-four days. In another case a chlorotic consult the physician in the presence of others, and girl of 19, who had amenorrhœa, improved markedly-should the physician, under-such a law as proposed, in two weeks. In still another case a weak, hyster- make public the application of Miss A. or Mrs. B., ical woman, who had not menstruated for two years, and a libel suit should follow, by whom is he to prove was much stronger, not hysterical, and menstruated, the truth of his public statement? We fear such a after eight weeks of this exercise.

CRIMINAL ABORTIONS.

On this subject a correspondent makes the following suggestion: "When we shall have passed a law sented by openly reporting the party."

agreeable one for the physician. Only a small pro- ing Congress are of the most gratifying character. portion of those who desire to have a pregnancy aborted go to a physician and, admitting the pregnancy, directly ask him to procure an abortion. On simply acknowledge that their menstrual periods brevity of style and conciseness of statement facilihave ceased to recur, and they plead for something tate early publication. Prolixity is a great bar to think of before acknowledging the possibility of preg-munication may be.

His weight was reduced from 211 to 185 application, will it deter a single one of them from law would prove more dangerous to the honorable physician, than helpful to the cause of public morals and humanity.

Official Representatives to the Ninth Interbinding all physicians, upon their honor, to make NATIONAL MEDICAL CONGRESS.—It was announced public the desire of any person who may ask the several weeks since that Dr. Leopold Servais, of Antperformance of an abortion, we can then hope to werp, had been appointed by the Belgian Governcheck, in a measure, the wholesale murder of the ment as representative to the Congress in Washington. unborn. Secrecy in regard to patients who come to More recently we learn that Deputy Surgeon-General us for advice should be sacredly observed, but the Jeffrey A. Marsten, M.D., of the British Army, has audacious insult of requesting an honorable physi- been designated a representative by his Government; cian to procure an abortion should be publicly re and the Government of France, through the Academy of Medicine, has designated as representatives Drs. It is doubtful whether an attempt to carry the sug- Charpentier, Dujardin Beaumetz, Léon Le Fort, Trégestion of our correspondent into practice would lat and Vallin. From all directions, at home and prove either an efficient remedy for the evil or an abroad, the indications of a very large and interest-

CONTRIBUTORS TO AND CORRESPONDENTS OF THE the contrary, three-fourths of the whole number Journal are earnestly requested to remember that to restore them, and render every excuse they can publication, however interesting or valuable the com-

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Stated Meeting, February 7, 1887. THE PRESIDENT, EDMUND J. DOERING, M.D., IN THE CHAIR.

Dr. W. E. QUINE, Chanman of the Committee appointed to convey to N. S. Davis, M.D., L.L.D., a formal expression of the Society's estimate of his labors and character, prefaced the presentation of the report, by a few well chosen words of congratulation to Dr. Davis on his arrival at the fittieth anniversary of the date on which he received his diplomato practice medicine. The report of the Committee, which had been engrossed on parchment, was then read and presented to Dr. Davis, who responded in a feeling manner.

Dr. J. A. Robison read a paper on THE CLIMATIC TREATMENT OF DISEASE. (See page 289.) Dr. F. E. WAXHAM exhibited

MODIFIED INTUBATION INSTRUMENTS.

(See page 201.)

us the position of the O'Dwyer tube when in situ, is very important that the physician should superinindicating that the beveled facet on its upper ex- tend the feeding personally. It is well not to give tremity should present upwards and forwards. Now the child liquids, a small piece of ice placed in a by several practitioners in this city the tube has been piece of cloth held in the mouth will quench the introduced contrariwise; that is with the bevel of the thirst, and it should not be allowed to swallow for flange looking upwards and forwards. And this posseveral hours, when it will swallow very much better sition of the tube, it is maintained by those who pre-than if the feeding is attempted at once. I have fer it, has an advantage, namely, that when it is so always made it a practice to introduce the tube with placed, the patient's ability to swallow is appreciably the bevelled portion directed forwards and the progreater than when it is inserted as intended by Dr. jecting shoulder backwards, and I think this has O'Dwyer. The anatomist, Professor Hoadley, pre-been one reason of my success. To me it seems a fers this reversed position. He has now introduced reasonable method of placing the tube because, if the tube in this manner in eight cases, and in seven the higher portion is directed backwards the epiglottis of these, the patients directly after the operation, can more perfectly close over the aperture of the could swallow fluids without the least difficulty. Dr. tube than if the high portion is introduced forwards. Hoadley maintains that the flange of the tube as Little or no difficulty is ordinarily experienced by placed by him deeply within the vestibule of the the expert in removing the tube. It has been relarynx, in no wise interferes with the functions of the moved over and over again in two seconds, and yet epiglottis, or the aryepiglottic folds. Confusion in occasionally, if the tube becomes turned in the regard to the proper position of the tube, has arisen larynx, or if from the small size of the tube it sinks here from earlier cuts of the instruments accompany- to the bottom of the larynx, it becomes difficult even ing some of the cases; these erroneously represented for the expert to extract the tube, and in such a case the tube placed with its longer margin forward. I de- after two or three careful attempts, we should give sire to say a word in regard to feeding these pa- the child an anæsthetic so as to have it entirely quiet tients. There are reasons for believing, that by the while the extractor is passed into the tube. In exuse of a French condé catheter of proper size, in-tracting the tube it is best to place the finger over troduced some distance into the gullet through the the base of the tongue, when the child will gag and nasal cavity, thorough alimentation could be secured the tube will rise to the finger and it can be caught without distressing the child, or, a suitable stomach with the extractor. tube, might be introduced through a stomach tube director without greatly distressing the patient. Stress might be properly laid upon the fact that pultaceous food, as bread soaked in milk, is swallowed more readily than water, or fluid nutriment.

Dr. Charles Warrington Earle said: I think Dr. Waxham, who is certainly the most successful in being in order,

this operation, should warn the general practitioner who has had little experience, against trying this operation without some one standing at his elbow to show him just how to perform it. There are few who do it well, and I know of excellent surgeons in this city who may be trusted in everything else, but who have tried to do this operation and signally failed. And, although Dr. Waxham talks as it it was very easy, I think no person should try the operation for the first time without having some one by him who is particularly skilled. I remember very well trying to perform the operation, and I had Dr. Waxham right there. I tried my best to introduce the tube but could not, and Dr. Waxham took the instrument out of my hands and did it in two seconds. I think he should not try to make it appear so easy.

Dr. Waxham, in closing the discussion, said: I would say a few words in regard to feeding patients. I think one of the secrets of success is proper feeding, and the attending physician should superintend the feeding of the child. He may tell the people to feed it bread and milk, or semi-solids, and if he investigates the matter he will find they are giving it half a teaspoon of milk with a little bread, and the milk trickles into the trachea and the bread is rejected. If they are told to make a custard they make it so Dr. John Bartlett said: Dr. Waxham has given soft and fluid that it will trickle into the trachea. It

Stated Meeting, February 21, 1887.

THE PRESIDENT IN THE CHAIR. The discussion of Dr. J. A. Robison's paper on CLIMATIC TREATMENT OF DISEASE

open the discussion of the treatment by climate of her recovery seemed assured, but on physical explorconsumption, one of the most frequent and fatal dis-ation of her lungs I was surprised to find that the eases that afflict our race. Statisticians tell us that area of consolidation had extended until it involved more than three million persons die annually of this almost the half of the right lung. She went to Dendisease. Dr. G. B. Wood, in his "Practice of Med- ver again, but did not improve much. She remained icine," states that north of the tropics one sixth of there about two months and returned with the exudall deaths are caused by this disease. And upon con-ation rapidly breaking down, and only lived two or sulting Zeimssen I find that the author of the article three weeks after her return home. I have observed on consumption makes the statement that two-sev- this fact: that while the patients seem to improve in enths of all the deaths in the world are caused by their general health, the exudate increases rapidly, pulmonary tuberculosis. Since this disease is so gen- and if softening occurs it takes place also very raperal, and since treatment by medicine does not ac-idly. This is probably due to the high altitude. I complish as much as hygiene, which includes climatic have also observed that in the high altitudes patreatment, it is very important that we discuss the tients who have a tendency toward hæmorrhages are subject.

appropriate climate, which were adopted in the paper, Fe and Albuquerque. are correct. From my study and tobservation of the speak more particularly of different localities that are that I stopped sending any patients to Texas. known as health resorts, and will state what facts my experience and study has taught me concerning these ered, I think the best climate and opportunities for

Twenty years ago I began the study of the Colorado sumption to Long Valley, California, all of whom re-

Dr. Joseph P. Ross said: I am called upon to eleven pounds in weight. To all outward appearance apt to be unfavorably affected in this way. In the excellent paper read by Dr. Robison at the fore, in the later stages of tuberculosis, the high last meeting, he quoted the opinions of three leading mountains of Colorado and New Mexico are objecmedical men with reference to the kind of climate tionable. For this reason I have carefully selected which is appropriate for the treatment of consump- all cases that I have advised to go to Denver, Colortion, and I think their views with reference to the ado Springs, Pueblo, Raton Pass, Las Vegas, Santa

I next selected San Antonio, Texas, as a health effects of various climates upon tubercular patients, resort, and sent patients there for a few winters. I believe that, although you cannot say any particu. During the first winter some seemed to improve, but lar climate is suitable for every case, you can say that a large number of them complained that the sudden for cases in general the air should be pure and dry, cold winds from the north, or northers, as they are should be neither too hot or cold, should not be variable, and should be somewhat rarefied; for instance, monia. In the spring or summer there is a great such an air as would exist at an altitude of from 1,000 deal of malaria. But barring the northers and malato 3.000 feet above the sea level, and lastly, the air ria, a great many cases do very well there, and durshould be invigorating, because of its containing an ing the months of December and January, I believe additional element, probably ozone. It may be that it is a very good climate for consumptives. But durthis invigorating quality is due to an electrical condi- ing the summer months the heat has too- depressing tion of the air, but I think it is more likely due to an influence on the patients. While I believe that ozone. I waive the discussion of each of these ele- in January the patients were a little better in San ments appropriate to a good atmosphere, but will Antonio than in Chicago, still they did so poorly

I sent many to California, and, all things considtreating this disease are found in California. I sent a In the first place, I will briefly refer to Colorado. brother, a son, and a servant boy with advanced conclimate. You will remember that at that time the covered. I had quite a number of patients who recoveyes of the medical profession were turned to this ered in the valley north of Virginia City, just below the region as offering the best promises for a good cli. Summit Range. And a number of my patients remate for tubercular patients. I thought that in Col-gained their health on the other side of the range, in orado we have a climate where there is a pure, the foot hills of the Sacramento valley. With reference bracing air, with an altitude high enough to secure to Southern California, probably for two months of rarefaction of the air sufficient to invigorate the res- the year it would be desirable to send patients down piratory functions. I sent a large number of patients to Los Angeles, Riverside or San Diego, but taking there, and the following is an almost typical history that climate all the year around it is not the place, of the course many of these cases took: Mrs. H. because the air does not contain something that had been ailing six weeks. Her symptoms were should make it essentially invigorating; it is not light cough, profuse expectoration, fever and night sweats, enough, and seems to lack ozone. I think patients Physical exploration revealed a consolidation of a affected with ordinary catarrh will do well there, but limited area in the apex of the right lung, supposed consumptive patients do not improve in Southern to be tubercular. This exudation did not extend California all the year round. If one could live in much below the lower border of the second rib, the southern climate for two months in the year, and Being in affluent circumstances, she was sent to Den-then go up into the Sacramei to valley, where you ver, where she was surrounded by every comfort and can find almost any altitude, I think probably it luxury. She embraced every opportunity to improve would then be the best climate for cases of consumpher health. In two months she returned to Chicago, tion in general on the continent. One objection to her strength having improved, and having gained sending patients there is the distance from Chicago.

Florida, and after going all over and investigating 3,000 feet above the sea level you have a good clithese regions, but Florida more especially, I hold the mate, and it is near home, and so convenient that if same view in regard to that climate that I obtained anything should happen friends can go to the patient, when I was there last year. I visited Palatka, on or he can return home, in a few hours, which is anthe St. Johns River, and called on Judge B. and other reason why we should think favorably of this asked him what kind of a climate for consumption latitude. During the past fifteen years I have had they have in Florida. "Well," he said, "I will ex- considerable experience in sending patients to these press my views candidly. If you want to send your regions, and they return as much improved as I ever consumptive patients down from Chicago to have had them return from any other point on the contithem put in the ground, send them along." I think nent. I have had patients go to Chattanooga when the climate of Florida is a failure for the treatment they were not able to climb Lookout Mountain, and of consumption, for this reason: patients go there they would come back wonderfully improved. I felt having a cough, being debilitated by disease, and the deep regret four years ago at sending a lady down air is balmy, and they say, what a beautiful air. They there, for I did not believe she would ever return do not cough so much, but they sit around and take alive. I knew she could not live here three weeks, no exercise, for there is nothing to cause them to having all the symptoms of advanced tubercular take active exercise. There is something lacking in trouble, with almost complete consolidation of the the air; it does not brace one up, and I never saw a lung, but in four months she came back almost cured, patient there that improved the least from day to day, and to day I met her on the street, and she is to all The atmosphere is warm and moist, and very de-, appearances robust and healthy. The question comes

pressing, while malaria abounds.

Robison, I have investigated the climate of the balf to go there; Marietta takes thirty-two or thirtymountains of Tennessee, Georgia and North Caro- three hours to reach; while it takes twenty-one hours lina, and have been to the places mentioned in the to go to Chattanooga. I think, as Chattanooga is a paper: Asheville, N. C., Marietta, Ga., and Chatta-little nearer home, it would be desirable to try that nooga, Tenn., and I fully agree with the remarks point, and if that does not suit the patient he can made by the author. I think the climate of these move on to Marietta. On Lookout Mountain the regions is suitable for the treatment of consumption, scenery is perfectly grand and beautiful, and lends I think it is well for us to consider the favorable fea- an interest to a residence on the mountain. The tures of this mountainous region of Tennessee, Geor-scenery is varied from every point of observation. gia and North Carolina, which is called, and I think As they have a cable railroad on the mountain, if correctly, the Switzerland of America. In the first you get tired you can run down into Chattanooga, a place, let us contrast the climate of that region with town of 30,000 inhabitants (and in a few years they ours at the time of year when our climate is bad. It will have 50,000), in a few minutes. is in the spring from the January thaw until June that our climate is bad; the latter part of winter and wish to say that Mr. and Mrs. Carter, of Chicago, spring. Now, it is a fact that at an altitude of 6,000 have rented a most beautiful home on Lookout feet above the sea level, as at Denver and Colorado Mountain and will run it as a health resort. They Springs, the air is too cold, and when we have bad opened our County Hospital in this city twenty five weather here you will find bad weather in Colorado, years ago and were managing it beautifully until the extending from the January thaw until near June. During these months when our climate is bad, you but they demonstrated their ability to manage a hosconsider the question of sending patients away from pital. They have accommodations for entertaining Chicago. In Great Britain and the north of Europe about 200 guests, and I think it is the best place to they consider that the bad time of the year is from regain health I have ever known. If the patients January to June, and they send patients down where should tire of Lookout Mountain House, kept by the Alps dip into the Mediterranean Sea and where Mr. Carter, they can go to Marietta in a few hours, they find the climate mild, about the same conditions and here is a pleasant health resort. I never passed of climate that we have down South. All the rest a more pleasant week than at the Whitlock House in of the year we have a good climate; in fall, summer Marietta. Mr. and Mrs. Whitlock are the most and early winter, the Chicago climate is not bad, it genial host and hostess I ever met. They look careis only in the spring, and then you want to consider fully after the interests of their guests and provide where you should send your patients. You might them with every comfort. send them to Texas, and it may be that in January they might be a little better there, but for the whole My reasons for recommending the South as a place time it does not seem to me they have a climate with to send consumptives are: which they succeed in curing patients. You might send them so far away, the other localities mentioned able in the South. in this paper are good places. I endorse what was! said about the favorable climate in the South. I Asheville to Chicago and the North. The trip can have spent spring, summer and winter months down be made in a few hours.

Afterwards I made a study of the Gulf coast and there, and I find that at an altitude of from 2,000 to up with reference to the most desirable points. Ashe-With reference to the regions mentioned by Dr. ville is in North Carolina, and it takes a day and a

Now, allow me to epitomize my rambling remarks.

1. When the climate in Chicago is unsuited for send them to California, but if you do not want to consumptive patients, the climate is mild and favor-

2. The nearness of Chattanooga, Marietta and

at these points than at any other.

its proximity to a city, and greater nearness to Chi-place, he had better stay at home.

ity for any one to do well who is constantly under a standpoint. cloud: it has a depressing influence upon the mind, can go on undisturbed.

such an environment, which will check, if not destroy. Nashville, so that consumptive patients or invalids

3. The results of a limited experience have con-their ravages. It may be wise for us to select pure vinced me that my patients do as well, if not better, air, the right temperature, and sunshine; but unless the patient can carry contentment with him, sunshine In conclusion, I wish to add that the reason I pre- in his soul, it would be better for him to stay at home; fer Lookout Mountain to the other points is on ac- and unless he has abundant means so that he may not count of the extent and variety of the scenery, and feel pinched, and can enter into the gaieties of the

Dr. J. G. Kiernan said: The point raised by DR. I. I. M. ANGEAR said: I endorse nearly all Dr. Angear, as to the mental condition having an that Prof. Ross has said and most of the paper, influence on the progress of the disease, is valid as There are a few points in the paper that 1 think to principle, but he has ignored the mental peculiarimight be amplified and supplemented profitably, ties of the consumptive patient. Hope has been The author speaks of home comforts, pleasing scen- known as a characteristic for a long time, but the ery and congenial society, and these three things, I suspicious element is a less known and as frequent think, demand a good deal of our attention. We characteristic. In removing a patient who has tuare all aware of the fact that there is some truth in the berculosis from the surroundings of his home we are old saying: "Laugh and get fat." It is an impossibile doing the best possible for that patient, from a moral

DR. R. G. Bogue said: Some years ago it was I care not how good the climate. And here comes my fortune to spend a few years in the South, the one of the greatest difficulties which we have to congreater portion of them in the mountain regions of tend against in all diseases. Let us imagine for a Tennessee, Northern Alabama and Northern Geormoment the head of a dependent family who fears gia; all of one winter, about six months, in Chattaconsumption. The physician advises him to leave nooga. I can bear testimony to the wholesomeness home for a more salubrious climate, and under the of the entire region for the greater part of the year, pressure of circumstances he takes his departure, and in the mountain regions for all of the year; in It may be that he begins to think as soon as he has the valleys there are about two months in the sumbought his ticket: there is \$25 or \$100 that my mer season when malaria is quite prevalent, but up children will need. This is a big load. He thinks in the mountains it is eminently a healthy country. he is going to be gone for a month or two, and he The air is pure, the water is good, the scenery is estimates what his services would be worth to his magnificent; there is everything to entertain and family, and if anything should happen to him his amuse one so far as scenery is concerned. The rewidow will need it; and this is another big load, gion of Chattanooga is peculiar and delightful from We can readily see that it is impossible for his frail the variety of the mountain and valley scenery. The frame to bear up under these burdens. It is prob- entire year, or very nearly so, it is practicable for able that there would be more cheerfulness at home people to be out of doors. During the latter part of than away among strangers, no matter how desirable December, all of January and the early part of Febthese places may seem. These things must be taken ruary, the temperature is subject to considerable into consideration. I have thought, for a number of variation; it is reasonably cold and there are some years, that the benefit of our watering places was not storms, but after the middle of February, with the from the water, but because the patient leaves home, exception of now and then a short storm, the climate leaves business cares and has a gay, good time. He is delightful, extending thus through the whole sumgoes to Saratoga with plenty of money in his pocket, mer. The altitude in the mountain region is such as enjoys the fine music, enters into the gaieties of the to render the summer not oppressive. I fancy that ball and the festivities of the occasion, light as a for the colder and stormy portion of the winter the feather, buoyant as the mountain air. Sadness of region south of Atlanta might be better for conheart has melted away, that patient can "laugh and sumptive patients than north of the Atlanta, although get fat." There is something here for us to study, personally I do not know as I was not so far south. the tranquility and peace of mind so that nutrition. There is Macon, and that part of Georgia fifty miles north of the coast, and extending through Georgia The idea is advanced in the paper that in good en and Alabama to the region of Mobile. Quite early vironments bacteria cannot thrive. If they cannot in the spring one can come northward, coming north thrive they are not able to do their mischief. There of that range of mountains into the valley this side may be something in this which we do not under- of the Atlanta, to Marietta, and find a delightful stand. We do not believe that laughter will ever get spring climate, with a great deal of sunshine, and a rid of a tapeworm; we do not believe that cheerful forest filled with bloom for two months in the spring, society and good music will east out or put a check and everything, as far as climate and scenery are upon the ravages of trichina, but we are compelled concerned, to delight even a sick person. There is by force of circumstances to acknowledge the truth much to recommend the region of Chattanooga to fulness of the assertion that good environments will invalids, and if they are not satisfied with Chatcheck, if not destroy, the influence of microbes, and tanooga or the vicinity, there are other points, Mariif we are convinced that microbes are really the cause etta, Atlanta, and north of the Tennessee river, the of tuberculosis, then we want to place the patient in region of Huntsville, and north from that as far as

DR. WM. T. BELFIELD presented a

PROSTATIC MYOMA---A SO-CALLED "MIDDLE LOBE" OF THE HYPERTROPHIED PROSTATE—REMOVED BY SUPKA PUBIC PROSTATOTOMY.

years experienced difficulty in urination, and for his catheter. There was found symmetrical enlarge-ture, and still pulsates with the brain. ment of the prostate per rectum, dilatation and catarrh of the bladder, and an impediment at the bladder neck to the entrance of rigid instruments. Exploration of the bladder by supra pubic incision revealed a solid prostatic outgrowth, or "middle lobe," as large as a hazel nut and of flattened pearshape, springing by a short, narrow pedicle from the vesical orifice. The pedicle was twisted off with forceps and the growth removed. Recovery was uninterrupted, the fistula closing entirely on the seventeenth day. Patient has since urinated freely without a catheter, and can now almost completely empty the bladder; the cystitis has subsided.

Dr. Belfield also presented specimens of

MUCOUS CASTS FROM A CASE OF MEMBRANOUS ENTERITIS.

The patient was a nervous, rather hysterical lady about 35 years of age, who for several years had at intervals suffered from severe intestinal colics, followed in a day or two by diarrheea with the expulsion of these casts; for several days thereafter much soreness and tenderness of the abdomen was experienced. The casts appear under the microscope as amorphous pseudo membrane enclosing cast off epithelial cells. They are said by DaCosta to give the chemical reactions of mucin. This patient improved materially under small doses of bichloride of mercury and pills of iron, arsenic and strychnine.

Dr. Belfield also exhibited a

FOREIGN BODY FROM THE BLADDER;

a roll of chewing gum, two inches long, partially encrusted with urinary salts, which had been removed from the bladder of a young man by Dr. T. W. Mil-The patient, suspecting he had a stricture, had explored his urethra with a well-masticated roll of chewing gum stuck upon the end of a broom straw. When the straw was withdrawn the gum had disappeared. Acute cystitis ensued. Attempts to detect and extract the gum with a small lithotrite having failed, perincal urethrotomy was performed and the gum extracted by the finger. Patient entirely recovered in two weeks.

Dr. Belfield also presented a

FRAGMENT OF THE OCCIPITAL BONE

of irregular quadrilateral shape, three inches long out, and the breathing stopped. and two and one fourth inches broad, its longest

may be in a mild invigorating temperature, really all depth of over an inch. On admission to the County the year in the space of a couple of hundred miles. Hospital over a teaspoonful of brain substance was found among the hair; the scalp and dura mater were badly lacerated. The fragments of bone were removed, the wounds in the brain substance cleansed and drained, and the scalp wound sewed up. After the fourth day the temperature remained normal; The patient, a man 73 years old, had for several the wound was entirely healed in a month, the dressing having been changed four times during that penearly a year had been practically dependent upon riod. The scalp is depressed over the seat of frac-

Dr. Belfield also presented a specimen of

INTESTINE COVERED WITH MILIARY TUBERCLES; DEATH FROM MILIARY MENINGITIS.

This specimen is a piece of intestine the peritoneal covering of which is full of miliary tubercles. This case was a girl about twenty years old, who had always had excellent health. Three sisters are still living, and neither they nor the parents, nor any of the relatives so far as known, have ever shown symptoms of tuberculosis. The present generation are examples of perfect health, and this girl was in many respects apparently the healthiest of the lot. Until five days before her death her health was as usual; then she complained of feeling ill one evening; her head ached; she vomited without apparent cause; she lay down, drank a cup of tea, and was all right. The same thing happened the next day, and she complained of extreme headache. On the third day, with the exception of severe headache and vomiting without cause, she maintained her usual health. The evening before her death she was at the theatre, and came home about 11 o'clock, going to bed with one of her sisters. During the night the sister was several times awakened by the extraordinary breathing of the patient, which was very hard and loud. She shook her and the abnormal breathing ceased. In the morning it was found impossible to wake this girl; she was breathing very deeply and slowly and could not be roused. Physicians were summoned and all of them pronounced it a case of opium poisoning. The symptoms as related to me were stertorous breathing, sometimes as slow as four or five per minute, contracted pupils, a suggestion of strabismus, and rather warm surface. The pulse was remarkably good, about 80, similar to the pulse of a healthy person; the skin was not moist and clammy. The physicians instituted the usual measures for opium poisoning; they gave mustard at once, and as soon as a tube could be procured pumped out the stomach. They injected minute doses of atropine hypodermically, the patient receiving about a fortieth of a grain in three injections. The breathing improved very much after these injections, coming up to twelve and fitteen per minute; the pulse also quickened; suddenly the pulse flickered and went

On the following day the Assistant County Physiedge serrated for articulation with the right parietal cian and myself made a post-mortem examination, bone. The fragment was removed by him from a which included the head and abdominal cavity only. young man who had suffered a compound commi- The brain was not hypercemic, there was no venous nuted fracture of the skull, by a blow with a sharp congestion, the pupils were widely dilated; the memiron instrument which had penetrated the brain to branes of the brain were adherent to the brain substance, and on stripping them off and examining normal. Liver small, congested and in an anterior a good deal of coagulated blood in its cavity. While McConnell of the Museum showed cancer as stated. it would be impossible to say that no opium had branes may be. The only abnormal feature known normal. to her family was an unusual fulness and hardness of the abdomen, developed during the last year of her T. Young; Mis. Lucy W., white, widow, age 31. life.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Stated Meeting, January 19, 1887. The President, Jos. Taber Johnson, M.D., IN THE CHAIR.

11. M. Cutts, M.D., Secretary.

Dr. D. S. Lamb presented specimens of CANCER OF THE SUPRARENAL CAPSULES AND ADDISON'S DISEASE.

which is so usually found in Addison's disease.

Prentiss and Frank Baker; in which I made the could take but little nourishment, had severe pain in necroscopy assisted by Dr. Baker. The patient, epigastrium and constant tired feeling; sleeplessness; Mrs. Rosina M., white, age 61, died September 22, pulse small and weak. Died April 15. 1882. The following lesions were noted at the p. m. thighs; upper limbs emaciated; lower limbs mark- many black spots from one eighth to one fourth of an edly adematous. Cicatrices of pregnancy on ab- inch in diameter, some slightly elevated, some of a normal except a small cicatrix at apex of right lung. limbs of a lighter color than the face, and showed a Abdomen contained many soft white flakes of lymph-few similar black spots. Head not examined. Abundand yellowish serum. Greater omentum contracted, ance of fat in subcutaneous connective tissue: one thickened and contained cancer nodules. Stomach inch thick over the abdomen. Right lung collapsed, contracted to six inches in length and three in congested posteriorly, contained several calcareous breadth; middle portion adherent to adjacent vis-deposits; firm old pleuritic adhesions. Left lung cera and walls occupied by a thick hard cancerous similar to right; calcareous deposits more numerous mass, deeply ulcerated; the ulcerated surface was and larger; adhesions more extensive. Heart flabby,

them there were found numerous miliary tubercles, part, showed several cancer nodules. Gall bladder On opening the abdominal cavity the intestine bulged much distended with bile. Spleen small, soft, firmly out, its surface thickly studded with miliary tuber- adherent to adjacent organs, and contained one hard cles; there was extreme tuberculosis of the pereto-cancer nodule. Pancreas and kidneys normal. Suneum and the mesenteric glands were large and prarenal capsules much enlarged and converted into cheesy; there was a ruptured cyst of the right ovary, a cancerous mass. Ovaries atrophied and underabout as large as a fist. That the rupture was ante-going colloid degeneration. Lumbar and left iliac mortem was evident from the fact that the inner sur- glands enlarged and cancerous. Microscopical exface of the cyst was intensely congested; there was aminations of the several organs by Dr. J. C.

Case 2.-Cancer.-Woman, age 35, was five days been taken, yet it seems probable, when we consider in Freedmans Hospital, in this city, where she died. that the pulse was natural, that the surface was not She was anæmic, constipated, urine albuminous; and cool and clammy, and that there was a tendency to had convulsiors. She was attended by Dr. F. J. strabismus, that her death resulted from the tuber. Shadd, of the hospital, who made the necroscopy culosis, perhaps rupture of the cyst. There was no and contributed the specimen. This consists of the morphine found anywhere around, and her general right kidney which is normal; and its suprarenal disposition and circumstances were such as to forbid capsule, which is converted into a soft cancerous the conception by her friends that she could have mass, 4 inches by 3.5 by 3 and was adherent to liver. taken poison. The case seems to have been another Renal vein and inferior vena cava were occupied by instance of sudden coma incident to tubercular me-blood clots, which were closely adherent to the ningitis. It is of extreme interest as showing how walls; in some places the inner coat was thickinsidious miliary tuberculosis of the serous mem- ened as by incipient cancerous growth. Left kidney

Case 3.—Addison's Disease.—Attended by Dr. J. tailoress. First noticed a discoloration around her mouth three years before death, that is, in 1872. This extended but little until the summer of 1874; afterwards it spread rapidly until the whole body was affected. Black spots appeared in January, 1875. The patient's previous health had been pretty good except that her monthly periods had for a long time occurred every three weeks, and were sometimes excessive in quantity. She had never been pregnant, though married seven or eight years. About the beginning of the winter of 1874-5, she began to complain of feeling week, could not work regularly, and working was followed by prostration. After January t, she gave up working altogether. Her feet and legs became swollen; she had constant pain in her The following three cases are reported to illustrate back and left side, and had dyspinea on going up cancer of the suprarenal capsule contrasted with stairs. Dr. Voung first saw her in March, 1875. that lesion of the capsule, viz.: cheesy degeneration, On the 25th of that month, feecial crysipelas set in and lasted six days. April 5, there was uncontrolla-Case 1.—General Cancer, attended by Drs. D. W. ble nausea and vomiting, which continued. She

I made the necroscopy and found lesions as follows: Petechiae on anterior and inner surfaces of Face a faint yellowish-brown color, and showed Head not examined. Thoracic viscera uniform tint, others darkest in the centre: body and shreddy, and dark from hæmorrhage. Intestines contained a few small clots and a little blood. Large

calcareous mass in a greater omentum. Stomach The women's occupation, tailore's, suggests no exand intestines normal. Liver extended up to third planation. The theory of Greenhow, that the disrib, was dark-red and somewhat flabby. Gall bladder ease is most often found in those who do severe full of dark green bile. Spleen normal. Kidneys manual labor, of course, is not supported. His dark. Suprarenal capsules contained cheesy masses, further theory, that the cause may be found in the larger in the right. Firm adhesions of omentum, history of some strain or other injury, especially in liver and spleen to abdominal wall. Posterior ad- women, is not confirmed, simply because it is not hesions of uterus. Bladder empty.

as they are also called, the "adrenals" are subject, tubercular; and in this case calcareous deposits are mainly secondary to similar lesions elsewhere; were found in both lungs and in omentum, suggest-sometimes by extension, by contiguity at others, ing obsolete tubercule. Attention was not drawn to by infection from distant organs. Thus we have the semilunar ganglia by any peculiarity of appearlardaceous degeneration, cheesy degeneration, tu- ance; this is the more to be regretted in view of the berculosis, cancer, embolism, abscess.

symptoms is the cheesy degeneration. It is gener any way due to them. ally admitted that the disease known as Addison's disease is intimately related to this form of degeneration of the suprarenal capsules. The exceptions

are very few in number.

In the first case, here reported, of cancer, the greater omentum, liver, spleen, stomach, lumbar and iliac glands and adrenals, were all involved in the disease; it is probable that the primary disease was in the stomach, the other organs being affected by secondary infection. No history is given, but there is nothing in the necroscopy to suggest Addison's disease. And the recorded cases of cancer of the adrenals rarely, if ever, do give clinical symptoms such as are found in Addison's disease. The second case is reported only to show how very large a malignant growth of the glands may become; there is no history, but it is probable that the case was one of general cancer like the first. It is interesting to note that the kidneys were not affected by the disease in either case.

rapidly during the last nine months of life. At death "Anomalies de la Réfraction et de l'Accommodation." last four months of life. Instead, however, of being bling blocks of so many beginners in ophthalmology. accompanied by emaciation, there was abundance of were noticed only during the last few months.

known if this woman ever was injured. Dr. Fagge, The diseases to which the suprarenal capsules or like Virchow and Rindfleisch, regards the disease as opinion of some that the ganglia are responsible for The glands may also be affected by direct violence. the nausea and vomiting, and progressive weakness; The only lesion which appears to cause definite it is not likely, however, that the discoloration is in

BOOK REVIEWS.

THE REFRACTION AND ACCOMMODATION OF THE EYE AND THEIR ANOMALIES. By E. LANDOLT, M.D., Paris. Translated, under the Author's Supervision, by C. M. CULVER, M.A., M.D., formerly Clinical Assistant to the Author, Member of the Albany Institute, Albany, N. Y. Svo. Edinburgh: Young Y. Pentland.

The appearance of a new edition in English of Dr. Landolt's work on the "Refraction and Accommodation of the Eye," is an event in ophthalmology, and has attracted the attention of the numerous English and American physicians who frequent the Paris hospitals. This treatise may be compared favorably with that of Donders, published in 1864 by the New se in either case.

Sydenham Society. The author's aim, however, is The third case is a typical one of Addison's disease. As is usually the case, both capsules are in. Utrecht. The book is not intended for scientists volved; one is somewhat atrophied, the other en- only, but seeks also to supply students and practilarged; both show the characteristic yellow caseous tioners with a manual elementary and practical, but degeneration in what was doubtless a firm whitish at the same time exact and complete. The author mass. The prominent symptoms connected with possesses the rate ability of bringing within the reach this lesion are: 1. Discoloration of skin, often but of every one questions which are too often obscure, not very correctly called bronzing; 2. Progressive owing to their being too learnedly exposed. The weakness; and 3. Nausea and vomiting. The case "Manuel d'Ophthalmoscopie" of the author is simply reported shows these well marked. The discolora a chef d'autre of its kind. It may be asked whether tion began three years before death, the woman then this particular quality may not be found wanting in being 28 years old, progressed slowly at first, but the profound exposition of a subject so vast as the the whole body was of a faint yellowish brown hue, But the proof is before us that one can treat these the color being deeper on the exposed parts: the complex questions, in all their details, and with reabundant black spots, on which stress is laid by Dr. markable clearness, avoiding at the same time not Greenhow, were also present. Progressive weak, only long mathematical demonstrations, but nearly ness marked the case more especially during the all the formulae of inverse value, which are the stum-

To facilitate the mastery of a subject so vast and fat everywhere. About ten days before death the complex, the author has divided it into three headnausea and vomiting became uncontrollable. As is ings: 1, the Physical portion; 2, the Theoretical, often the case, although the discoloration began so which perhaps might have been better named the Phylong before death, the other prominent symptoms siological portion; and 3, the Clinical portion. The first part forms an elementary treatise upon optics, The probable cause of the disease is obscure, which enables even a beginner to understand the action of the surfaces and refractive media upon light, and enters into fuller details of a clinical order. The from its passage through a plane surface, up to its analysis, and the treatment of muscular asthenopia, complicated transmission in the dioptric system of both palliative and radical, by means of strabotomy the eye. It is scarcely necessary to say that the and muscular advancement, belong entirely to Lanquestions of lenses and spectacle glasses meet with dolt. The "metre angle" first proposed by Nagel, special attention. This section may be read with and which is here adopted as the unity of measure of advantage even by those who are not acquainted convergence, gives clearness to the descriptions, and with algebraic formulæ, as the author gives the solu- precision to the author's methods, some of which have tion of those problems also by simple construction already been published. with diagrams. Nevertheless, the reading of this chapter is not indispensable in order to understand of typical ametropia. Here the organ of vision is those following it. The latter form, so to speak, a in a truly pathological condition. Eyes strongly hyseparate work, a treatise of refraction and accommo permetropic are arrested in their development, and dation without mathematical formulæ and therefore those which are strongly myopic are generally afvery easy to read.

The second part gives a description of the diop tric system of the eye and its definition. The defi and physiology of accommodation and convergence later terms atypic aphakia, etc.

and their reciprocal relations.

visual examination. All the principles of optometry are clearly discussed, but only those methods of optometry which have a real practical value are decondensed all that relates to this anomaly of refracthan of the dioptric apparatus.

dition, and emmetropia, the only normal state of can dispose of for prolonged work. vision, the author classes as "normal" eyes the from their defects of refraction. With the medium will doubtless become one of our standard text books. degrees of ametropia it is otherwise, and these comprise the hypermetropic from two to four, and the Manual of Operative Surgery. By Joseph D. myopic from three to six dioptries. Here not only is correction of the optical defect indispensable, but what is chiefly remarkable is the difficulty of coop eration between the eyes which characterize this medium degree of asthenopia, ametropia, and find their expression in spasm of accommodation, convergent and divergent strabismus, etc. The author tions of the two eyes, on the one hand, and accommodation and convergence on the other. These the reader will not have to turn alternately from the have already been studied in the physiological por- book in hand to an anatomy. In very many retion of the work, but the author here indicates new spects the book is an excellent manual of operative

After the medium, we come to the higher degrees fected by a series of morbid conditions of the uveal

Another happy idea is the separation of typical nitions of emmetropia and ametropia, the anatomy ametropia from curvature ametropia, what the trans-

The last chapter treats of the anomalies of accom-An excellent chapter is devoted to the methods of modation, of myotics and mydriatics, and an appendix only, a kind of postscript, is devoted to presbyopia. It is somewhat surprising to find an anomaly of refraction which has hitherto met with universal recscribed in detail. Astigmatism, both regular and ognition dismissed in this summary fashion, but Lanirregular, are treated by the author in a manner clear, dolt goes still further. He would, as he has already and original; he may be congratulated for having pointed out in his "Manual on the Examination of the Eyes," abolish the term altogether. He explains tion, properly so called, into a single paragraph, in- that the word presbyopia implies necessarily a fixed stead of dividing it into two headings, theoretical and distance for near vision, and this conception may clinical, as for hypermetropia and myopia, which are lead to serious errors: there is only one exact way due to imperfect conformation of the eyeballs rather of adapting the eyes to the visual distance, whether it be long or short, and this is by a careful examina-The Clinical chapter, as might be expected from tion of their statical and dynamic refractions, and the author's aim, is the most important. If the first the functions of the motor muscles. From these two sections are remarkable for their clearness and data alone can the question of corrective glasses be conciseness, the third commends itself by its abun-settled, and it is unnecessary to resort either to a dance both of clinical relations, and original and ju- given distance of near vision, or to standard diadicious views of the author. The novel classification grams for presbyopia. Landolt is the more authorof matter above mentioned indicates, in itself, an in- ized to do so, as he was the first to study the quota dependent thinker. Far from making an absolute of accommodation and convergence: that is to say, distinction between ametropia as a pathological con-, the quantities of these two functions which the eyes

To conclude, this work is full of new ideas and slightly hypermetropic and myopic, together with means of investigation, and operative methods dethe emmetropic. Clinically these slightly ametropic vised by the author. It will be read with profit not eyes are fairly normal, and suffer little or nothing only by students, but also by ophthalmologists, and

> BRYANT, M.D., Professor of Anatomy and Clinical Surgery, and Associate Professor of Orthopedic Surgery, Bellevue Hospital Medical College, etc. With about 800 illustrations. 8vo, pp. xxvi, 530. New York: D. Appleton & Co. 1887. Chicago: A. C. McClarg & Co.

One does not read very much of this book before calls much more attention than has hitherto been finding that its author is impressed with the necessity paid to the relation which exists between the func- of a surgeon knowing his anatomy; anatomical relations are frequently and carefully given, so that methods of mensuration (Landolt's dynamometer), surgery; it is well written, and the illustrations are good. But some matters which may be regarded as the causes of enteric fever in that city. Pietermaritzimportant are omitted: for example, no mention is burg, he says, is in fair sanitary condition. It has a made of the treatment of stricture of the methra by public water supply, and the houses in which enteric electrolysis, of the operation of shortening the bones fever made its appearance were not those in which in extensive injury to soft parts; the very important, any local condition of house construction could give details of correct operative procedures in cases of rise to it. Last year this disease broke out round a rupture of the bladder are omitted. The directions small dairy on the outskirts of the town, the occufor the Wladimirotf Mikulicz operation (which is pants of the farm entirely escaped, so far as he could ascribed to Mikulicz, and is called "osteoplastic am- ascertam. In this dairy specific enteritis among the putation of heal and ankle) are incompletely given, calves had been very futal; all the calves contracted as are the indications for it. In the account of the disease, and in each case it ended fatally, eight litholapaxy the evacuators of Bigelow, Thompson and or vine dying altogether. The proprietor of the Otis are described and illustrated, but no mention is dairy states that the pasturage round his house is made of the continuous current evacuator of Pro- very unhealthy, and last year the calves were therefessor Edmund Andrews, described and illustrated in fore kept tied up; nevertheless they did not escape THE JOURNAL of June 5, 1886, the advantages of the disease; but Dr. Allen notes that full-grown which should be apparent to anyone who has been animals are exempt from it. As a rule, the calf disannoyed by the churning of the other instruments, case made its appearance in this farm late in the With these and some other defects remedied the summer, but last year the first calf must have died book will be much better. It is, nevertheless, a about the end of July or the beginning of August.

ASSOCIATION ITEMS.

AMERICAN MEDICAL ASSOCIATION. Section of Medical Jurisprudence.

In THE JOURNAL for February 12, 1887, page 196, the Chairman of this Section published a list of writers and the titles of these papers, at that time offered for his Section at the coming meeting of the Association, the first week in June, 1887. We are now requested to add the following:

"On State Regulation of Medical Practice. Its Value and Importance." By Dr. K. C. Markham,

Independence, Iowa.

"On the Medico-Legal Relations of Alcoholic Liquors, Fermented and Distilled." By Dr. N. S. Davis, Chicago.

"On the Jurisprudence of Mental and Nervous Diseases." By Dr. S. V. Clevenger, Chicago.

"On the necessity of a Uniform Standard of Education, Especially more Detailed Pathological In-boiled. Later, however, this precaution was neg-struction to Unity of Professional Action in Forensic lected, and three other persons then contracted Medicines." By Dr. Frank S. Billings, Lincoln, Neb.

Dr. T. D. Crothers, Hartford, Ct.

"On Paralytic, Aphasia and Apoplectic Conditions in Return of Testamentary Capacity." By Dr. E. C. Spitzka, New York.

"Report on the Present State of our knowledge Concerning Concussion from Railway Accidents." By Dr. N. E. Brill, New York.

[Who of the officers of Sections will report progress

next?—Entror.]

MISCELLANEOUS.

good guide to the performance of surgical operations. Thirteen cases of enteric fever occurred altogether among persons resident in the neighborhood—one in August opposite the affected dairy, the family of the sufferer receiving milk from this source. In another house five cases occurred among a household of seven. This household did not receive milk from the suspected dairy, but they used for fuel cowdung collected in the neighborhood—not from the affected calves, for these were tied up; but perhaps from other animals suffering from the same disease. In another family two cases occurred, and in this house cowdung was also used for fuel, the source from which it came being unknown. Another case occurred in the person of an infant at its mother's breast, but this child, the mother states, received no other milk than her own. Concerning the household, no distinct mention is made of the fuel used for burning. The remaining four cases were all in one house; milk was not received by this household from the suspected dairy knowingly at the time of the appearance of the first case, but during this child's illness this dairy supplied the milk for the rest of the family, but it was at this time regularly enteric fever. There is to be found in these cases "On Mental Responsibility in Inebriety." By nothing more than a suggestion that the bowel discharges from the animals in the dairy may have been concerned in the production of some of the cases of enteric fever in the neighborhood. Dr. Allen has omitted to state the total number of households using for fuel the material which he suspects has given rise to disease, and the whole facts are therefore not sufficiently before us to enable any positive opinion to be formed on the subject; but Dr. Allen's story is well worth bearing in mind in any further investigation into the etiology of this disease. In another report Dr. Allen insists upon the simultaneous appearance of enteric fever, among the inhabitants of the neighborhood of the farms. and the appearance of what he describes as specific MILK INFECTION: A SUGGESTION .- Dr. James F. enteritis among the calves. He states that he ex-Allen, medical officer to the Corporation of Picter- amined the mesentery and small intestines of one of maritzburg, has written a very suggestive report on these animals; that he found the mesenteric glands enlarged, and in the intestinal mucous membrane stetrical and Gynecological Society of St. Petersburg, evidence of the same diseased action as is to be found in that of human beings after death from the first number of which appeared on February 17, both diseases; and he asserts that the two disorders *Record*. in Pietermaritzburg at least are always found together.—*Lancet*. Nov. 20, 1886.

HEALTH IN MICHIGAN.—For the month of February, 1887, compared with the preceding month, the reports indicate that remittent fever decreased in prevalence. Compared with the preceding month. the temperature in the month of February, 1887, was higher. The absolute humidity, the relative humidity. the day ozone and the night ozone were more. Compared with the average for the month of February in the nine years, 1879-1887, intermittent fever, pneumonia, diphtheria, consumption of lungs, and influenza, were less prevalent in February, 1887.

less, and the night ozone was less.

others, diphtheria was reported present in Michigan. This, of course, has commended our medical science in the month of February, 1887, at thirty four places, to the people, and they come in numbers." scarlatina at forty-two places, typhoid fever at sixteen places, and measles at twenty-four places. Reports from all sources show diphtheria reported at twentytwo places less, scarlet fever at six places more, typhoid fever at two places more, and measles at three places more in February, than in the preceding month, January, 1887.

MICHIGAN STATE BOARD OF HEALTH.—At the 276th meeting of the Brooklyn Pathological Society, held at the Brooklyn Eye and Ear Hospital, February 24, 1887, the following resolutions was unanimously Major David L. Huntington, Asst. Surgeon, ordered for duty at adopted.

Whereas, the State Board of Health of Michigan, has been for many years a pioneer in the investigation of disease and the collection of vital statistics, Capt. Robert II. White, Asst. Surgeon, on being relieved by

and

H'hereas, the result of these investigations and of the collection of these statistics, has been to stimu men and boards of health throughout the country to undertake similar work for the public good, therefore he it

Resolved that the Brooklyn Pathological Society heartily endorses and commends the course so admirably planned and so efficiently followed by the State Board of Health of Michigan, and respectfully but carnestly, appeal to the legislature of that State to be liberal in its support to its State Board of Health, and to widen its influence and usefulness by appropriating the necessary funds to establish and maintain a Laboratory of Hygiene.

NEW MEDICAL JOURNALS.—The Journal of Obstetrics and Gynecology is the Anglicized title of a new Russian medical journal, the organ of the Ob-

The Revue Générale de Clinique et de Therapeutique, enteric fever—thus ulceration and patches of inflaming is a weekly which, according to the preliminary mation involving Peyer's glands are to be found in notice, will be on the plan of the London Medical

> CAPITAL PUNISHMENT BY ELECTRICITY is now proposed, and is receiving favorable consideration by a legislative commission appointed by the New York Legislature to inquire into various devices for putting murderers to death.

> "PILOCEREUS SENILIS" is the title of a volume of the collected writings of the late Dr. Walter Moxon, of Guy's Hospital, which has been recently published by Sampson Low & Co., of London.

VACCINATION IN AFRICA.—Archdeaeon Farrar, of Magila, writing from East Africa, says: "We have For the month of February, 1887, compared with just saved the whole district of Magila from an inthe average of corresponding months, for the nine vasion of small-pox, vaccinating everybody, at the years, 1879-1887, the temperature was slightly rate of about fifty a day, until all have been vachigher, the absolute humidity was more, the relative cinated; so that while other districts have suffered humidity was much more, the day ozone was slightly considerably around us, there has not been a single case of small pox in the Magila district, with its Including reports from regular observers and hundreds of villages, and thousands of people.

> OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT. U. S. ARMY, FROM FEBRUARY 26, 1887, TO MARCH 4, 1887

> Major Chas. R. Greenleaf, Surgeon, ordered for duty in the office of the Surgeon-General of the Army. S. O. 41, A. G. O., Feb. 18, 1887

> Major D. L. Huntington, Surgeon, relieved from duty in the office of the Surgeon-General, to take effect March 1, 1887. S. O. 41, A. G. O., Feb. 18, 1887.

> San Diego Eks., Cal., and granted leave of absence for one month from March 1, 1887. S. O. 45, A. G. O., Feb 25,

> Major Huntington, to proceed to Angel Island, Cal., and report to commanding officer for duty at that point. S. O. 45, A. G. O., Feb. 25, 1887.

> Capt. Louis S. Tesson, Asst. Surgeon, ordered for duty as attending surgeon at hdqrs. Div. of the Missouri and examiner of recruits at Chicago. S. O. 44, A. G. O., Feb. 24, 1887.

> Capt. Wm. W. Gray, Asst. Surgeon, leave of absence for seven days extended twenty-three days. S. O. 13, Dept. Dak., Feb. 21, 1887.

> First Lient, Chas. F. Mason, Asst. Surgeon, resignation accepted by the President, to take effect March 25, 1887. S. O. 44, A. G. O., Feb. 24, 1887.

> OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U.S. MARINE HOSPITAL SERVICE FOR THE FIVE WEEKS ENDED MARCH 5, 1887

Guiteras, John. P. A. Surgeon, granted leave of absence for twenty-one days. Feb. 28, 1887.

Pettus, W. L., Asst. Surgeon, to proceed to Charleston, S. C., for tempolary duty. Feb. 28, 1887.

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ORIGINAL ARTICLES.

THE PRACTICE OF MEDICINE AMONG THE GREEKS PRIOR TO THE AGE OF HIPPOCRATES: A CONTRIBUTION TO THE HISTORY OF MEDICINE.

> BY J. M. BALL, JR., M.D., OF WATERLOO, IOWA.

early inhabitants of Greece, called Pelasgi, were living gration of successive parties from Tyre and Memphis. and even the mouth of hell was said to be on the far-It is said that Inachus, the victim of a revolution, he founded the city of Argos, 1,856 years before the civilization of Asia and Africa was amply repaid by the Ionian migration.

most intellectual, and they were so, not through any inherent faculties in themselves, but simply from the force of circumstances. At a remote period in their history they were forced to leave their homes on the shores of the Corinthian gulf, and to seek a new abode. For a short time they took refuge in Attica, whose territory was found to be too small to support the increase of population. Accordingly, they resolved to seek new settlements in the East, and in their passage across the Ægean Sea they colonized most of that group of islands called Cyclides. On reaching Asia Minor, they took possession of that Meander, together with the islands Samos, Cos. Lesbos, Chios and others. This migration was of great subsequent importance. While their kinsmen in Attica were struggling for a bare subsistence, and were often hard pressed by the neighboring tribes, the Ionians, having settled in a fertile and luxurious country and among a race wealthier, but far inferior to themselves, soon found those means of ease and leisure which, to a certain extent, seem necessary to the development of intellectual culture.

It is the object of this article to describe the condition of medical practice among the ancient Greeks prior to the age of Hippocrates. The writings of Homer present us with a vivid picture of the state of

Europe a thousand years before the birth of Christ. A twilight was dawning on the most eastern verge. in the countries adjoining the Hellespont, but the West and the North were immersed in darkness. "In the intellectual infancy of a savage state, man transfers to nature his conceptions of himself, and, considering everything that he does is determined by his own pleasure, regards all passing events as depending on the arbitrary volition of a superior but invisible power."

The white race at that period was At a time when Egypt, Chaldea and Phœnicia were like a child. To the Greek, no fiction was too marenjoying the benefits of an advanced civilization, the vellous for belief, if it was separated from his view by a hundred years or a hundred miles; the exaggeraon the acorns of the forests, clothing themselves with tion of tradition confirming it in the one instance, the skins of wild beasts, and sleeping in caves. The and the difficulties of travel in the other. Every hill arts and sciences were carried to Greece by the emi- had its supernatural legend, every forest its phantom, ther side of the Euxine. The medical mythology of conducted the first Egyptian colony to Greece, where the Greeks is remarkably full, and the learned Le Clerc,2 with commendable zeal, has searched through common era. The indebtedness of Greece to the history, poetry and inscriptions, hoping to find something which would shed light upon the origin of our science. He details the names of more than thirty Of all the Greek peoples the Ionians were the gods and goddesses, heroes and heroines who possessed a knowledge of medicine.

> The first of the Greeks who immortalized himself by his wonderful cures was Melampus, to whom altars were erected by his grateful patients. He is said to have lived 200 years before the Trojan war. His most famous cures were performed upon the daughters of Proteus, King of Argos, who were afflicted with outbreaks of mania, during which they imagined themselves transformed into wild beasts and ran raging through the forests. The cure is said to have been effected by the administration of hellebore.3

Medicine was brought to Greece by the sage Chistrip of country lying between the rivers Hermes and ron. There is much mystery attached to his character and to everything connected with him, but what we may consider as the most probable conclusion is that he was a prince of Thessaly, who lived a short time previous to the siege of Troy, that he was far superior to his contemporaries in knowledge, and that, after the manner of his countrymen, he was so frequently seen on horseback as to give credence to the fabulous story of his being a centaur.4 He held his school in a grotto in Thessaly and, if the chronicle may be believed, no philosopher of antiquity, no

¹ Jno. W. Draper: History of the Intellectual Development of

Europe.

2 Daniel Le Clerc: Histoire de la Médecine. Amst., 1723.

3 Kurt Sprengel: Geschichte der Arzneskunde. Halle, 1792.

4 Bostock: Sketch of the History of Medicine. London, 1835.

professor in modern times, could count in his audi-Pollux, the subtle Ulysses, the fiery Diomedes, the shine in the constellation Sagitarius

of having first devoted himself to the cultivation of working miracles. medicine and of having made it a distinct object of pursuit. He passed for the son of Apollo by the eric poems as a Thessalian king, not as a god, alnymph Coronis, and is said to have been born at though divine honors were paid to him in later times. Epidaurus, a city of Argolis, where he had a temple There is no sign in the writings of Homer of the and famous oracle.6 In passing, it may be well to subordination of medicine to religion which is seen remark that the ancients cherished a great veneration in ancient Egypt, nor are the priests charged, as in for the medical character. The poetical mythology that country, with medical functions. These are facts of Greece shows how great was the respect and grat- which throw grave doubts upon the commonly reitude rendered to those who practiced the healing ceived opinion that medicine derived its origin in all art. This is nowhere better exemplified than in the countries from religious observances. Although noble origin which is assigned to it in their fables. medicine among the Homeric Greeks was quite dis-No less a personage than the god of light himself, tinct from religion, yet the worship of Æsculapius as Helios or Apollo, who created and maintains all live the god of healing demands some notice. Sick pering nature, is said to have been the father of Æscu- sons repaired, or were conveyed to the temples of culapius.

this world was entirely in harmony with his divine deputy. The sick person or his representative, after character, and was of itself sufficient to show that he prayer, sacrifice and ablution, was made to sleep upon was no ordinary mortal. According to Ovid, he was the hide of the sacrificed animal, or at the feet of the cut out of the womb of his mother, Coronis, by statue of the god, while sacred rites were performed.

"Ut tamen ingratos in pectore fudit odores, Et dedit amplexus, injustaque justa peregit; Non tulit in cineres labi sua Phœbus eosdem Semina; sed natum flammis uteroque parentis Eripuit, geminique tulit Chironis in antrum." -Metamor., lib. ii, v. 626.

In infancy, Æsculapius was exposed upon a mountain in Thessaly, and was suckled by a goat and defended by a dog. A shepherd having for some time those at Epidaurus, and on the island of Cos, were missed his goat and dog, went to the mountain to particularly famous. The island of Cos, for centuseek them, and found the child possessed of extra-ries, remained the Mecca of medicine. None but ordinary beauty. He raised the boy with the greatest care and gave him into the hands of the sage, exclusion of all unholiness extended to all other tem-Chiron, by whose instructions he profited so well as ples. Only the priests could look upon the columns to far surpass his master in fame.

Marvellous stories are told of Melampus and Chience as many celebrities as the centaur saw in his ron. These, however, are insignificant when comcave. He instructed Jason, Theseus, Castor and pared with the feats of Æsculapins. In addition to many other astonishing powers, he was gifted with a pious Æneas, and the invincible Achilles: all heroes remarkable faculty, peculiar to himself, of raising at who distinguished themselves either at the capture of pleasure the dead to life. Not less than six or seven the fleece of gold or in the Trojan war. He taught instances are on record of distinguished corpses that Apollo music, Æsculapius medicine, and Hercules were benefited by the exertion of this happy talent. astronomy. He cured Phænix, son of Amyntor, of It is impossible to say how far the bounds of science a blindness supposed to be incurable, and obtained might have been enlarged by so mighty a genius had great fame in the treatment of ulcers. He was shot not Pluto taken alarm at his progress, and presented in the knee by a poisoned arrow and prayed Jupiter a memorial to Jupiter, humbly showing that if a stop to take away his life. The god heard his prayer and were not put to the career of this officious mortal, translated him to the heavens, where he is said to people would soon cease to die and hell would become a desert; whereupon Jupiter killed Æsculapius It is to Æsculapius, the pupil of Chiron that, by with a thunderbolt. It is probably for this reason common consent of antiquity, is ascribed the merit that the modern children of Æsculapius abstain from

We find Æsculapius first mentioned in the Homlapius, the god-like teacher of medicine. The same 'Æsculapius, in order to be cured, just as in modern tradition makes Circe to have been the sister of Æs. times relief is sought by a devotional pilgrimage, or from the waters of some sacred spring. Then, as The manner in which Æsculapius was ushered into now, the healing influence was sometimes sought by Apollo after he had destroyed her for infidelity. In his sleep the appropriate remedy was indicated by Apollo received the information respecting the un- a dream. The record of the case was inscribed on faithfulness of Coronis from a raven, and the angry the columns or walls of the temple. Æsculapius obgod is said by Apollodorus to have changed the color tained in antiquity a veneration which was almost of the raven from white to black, as a punishment universal, and his worship, which passed from the for his unwelcome officiousness. The story of the Greeks to the Romans, extended to all countries subunnatural manner of birth is thus related by Ovid: jugated by the two nations. Fifty years after the destruction of the kingdom of Priam, there was erected at Titanus, a city of Peloponnesus, the first temple in his honor. This edifice was reared by the grandson of zEsculapius, Alexanor, the son of Machaon. worship of this god spread with great rapidity.

The noted asclepia were very numerous, and in the work of Schulz more than sixty of them are described.⁷ Among the many temples consecrated to this god, the initiated could enter these holy shrines, and the of Hygeia at Ægeum; no dog was permitted to enter

⁵ Anthon: Classical Dictionary. ⁶ Renouard: History of Medicine, translated by Comegys.

J Schulz: Historia Medicinæ a Rerum Initio ad Annum Urbis Romæ, DXXV. Lipske, 1728.

at Delphos; no child could be born at Epidaurus, and able time hereditary in the family of .Esculapius, and striking resemblance to that of Zeus.

has been the symbol of craft and prophecy. Mo- by the invalids of modern times. Some of the pracmoved quickly, and in moving described curious, prayer which was made a necessary preliminary to mystic figures upon the ground; it had a long life, entering the gates. The temple at Orophus was open with apparent capacity for rejuvenation. Being found only to him who had first fasted for several days; no people with fear and astonishment.

relied largely upon the use of magical arts and in-they even dreamed for them themselves. patients.

no one was allowed to die within its grounds. In the his descendants, called Asclepiadae, were the priests last temple there was a statue of colossal size, the who presided over the temples creeted in his honor. handiwork of Trasymedus, made of gold and ivory, The temples were built in salubrious localities, somewhich represented the god of medicine in the form times on the summit of a hill or on the side of a mounof an old man seated on a throne, holding a staff in tain; sometimes on the sea shore, or near a thermal one hand and resting the other upon the head of an or mineral spring, and in spots where groves of trees enormous serpent. A dog, the emblem of vigilance, could refresh the sight of the sick and afford them lay reposing at his feet. The whole figure bore a cool and solitary retreats.9 In the selection of thesites for the temples, the priests displayed the shrewd-The serpent was always the chief symbol of Æs- ness which has characterized them ever since. Thus culapius, and all the coins stamped in his honor are we see that they were erected under circumstances thus marked. From time immemorial the snake not a little resembling those found conducive to health ses erected a snake in the desert of Arabia; the tices enjoined by the priests were of a dietetic nature natives of Guinea still worship a holy serpent, and and were directly conducive to temperance and cleanthe Phenicians and Egyptians always regarded it as liness. The isolation and seclusion of the temples divine. There are many reasons for this reverence: was well calculated to excite the reverence of super-The snake was formidable in appearance on account stitious and credulous minds, and this feeling was of its fiery eyes and the activity of its poison; it greatly heightened by the preparation of fasting and in grottoes and holes by the side of springs and heal- wine could be drunk for three days, and no food ing waters, it came to be regarded as the guardian of tasted for twenty-four hours before admission to the these trusts. The Asclepiadae kept tame snakes which temple at Pergamus. In addition to these preparalicked the hands of the sick with their tongues or tions, offerings were made of a cock or a goat, as in twitched their ears with their mouths. The Epirotes the sacrifices of Socrates; prayer attended the cerekept snakes in the grove of Apollo, and every year monies, and the service was further sanctified by a virgin, naked and alone, entered the grove to feed music. The patient was bathed, subjected to fricthem. We are told that around Epidaurus there were tions and manipulations, and then anointed with oil. serpents of a yellowish-brown color, whose bite was Apollonius anointed himself, before entering the temnot poisonous, and that these were used by the priests ple, by pouring oil of amber upon his head, so that in those supernatural performances which filled the the body smoked, and physician and patient were enveloped in a halo. After enwreathing themselves, Although the accounts which have been transmitted the patients entered the temple amid the singing of to us respecting Æsculapius would lead us to con-hymns and the playing of harps. In the sleep which clude that he was a real personage, who possessed a followed, Esculapius appeared in a dream and indigreater degree of skill than his contemporaries, yet cated the proper treatment. All antiquity had faith his whole life is so involved in fable and mystery that in dreams, and their interpretation was the business it is impossible to obtain any correct ideas of the de- of the priests. Sacred and profane history are full tails of his practice. We have no direct evidence to of examples which attest the universality of this beshow how far internal remedies were administered, lief. The Asclepiadæ did not stop with interpreting and it may be supposed that the Greeks at this period the dreams of their patients; when occasion required,

cantations. Although we have reason to believe In return for their services in behalf of suffering that certain vegetable products were employed as humanity, the Asclepiada received no direct emoluinternal remedies, yet we are scarcely able to ascer- ment, but were paid by presents from the patients. tain what was the object of the practitioner and what! These were often of great value, such as vessels of were the plants used. The poet Pindar, who lived gold and silver; often casts of the affected member, Soo years later, was the first to comment upon the the so-called anathemas, were made from these prepractice of this personage, which he described as fol-cious metals and donated to the priests. At Amphilows: ". Esculapius cured the ulcers, wounds, fevers anus it was customary to throw silver coins into the and pains of all who applied to him, by enchant- sacred springs. In some places paintings of the disments, calming potions, incisions and external applicased parts were suspended from the walls of the cations." It is said that Æsculapius obtained from temple, or the name of the patient with a description Minerva the blood which flowed from the veins of of his disease, the remedies employed and the result Medusa after the latter had been beheaded by Per- attained, were engraved on metal tablets (tabulæ seus. With that which flowed from the left side he votivie), doorposts, or columns. Six such columns, destroyed his enemies; while that obtained from the with Doric inscriptions, were still standing in the time veins on the right was used for the benefit of his, of Pausanius, in the asclepion of Epidaurus. As soon as an important remedy was discovered, the The practice of medicine remained for a consider- mode of preparing it was written on the gates and

Dessing: Handbuch der Geschichte der Medizin, Berlin, 1830. 8 Pindar; Third Pythian Ode.

ally became centres for medical instruction.

which were unearthed on the Isle of the Tiber, on and the practice of medicine in the temples was little one of which the following was inscribed in Greek: better than a gross superstition.12 "Lately a certain Caius, who was blind, came to consult the oracle. The god required that he approach was perpetuated by the institutions of feasts which the sacred altar to perform adorations; at once he were celebrated with much solemnity at Epidaurus, passed from the right to the left, and having rested Ancyra, Pergamus, and Cos, and at which the greater his fingers on the altar, he raised his hands to his part of the inhabitants of the cities of Asia Minor eyes and immediately recovered his sight. The peo- congregated at certain periods. ple rejoiced to see such marvels accomplished under in the temples.

which appertains to the mysteries of the art."

columns of the temples. Thus, a celebrated anti-custom developed among them of observing the phedote for snake bites, the contribution of Eudemus, nomena of disease. In those barbarous times medwas recorded on the door of the asclepion at Cos, icine could make more progress in the hands of a and a noted eye-wash was affixed to a similar place secret order like the Asclepiadæ than if it had been at Ephesus. Those who invented surgical instru- a domestic and popular art. It was not to be exments deposited them within the temple. Thus Erapected that at this remote period, when all knowledge sistratus, according to Cœlius Aurelianus, presented was in an infant state, a man of genius could be raised one to the temple at Delphos, intended for the ex- up, who would elevate medicine to the rank of a scitraction of teeth. In this manner the temples gradu- ence. In the second epoch, which extends from the time of Hippocrates to the institution of Christian-Gruter¹⁰ has given a copy of several votive tablets ity, the influence of the priests gradually declined,

The course of instruction among the Asclepiadæ the reign of our august Antoninus." It is more was in conformity to the national habits. Young than probable that Hippocrates, the central figure of men, about to commence the study of medicine, were ancient medicine, obtained much of his knowledge not allowed to enter until after the completion of a from reading the votive tablets and inscriptions found preparatory course of three years, from the fourteenth to the seventeenth years, but the sons of phy-Statues of Æsculapius were to be found in all the sicians began earlier, and with both the medical temples. The god of healing was always figured in training continued seven or eight years. The neothe form of a strong and venerable man with full phyte was conducted into his art with all the secrecy beard and gray hair, who in earnestness and mildness and exclusiveness that had prevailed, from the reof expression bore a striking resemblance to Jupiter, motest antiquity, among the handicraft associations Although sometimes seated, yet generally he was seen and religious orders, and which, at a later period, was standing erect or leaning on a staff, around which a to be found in the political clubs and schools of snake was seen twining its spiral coils. He was usu-| philosophy. Some of these societies were for charally covered with a pallium with regularly disposed itable purposes, some for the promotion of commerce, folds resting upon his right shoulder and exposing the some for the cultivation of knowledge, while others greater part of the chest and abdomen, whose well- were for the purpose of controlling the affairs of state. formed muscles showed him to be possessed of great In each of them, the ceremony of initiation, howstrength. Rarely was his head covered, but fre-ever distinctive it might appear to be, was modeled quently it was adorned with a laurel wreath or a after that of the Eleusinian mysteries. Of these nimbus. At his feet was a mystical globe. Some mysteries there were two grades, the greater and the times he was seen bearing a strobile of pine. The lesser; and of each division there were several deanimals most frequently seen with Æsculapius were grees. The celebration of the greater began at Eleuthe cock, which Socrates mentioned in his last hours, is on the fifteenth day of Böedromion, the third the owl, the eagle, the bawk, the ram, or, what to month of the Attic year, and lasted over nine days. him was most sacred, the serpent. Sometimes he The eighth day was called Epidauria, in honor of was figured alone, but frequently one of his daugh- Esculapius, who arrived on one occasion from his ters, usually Hygeia, accompanied him. She is rep-native city, Epidaurus, too late to attend the grand resented as clad in a long-folded garment of white, ceremonial of the sixth day. The Athenians, unholding in her left hand a serpent, while the right con-willing to disappoint so distinguished a benefactor of tained a shallow dish or patella, filled with consecrated -mankind, added a supernumerary day. - In these safood to which the snake is directing its attention, cred mysteries there were three stages of advance-Between these two figures often stood another of ment, or degrees, which answered to the three scholdwarfish aspect and doubtful origin, the child Tele- astic degrees conferred by the universities in mediæphorus, or the Harpocrates of the Egyptians. His valitimes. The candidate for medical honors, having finger pressed to his lips was symbolic of the secrecy passed a suitable preparation, was obliged to sub-I scribe to an oath which was similar to that in use The practice of medicine in the temples of Æscu-, among the Pythagorians. At the completion of the lapius may be divided into two epochs. In the first, term of study, the ceremony of coronation took which extends to the time of Hippocrates, the Ascle-place and corresponded to the modern graduation. piadæ, although for the most part employing super- It was an evidence of the recipient's fitness for asstitions means, rendered a service to science by the suming the duties of the profession, and conferred upon him the privileges of fellowship and the right

Leipzig, 1839.

P Gruter: De Lucrementis Artis Medicae per Expositionem Ægrotorum in Vias Publicas et Templa – Lipsire, 1749
 P Friedlander: Vorlesungen über die Geschichte der Heilkunde.

¹² Gauthier: Recherches Historiques sur l'Exercice de la Médicine dans les Temples. Paris, 1844.

was the usual form of admission at Salernum, the ear- Ilithyia, or Natalis. liest of the mediæval schools of medicine.15

culapius transmitted his profession to his sons, Ma- specting the state of medical practice in Greece prior chaon and Podalirius, who were as skillful in the sci- to the time of the Peloponnesian war. From these ences and in eloquence as in the healing art. Ma writings it appears that the profession of medicine chaon and Podalirius belong equally to history and and surgery constituted a kind of sacred occupation, mythology, and their biographies are a mixture of the practice of it belonging only to privileged perprobable and fabrilous narrations. Their existence sons, and that in the armies, the highest princes glocannot be doubted, for the Homeric songs and other ried in dressing the wounds of those who had fought ancient writings represent them as skillful physicians the battles of their country. From these poems we and valiant captains, who took an active part in the learn that the duties of those who devoted themselves siege of Troy; but the statement of their genealogy to the divine art were mainly confined to the dressdoes not admit of the same confidence. They are ing of wounds, and that the imaginary power of ensaid to have been the sons of Æsculapius, while we chantment was joined with the use of topical appliknow that there are grave doubts as to the existence cations. The priests of India, the physicians of of this celebrated individual, and besides, the words, China and Japan, and the jugglers of the savage or "children of Æsculapius," are often used figuratively half-civilized tribes of the old and new worlds, conby ancient writers to designate members of the med-stantly associate, with drugs and manual operations ical profession.

two brothers, must have been skillful in dressing Such doubtless was the character of medical practice wounds, if we may judge of the value which was among the Greeks in the remote times. placed upon his services by the Grecian army from its anxiety to have him properly cared for when he understood the means of arresting homorrhage. pride of Greece (cries Idomeneus), mount, mount Eurypylus by Patroclus, says: upon thy chariot and let Machaon mount with thee! Hasten with him to our ships, for a warrior who knows, as he does, how to relieve pain and cure wounds, is himself worth a thousand other heroes."11 This renowned hero was killed by Eurypylus in single combat under the walls of Troy.

Podalirius survived his elder brother and assisted Eurypylus, when asking the professional services of in the ruin of the kingdom of Priam, but on the voy- his friend, thus addresses him: age homeward he was shipwrecked and cast upon the coast of Caria, where he was rescued by a shep-Learning that he was a physician, the shepherd conducted him to the king, Damætus, whose daughter had fallen from the top of a house and was insensible. This skillful surgeon bled her and saved her life, this being the first recorded example of blood-letting.15

witness the lines of Homer:

"Of two famed surgeons Podalirius stands This hour surrounded by the Trojan bands; And great Machaon, wounded in his tent, Now wants the succor which so oft he lent." -Iliad, lib. xi.

The other members of the family of Æsculapius

of initiating others. The ceremony of placing a functions. Apollo, or Pheebus, the father of Æscuwreath, cap or crown upon the heads of those who lapius, assumed the privilege of preventing or causwere admitted into full fellowship in these ancient ing epidemics, and Juno was said to preside at acschools was continued down to the middle ages, and couchments, at which times she was called Lucina,

It is in the immortal poems of the Iliad and the In accordance with the custom of that age, Æs- Odyssey that we find the only certain traditions recertain mysterious rites and practices, upon which Machaon, who was regarded as the elder of the they especially rely for the cure of their patients.

The heroes engaged in the Trojan war evidently was wounded in the shoulder by a dart. "O, Nestor, Homer, in describing the treatment of the wound of

> " Patroclus cut the forky steel away; Then in his hands a bitter root he bruised; The wound he wash'd, the styptic juice infused. The closing flesh that instant ceased to glow, The wound to torture, and the blood to flow." Iliad, lib. xi.

" But thou, Patroclus, act a friendly part, Lead to my ships, and draw this deadly dart ; With lukewarm water wash the gore away: With healing balms the raging smart allay; Such as sage Chiron, sire of pharmacy, Once taught Achilles, and Achilles thee." Iliad, lib. xi.

It is to be regretted that we have so little infor-The sons of Æsculapius were both surgeons, as mation regarding the political condition of the physicians of Greece. All that we know has been gathered from a few obscure passages in various writers. In a State so polished as Athens, the physicians would necessarily be subjected to certain laws. Plato seems to insinuate that at his time the physicians of Greece, as formerly those of Egypt, directed the treatment of diseases according to certain formulæ and precepts marked out for them, and that they were responsible to the state for all deaths caused by their which they explained their previous education and

Anatomy could not be studied by the Greeks be-

¹³ Watson: The Medical Profession in Ancient Times. New York,

^{1856.} 14 Had, lib. xi. 15 Sprengel: Erster Theil, p. 106.

are all fictitious beings whose symbolical names remind us of some attribute in medicine. Thus the name of Epion, his wife, means to quiet; those of negligence. A passage in Xenophon also proves Hygeia and Panacea, his daughters, express respect-that the young men, before establishing themselves ively health and a remedy for all diseases. Many of on the territory of the republic of Athens, were the gods and goddesses of Olympus fulfilled medical obliged to ask permission, in a public discourse, in

cause they condemned, and regarded as a crime divided the medical world. The priests in the temworthy of great punishment, all conduct towards the ple of Cnidus professed to depend on experience dead which was contrary to public prejudices. These alone in the treatment of disease. They argued that prejudices had their origin in the belief that the soul, if reason taught differently from experience, it was when freed from its earthly covering, was forced to injurious, but if it taught the same it was unneceswander on the banks of the Styx until the body was sary. Thus the very source of medical teaching was buried or cremated. Hence the celerity with which contaminated with the germs of sects and systems. sepulture was performed on the dead to insure the to be burned:

" Next, O, ye chiefs! we ask a truce to burn Our slaughtered heroes, and their bones inurn: That done, once more the fate of war be tried, And whose the conquest, mighty Jove decide."

Scanty and imperfect as is our knowledge of the state of medicine in the age of Æsculapius, after his death and that of his sons, we have a long period extending over several centuries, during which we have still less it formation respecting the history and progress of the art. We have not a single improvement of any kind recorded as having taken place during this interval, nor have we the names of any individuals handed down to us who were of sufficient eminence to be distinguished above their contempo raries. We learn that the practice of medicine was entirely in the hands of the Asclepiadae, and that the temples were gradually converted into schools of medicine, among the most celebrated of which were those at Cos, Chidns and Rhodes.

The priests connected with the two rival establishments at Cos and Cnidus devoted their attention, from the outset, to different objects; those of the former asclepion assumed more of a philosophical caste, attempting to unite reasoning with experience, while the latter devoted themselves solely to the observation and collection of mere matters of in wisdom and judgment. The people of antiquity fact. Hence it would appear that thus early in the history of our art a foundation was laid for the two great sects, the Dogmatists and Empiries, which long

Several centuries elapsed during which the Asclerest of their souls, the duty imposed on all travelers piadæ religiously adhered to the traditions of the of covering the dead bodies met with, the religious Egyptian school, which allowed them to transmit respect in which the burial spots were held, and the their doctrines only to the members of their caste severe punishments inflicted on all who dared to pro- and to such strangers as fulfilled satisfactorily the infane them.16 The extreme veneration in which the itiatory tests. Under the control of the priesthood, dead were held may well be illustrated by the fol-medicine had remained stationary when, at last, it lowing incident: In the twenty-sixth year of the began to be cultivated by a class of persons much Peloponnesian war (406 B. C.), Callicratidas, who more likely to produce improvement, and from whom, succeeded Lysander as the admiral of the Lacedæ- in truth, it received its first impulse. Previous to monian fleet, was defeated by the Athenians in a sea the time of the philosophers, medicine had been exfight off the Arginusse islands. At least a dozen ercised for the most part for the purpose either of Athenian vessels were left floating about in a disa- direct emolument, or for the still more selfish purbled condition after the battle; but owing to a vio-pose of maintaining the influence of the priests over lent storm that ensued, no attempt was made to res- the minds of the people. And, indeed, it was time cue the survivors, or to collect the bodies of the that things were changed. The era of brute force, dead for burial. Eight of the ten generals were sum- of hand to hand conflicts with monsters and brigands, moned home to answer for their conduct; six of them had passed away, and the reign of intelligence, of obeyed and were denounced by the Assembly, sen-strategy in war and politics, had become conspicutenced and compelled to drink the fatal hemlock, ous. The mythological heroes whose labors were so Socrates alone defended them, but his eloquence was much boasted such as a Perseus and a Bellerophon, in vain when pitted against the deep-rooted preju-were succeeded by those great men whose names dices of the people.¹⁷ Even during the Trojan war have been justly celebrated in history, as Leonidas, it was customary to declare a truce to allow the dead. Miltiades, and Themistocles. Long before the Asclepiadæ revealed their knowledge of medicine, and previous to the dispersion of the philosophers, the art of healing was extensively practiced in the gymnasia. Of the physicians connected with these establishments, there were three orders: the gymnasiarchs, who regulated the diet of the athletes; the gymnasts, to whom was intrusted the medical treatment of the sick; and the jalaptres, whose duties were mainly surgical.

The revolt of the Pythagorians at Crotona was an event of great importance in the history of medicine, for it was followed by the disruption of the sect and indirectly contributed to the advancement of our science. When the storm of persecution had driven the philosophers into different parts of Greece, many of the members being no longer under an obligation of secrecy, revealed the workings of the order, taught publicly the art of healing, and thus originated the general practice of medicine. About 440 B. C. Metrodorus, a former member of the Pythagoreans, exposed their secrets, and set himself up as a teacher of medicine. About the same time the practice originated among physicians of migrating from place to place and of making a public declaration of their skill. The same custom prevails to-day among us, who are supposed to far exceed the ancient Greeks called these itinerant physicians periodevtæ, while the moderns name them charlatans.

When the disciples of Pythagoras had revealed the secret of their mysteries, and the philosophers 26 Sprengel: Geschichte der Arzneikunde, Erster Theil, p. 141, had dared to teach and discuss publicly the principles of morals, physics and theology; when the itin-

Halle, 17/12 Wm. Smith: History of Greece, p. 366.

last from the shadow of the sanctuary.

treatises which, at a later date, were collected under of the eigteenth century. the name of the "Hippocratic Works." This proprecious monuments of ancient medicine.

of Medicine, was descended.

THE THERAPEUTIC VALUE OF OXYGEN. With Reports of Cases Treated. BY SAMUEL S. WALLIAN, A.M., M.D.,

OF NEW YORK.

Regarding the availability and applicability of factitious oxygen as a therapeutic agent, there has prevailed, and still prevails, a very general professional misconception. This stereotyped estimate is based on the reports of early investigators, particularly those of Lavoisier, who asserted that his birds, dogs, rabbits and guinea-pigs, when immersed for a short time in an apartment or receiver filled with crude oxygen gas (derived from and doubtless tainted by the bungling decomposition of an oxide of mercury,) became excited and preternaturally lively, which condition was followed by more or less physiological depression. Considering the crude state of chem-

erant physicians and professors of the gymnasia had ical science at the time, and the questionable proacquired the confidence of the public, the priests of cesses employed, it is easy to understand that these Æsculapius could no longer keep silence, under the results were not necessarily attributable to the newly penalty of seeing the sceptre of medicine, which they discovered gas, the nature of which was being had held till then, depart from their hands. They eagerly and none too honestly investigated. These were forced to bring to the light of discussion the hasty and superficial impressions seem to have been principles and rules of their medical practice. It accepted without question and without satisfactory was in this manner that our science came forth at verification; and, what is more surprising, they have ever since remained as accepted dogmas in the The priests who served in the temple of Cnidus world of physiological chemistry. In the century were the first to follow the impulse of the age, and that has since elapsed chemistry and physiology have they issued a small repertory of medical facts called both been revolutionized; but with all the progress the "Cnidian Sentences." These are said to have made in this direction few text book authorities have been written by Euryphon, a contemporary of Hip-thought it worth while to investigate from a fresh pocrates. The Asclepiadae of Cos were not slow to standpoint, or to disturb the fossiliterous strata of follow their example, and they published a series of scientific thought handed down from the latter end

The later French and German authorities have duction, which overshadowed all other medical pub- not added much to our knowledge of the agent, their lications at that period, constitutes one of the most experiments partaking more of the brilliantly curious than of the practical form. Some of them have Thus it was that the spirit of medical inquiry out-shown, at least to their own satisfaction, that there is grew the confines the temples which, long after med- a saturation point of the blood beyond which it reical instruction had ceased to be given in them, re- fuses to absorb any more oxygen; overlooking the mained the strongholds of religion and still maintained imminent and practical fact that the average human their ancient mysterious ceremonies. The asclepion being, living under ordinary civilized circumstances, of Cnidus is known to have been in existence down seldom approximates the saturation point; and that to the time of Constantine, by whose command, in ordinary mortals are in about as much danger of common with other relics of paganism, it was razed being translated as of damaging themselves by an to the ground. The Asclepiadie of Cos gradually excess of the vital element in question. To this lost their influence over the multitude; their sacred dead-level of authorities there are a few notable exgroves and fountains were forsaken; and, at length, ceptions. Phillips cautiously, but convincingly, comduring the lifetime of Mark Antony, the Roman pre- bats the prevailing misconceptions, and our own fect, Turullius, regardless of the divinity which had Dalton refutes many of the absurd conclusions which once ruled within the precincts of its halfowed shade, had so long prevailed. It is now known that the decut down the groves and of the timber made his carbonization of the blood is not the principal office ships. Such was the fate of those noted temples of of the oxygen derived from atmospheric inspiration. medicine. Although long since destroyed, they have The experiments of Magnus show that from ten to left an influence upon our art which will last as long twenty five per cent. of the oxygen inspired by a as time itself. It was from this family of priest-physi- human adult is absorbed directly and in a free state. cians, the Asclepiadae, that Hippocrates, the Father into the blood. The affinity of blood, arterial as well as venous, for oxygen is shown to be very great. Compared with that of water the ratio is as 21/2 to 1. This is doubtless the key note to the action of oxygen, therapeutically exhibited.

Dalton has shown that the carbon dioxide constantly exhaled by all animal bodies is not all formed by contact of the circulating fluid with the oxygen of the air. It already exists in venous blood before it reaches the lungs. Hence, it is constantly being formed in the tissues themselves, as well as in arterial blood; since the same authority shows that both carbon dioxide and free oxygen exist in arterial blood. According to Magnus there is a nearly constant relation between them, the mean proportion being, by volnme, as 10 to 25 in arterial, and as 10 to 40 in venous blood. If these premises be accepted, and no one has as yet disputed them, carbon dioxide is not, as generally taught, wholly the product of respiration. No doubt a small portion of that expired is formed at the moment of contact of atmospheric oxygen with the carbon-loaded blood as it reaches the aircell, but more of it already exists in the circulating fluid. The venous system is thus seen to be a colthe various processes of reconstruction.

tion of the office of oxygen. In fact, modern physic results of this universal oxygen famine. ologists have proved that the whole theory of heat the system.

or scientifically answered.

ordinary atmosphere; and hence, that any attempt being made. in this direction is not only uncalled for but practicthe disastrous history.

lector of waste products—the complete sewerage of of superficial laboratory erudition or bacillus-staining the vital economy. In the pulmonary circulation to give them mock dignity. Nevertheless, they apoxygen is freely and promptly absorbed, and carbon peal to the hard common sense of every practitioner dioxide given off, while in the systemic circulation of medicine who realizes how helpless he is to relieve oxygen disappears and is constantly being utilized in the many and multiplying forms of disease, constantly being analyzed by the aid of the scalpel and It is evident that the ancient assumption respect- the microscope, with a minuteness of detail which is ing vital combustion is very imperfect as an explana- fairly bewildering, and which are the direct or remote

Inspired oxygen passes in a free state into the production in the animal system, considered as a arterial blood and is distributed throughout the endirect result of combustion, is lame and unsatisfactire system, thus coming into intimate contact with tory. It is a well known law of physics as well as every remotest tissue and cell. Keeping in view this the result of common observation that slow oxida- fully admitted fact, how can its ultimate influence on tion is not the source of any considerable degree of the vital economy be estimated? It would be a heat, and vital caloric has another explanation than waste of time to prove that the blood can and does, that of the combustion of carbonized material within under certain circumstances, absorb an unwonted increment of oxygen, since as already asserted, a What becomes of the 10 to 25 per cent. of oxygen large majority of the race live under conditions so constantly absorbed by the blood? Is its office which positively prohibit the utilization of anything to supervise the general processes of metamorphosis, like a normal supply. That medical mountebanks without which the animal cannot exist? Does it pre- have made capital out of the word oxygen is no conside alike over digestion and assimilation, and does the cern of ours. They did the same for electricity, for absence of it render possible all the various forms of hydrotherapy, movement cure, and massage; which, mal assimilation, including those which result in once extolled as panaceas, are now universally recogglycosuria, lithæmia and the various diathesis—even nized as valuable and sometimes indispensable allies. the tubercular? Does it incidentally, here as else. But in spite of drawbacks in the shape of prejudice, where in nature, intercept toxic tendencies, destroy time, care in manipulation, and expense, the medical septic and putrefactive germs, prevent degenerative use of oxygen and its principal ally nitrogen monchanges and retard or render inert the slowly form oxide, is steadily on the increase. A large number of ing elements of malignant growth? Is it used in the reputable practitioners in this country are quietly end as an essential materia elimentaria? These are experimenting with these agents, and carefully notquestions which have been asked, which are, in fact, ing results. Abroad there is even more interest constantly being insinuated by science, but have shown. The subject is yet without a literature, but been as yet only empirically rather than satisfactorily materials and data for this was steadily accumulating. Lately, Dr. Powell, of this city, read a suggestive A large class of physicians at the present time paper before the New York Academy of Medicine on flippantly dispose of the question of the therapeutic the use of ozone in phthisis. The February number value of oxygen by citing the current saw about the of the South-Western Medical Gazette has a short saturation of the blood. They repeat that scientific paper on the subject, by Professor F. C. Wilson. stupidity which assumes that the free oxygen in the The London Lancet, of recent date, contains a short, blood cannot be increased beyond the limited quan- but pertinent paper on the remedial value of oxygen. tity which it constantly and readily receives from the Thus, a slow but steady progress in this direction is

It is evident to the most casual observer that the ally futile. Granting that this assumption is true, medical science of the future must be largely based the objection practically falls flat. If the human on a study of natural therapeutics. The artificial race could be turned adrift, in a body, and should and far fetched are daily losing caste. The profeslapse into the primitive life of nomads, it might be sion long since lost faith in dispensatory routine, and feasible for each individual to realize his due quota the lay public is gradually becoming infected with of the vitalizing element. Unfortunately civilization the same skepticism. The heyday of pharmacoimplies a sort of human hibernation, and the average mania has passed and the inevitable reaction has modern individual is compelled to eke out his dis- already set in. The routinists no longer take front ease pestered days on one half this allowance, or rank. They must henceforth become the rear-guard even less. The result is inevitable. Functions are and camp followers of the army of progress. With imperfectly and incompletely performed; changes out realizing it the profession is quite generally comand metamorphic processes, though initiated, neces mending oxygen. Every patient sent on a sea-voysarily flag and result in half formed tissue, or in pro- age or to the mountains, is a walking certificate as to ducts inimical to the healthy organism. Toxic, car its efficacy. Every argument in favor of open air bonaceous elements accumulate, degenerative pro-life, roughing it on the plains, a sojourn in Southern cesses are set up, and chronic disease is the inevitable California. Italy—in short all travel, is a plea for result, if even malignant demonstrations do not end oxygen. Many of the newer antiseptics and parasiticides have been found to depend on free oxygen These are homely facts, and they have no glamour liberated during decomposition within the system, or

in contact with the tissues. The terebene group mit the most efficient form of office treatment. Conmay be cited as an example. Theories, however, trary to expectation, the thorough use of the portaare not so important as clinical facts. A few brief ble form of oxygen four times a day is followed by sketches of further cases treated are appended:

gastric catarrh of unusually severe type. After six within a week or ten days she is enabled to partake weeks daily use of oxygen (modified and diluted,) of nourishing diet, and to digest it. In connection together with hot water drinking-very little atten- with the inhalations this patient is directed to take tion being paid to her diet—she fully recovered, and internally, of the 15 volume solution of hydrogen became more robust than for many years.

Case 22.—Mrs. C. R., age 63. Suffered some years since with spinal meningitis and has never ment is steady in all directions. fully recovered. Convalescence was followed by epileptoid convulsions and hysterical phenomena of various kinds. At present is subject to paroxysms of dyspnæa, simulating ædema of the lungs. Each paroxysm it is thought will prove fatal. Modified oxygen was carried to the bedside in rubber bags, twice daily, and during the intervals the patient was kept supplied with a solution of hydrogen dioxide which was vaporized and inhaled.

This treatment was continued for three weeks, with the gratifying result of clearing up the lungs, removing the dyspnæa, and greatly aiding the diges tion, which had become seriously disordered. Nor strangulated inguinal hernia of the right side. The was there any relapse on leaving off the remedy. This patient died six months later from degeneration two inches thick. The symptoms which ordinarily of the cord. (at least so reported by the attending accompany strangulated hernia, such as intense pain, physician) the dysphæa not having returned.

memory and caused ocular troubles. The paron a mixture of O, N_oO and common air, viz.:

R. O, two volumes. N₂O one volume. Common air three volumes.

Of which two to four gallons were inhaled night

Two weeks treatment greatly relieved the parno longer troubled. The head is cool, the eyes clear, and the paroxysms do not now recur.

severe and constant cough, with "soreness" of the and warm water enemata frequently injected into the lungs, loss of appetite and general malaise. Is very bowels during the same period. That night a slight much frightened lest it be already incurably seated nausea was developed, though there was little pain

office for treatment, is placed upon the daily use of and the temperature did not rise above 100°. the portable variety. Continuing the inhalations carefully night and morning for four weeks, she restrangulation occurred, believing that without the use ports that her cough is gone and appetite excellent. of the knife the obstruction would not be removed, The soreness no longer troubles her, and she has we determined on an operation. When the sac was given up "dying of consumption" for the present.

years subject to constant neuralgia-trifacial-of the inot gangrenous. But, in accordance with later teachmost aggravated form, accompanied by severe chronic ing on that subject, and from the fact, as we believed, dyspepsia. Stomach tolerates very little food of any that omentum which has been strangulated over four kind, and her sufferings are agonized in the extreme. days will not likely have its circulation restored if re-It is hardly thought that treatment will do much for turned to the abdomen, we decided to ligate and exher, especially since her circumstances do not per-cise it. We therefore ligated the protruding omentum

marked and immediate relief of the paroxysms. Case 21.—Mrs. S., age 32, suffering from chronic The digestive system also promptly responds, and dioxide, a teaspoonful, well diluted, before each meal.

This treatment is still being followed and improve-

491 West Twenty-Second Street.

A REMARKABLE RESULT FROM AN OPERATION FOR STRANGULATED HERNIA.

Read before the Wayne County (Indiana) Medical Society. BY S. S. BOVD, M.D.,

OF DUBLIN, IND.

On May 17, 1886, I was called to see John Leeson, aged 52 years, who was suffering from direct tumor below the ring was about five inches long and sickness and vomiting, being absent, and as I had, Case 23.—P. E., age 22. Subject to periodic two months before, reduced a similar strangulation in headache of so severe a type as to have injured his the same patient, of four days' standing, by taxis after anæsthetizing with ether, I thought it safe in oxysms are generally a true migraine and of fairly this case to make an effort at reduction by the same explosive violence. They recur from once to three means. Being assisted by Dr. H. B. Boyd, we had times per week quite regularly. Placed this patient the patient placed on a broad board, which was inclined at an angle of about thirty degrees from the horizontal, with his head downwards, his head and shoulders being supported by pillows, I resorted to the usual manipulations. After pursuing this course three and a half hours we abandoned the effort in that direction.

Dr. C. N. Blount was then called in consultation, oxysms, and in four weeks patient assures me he is when we concluded, as the symptoms were still not urgent, to try the topical application of ice. During the next eight hours blocks of ice of about a lb. Case 24.—Miss W. M., age 24, teacher. Has weight were continuously applied over the tumor, "consumption." The family history is not favorable. or other unfavorable symptoms. The pulse, which October 20.—Not being able to come to the had not been over 80 per minute, was not increased,

On the morning of May 20, the fifth day after the opened it was found to contain omentum only. The Case 25.—Mrs W. A., age 62. Has been for distal end of the contained omentum was dark, but ble, then incised the omentum as near the ligatures that I was mistaken in my former diagnosis, as the as practicable, and after enlarging the stricture, we child was not cyanosed, the skin having regained its returned the stump into the abdomen. After placing normal color. I treated the case for bronchitis. three deep sutures in the wound, the usual dressing completed the operation. The removed omentum ago, when I was called on to make a post mortem exweighed nine ounces. It was about four inches long amination, the child having died from the effect of and one and one half inches thick, and nearly round, disease at the end of the sixteenth month. being a little larger at the proximal end.

during the next three days.

entirely on milk diet. After this a little bread was monary veins emptied into left auricle.

added to his three meals per day.

patient passed per anum one of the ligatures used in dition, and as to the manner in which the circulation ligating the protruding omentum above mentioned, was carried on so as to sustain the life of the child and at the same time there was found in the stool of for sixteen months. I would also like to hear of any the patient a piece of what was supposed to be a similar cases, if there be any on record. part of the omentum devoid of its fatty substance. The pulse and the temperature again rose to 100, but fell back to normal the next day. Three days later another one of the four ligatures used in the operation was found in one of the patient's stools.

At no time during the treatment of the case did the patient suffer much pain; and there was but little swelling of abdomen. Opium was freely used from the time of the operation until the patient was considered out of danger. It is now nearly nine months since the operation, and the patient is well and pursuing his occupation as a farmer.

UNUSUAL CARDIAC ANOMALY.

BY A. M. HAYDEN, M.D.,

OF EVANSVILLE, IND.

similar case on record. The case is as follows:

ble prognosis.

the child. I found that it had grown but very little, and was much emaciated, not weighing more than ten or twelve pounds. It was suffering with a well-marked case of chronic bronchitis, mucous râles beof the failures was a principal object of the paper.

ir, four parts, as near the point of stricture as possi- ing distinctly heard on both lungs. I now concluded

Heard nothing more from case until a few days

Autopsy revealed chronic bronchitis, with hepatiza-On the 21st the patient was resting well; pulse tion of lower lobes of both lungs. Heart enlarged. 100, temperature 100°. On the 22d the pulse was Hypertrophy of walls of ventricles. Foramen ovale 110, temperature 100. Pulse and temperature de-pervious. Right auriculo ventricular foramen normal. clined from last date until the 27th, when warm water Left auriculo-ventricular foramen normal. Foramen enemata were freely used. On the 28th, after having one half inch in diameter connecting right and left removed, mechanically, a large amount of impacted ventricles. Auricles slightly dilated. The pulmonfaces from the rectum, the bowels were freely evacu- ary artery took its origin from both right and left ated. On the 29th the temperature rose to 102°; ventricles, the cavity of the artery dividing in the pulse to 100, but both fell back to nearly normal wall of the heart into two equal parts, one terminating in each ventricle. The aorta took its origin from Up to this time the patient had been nourished left ventricle, and seemed to be normal. The pul-

I report the above case with the hope of eliciting On June 6, seventeen days after the operation, the comment, both as to the probable cause of the con-

Evansville, Ind., December 17, 1886.

MEDICAL PROGRESS.

TREATMENT OF HERNIA BY SUBCUTANEOUS IN-JECTION.—At the meeting of the New York County Medical Society on December 27, Dr. W. B. DE GARMO gave a brief history of the treatment of hernia by methods purporting to be subcutaneous, the object of all of which had been, up to the time of the publications of Heaton's method, to cause obliteration of the hernial sac. Heaton had been practicing his method, and obtaining many cures, since 1843, but he refused to make it known until 1877. Heaton made no attempt to destroy the hernial sac; the whole object of his operation was to so fortify 1 wish briefly to record a case of cardiac anomaly the fibrous tissue surrounding the canal that protruwhich is altogether different from any case that I sion would not occur. His method stood alone; it have ever seen, and so far as I can find there is no differed in every way from previous methods of subcutaneous treatment; the fluid injected was astrin-I was called to see the child when one week old, gent and mildly irritant, and its action was brought I found it fairly well developed, weighing eight or to bear upon the muscular and tendinous structures nine pounds, with more or less incomplete, though of which the inguinal canal was composed, and upon marked, cyanosis. Breathing was labored, and there the connective tissue which bound these layers towas a slight cough. I made a diagnosis of non- gether. That improvement and practically cures closure of the foramen ovale, and gave an unfavoral would result from injections of this oak-hark solution the reader had had abundant evidence, and he could I was superseded by a physician of considerable also state that it was practically without danger, at reputation, who pronounced my diagnosis incorrect. least when correctly employed. Several years ago Thirteen months later I was again called to see he stood almost alone in indorsing the method, but

the operation, and this was in great part due to the every instance be cured by Heaton's operation. manner in which Heaton placed it before the profes Dr. R. F. Weir said that the last time he looked hernia of recent date, in which but few pathological Feb. 19, 1887. changes had taken place, that were most readily cured by this method. That many errors had been cent. 3. That many extreme cases uncontrollable empty the uterus of its contents more promptly. by means of a truss could be brought under control. Thinking that the condition of the womb during by the operation. 4. That it was followed by im- the early months of pregnancy must be similar to

In the first place, too much had been expected of dren not cured by mechanical means could in almost

sion. It was quite natural that he, after so large an over his records he had performed Heaton's operaexperience, should have met with greater success tion seventy or eighty times, and the proportion of than the general operator. Then the method had cures was between one third and one half—nearer been put to unfair tests. For instance, he had one-third than one-half. At first he had made some known patients to be allowed to go about immedi of the errors in operating mentioned by Dr. De ately after rising from the bed, seven or ten days Garmo; in one instance he had inserted the needle after the operation, without any support. They had so far as to inject some of the fluid into the abdomeven been instructed to cough or strain in order to inal cavity and set up inflammation. The patient test whether or not the hernia would recur. A' died some months later from another cause, and at second error was the anticipation of a cure in old the autopsy there was evidence of his having inhernize by a single injection. In these hernize the jected the fluid into the omentum. He employed sac was largely dilated and the canal shortened, and Heaton's bandage sometimes, but he preferred superthere was a funnel-shaped opening at the internal ring imposed strips of adhesive plaster. Where the -conditions most favorable for the protrusion of the hernia was large, he thought the open method was hernia—and it was very necessary to continue wear- the better. In general, his experience confirmed the ing a support. It was cases of oblique inguinal views of the author.—New York Medical Journal,

ARTIFICIAL ABORTION BY EVIDEMENT.—In the St. committed in the performance of the operation he Petersburg Med. Wochenschrift, No. 45, 1886, Weidehad abundant evidence. One error in operating MANN, of St. Petersburg, calls attention to a plan for consisted in puncturing the scrotal tissue invaginated rapidly emptying the pregnant womb, that in the two by the finger, instead of inserting the needle directly cases in which he has used it has proved eminently into the canal. In order to enter the canal without safe, prompt and in every way satisfactory. A case injuring the cord he deflected this for convenience to of incessant vomiting of pregnancy, in which he had the outer side, instead of to the inner, as advised by had great trouble in inducing abortion once before, Heaton. Immediately and for some moments after caused him to study anew the various means for prowithdrawing the needle he made firm pressure over ducing abortion and to try to find a safer and promptthe point of entrance to prevent the return of the er method than the ones usually employed. The fluid in the track of the needle. Some English surcase was as follows: A woman, at. 26, applied to geons laid the sac open and smeared it with the fluid, his clinic in December, 1885, for relief from incesbut there was nothing to be gained by this method, sant vomiting. She had given birth to five children, while it added danger. The reader had never ob without any complications except some moderate served abscess develop from subcutaneous injection. vomiting during her pregnancies. One year before, He employed a particular syringe to make the in-being again pregnant, vomiting became incessant jections. The subsequent management of the case and refused to yield to treatment. At that time was as important as the manner in which the opera. Wiedemann had induced abortion. He had dilated tion was done. The strengthening of the walls of the the cervical canal with sponge tents, introduced the canal was a slow process, and not to wear a support, sound, perforated the membranes, and made hot vagat least for some time after the operation, was only inal douches every four hours. Although these proto invite a return of the hernia. On the other hand, cedures had been repeated daily for six days, they too firm pressure was to be avoided as tending to merely brought on pains lasting for several hours. weaken the tissues which it was desired to strengthen. On the sixth day he had chloroformed the patient The patient should be confined a week or ten days, and had scooped out the contents of the womb with and longer in extreme cases. He had usually em- the Simons' curette, though not completely, for after ployed during this time the bandage devised by twelve hours homorrhage with pains set in and some Heaton. Last March he had called attention to a shreds of placenta came away. Although he had modification of Heaton's method which he believed been careful to work antiseptically, an endo-paremeto be important. It consisted in making repeated tritis gave rise to fever for a week. She is now again injections of a small quantity of the fluid when the two months gone in pregnancy, and the vomiting patient had to continue at his business, and causing again refuses to yield to treatment, even the much-him to wear a truss in the meantime. His conclu- lauded cocaine fails of action. She is rapidly sinksions from seven years' experience with Heaton's ing, her pulse is 120-150, and the temperature is submethod, during which time he had employed it in over normal. The patient's condition being so low, his a hundred cases, were: 1. That it was free from previous experience having shown that her womb redanger. 2. That over 45 per cent. of all cases acts so badly, and the chance for infection being so could be cured by it, and in select cases 50 to 75 per great, made him adopt a method by which he could

provement in almost every instance. 5. That chil-that of placental polipi, which we are in the habit of

concluded to empty the womb in this manner. As with water, and heat applied. As soon as the milk The lying in was normal in all respects. No fever, fant feeding is obviated.—Memorabilien, Hft. 4, 1886. the pulse rapidly became lower, the vomiting stopped at once, subinvolution progressed normally, the lochia ninth day, when the patient was dismissed with much woman to again perform abortion on her, but refused her, as he could find no indications for the operation.

clinic by the same method on a married woman, æt. 23, pregnant twelve to fourteen weeks, who had a contracted pelvis with a conjugata of 6.0 cm., and who refused to have abdominal section performed at term. The operation was as successful as the first, duration twenty minutes, very slight hamorrhage,

lving-in normal.

by him, forced dilatation in narcosis and evidement the lymphatic glands greatly swelled and suppuratof the ovum, has not heretofore been used for the purpose of interrupting pregnancy, and hopes by this report to induce his colleagues to give it a trial, for he believes that this operation, so frequently employed for other purposes, should be especially adapted to produce artificial abortion, as it is simple, rapid and safe, and enables us to avoid many of the dangers of abortion.

INFANT FEEDING.—SOXILET starts from the premises that milk in the glands is free from germs, as put into bottles, closed with rubber stopper through | Lancet, Jan. 20, 1887.

treating by forcible dilatation and curettement, he which a hole is pierced, the bottles placed in a vessel cordingly, on December 23, 1885, the patient was in the bottles has expanded to its highest degree, a chloroformed, the parts disinfected with corrosive well fitting glass plug is inserted into the hole in the sublimate solution, and the womb drawn down with cork, and the water is then made to boil for thirtyvulcellum forceps. The cervical canal being dilated five to forty minutes. This may be repeated two or to admit the index finger by means of Fritsch's die three days, and such milk may be kept in a cool place lators, the feetus and its adnexa were removed with for three or four weeks without turning acid. Before Martin's spoon, and under continued irrigation with using the milk the bottle is placed in a vessel with thymol solution all parts of the placenta and the de- water and heated to $97\frac{1}{2}-98\frac{1}{2}^{\circ}$ F., the stopper is cidua were completely taken away. Hæmorrhage removed and a clean nursing apparatus is attached was very slight and ceased with the completion of to the bottle. Milk left over and milk in open the operation. Time from beginning of the dilata- bottles must not be fed. The bottles and nursing tion to complete removal of the ovum and its mem- apparatus must always be kept scrupulously clean. branes, twenty minutes. It was not possible at this Soxhlet affirms that he has evidence to prove that stage of pregnancy to remove the ovum in toto, for milk preserved in this manner does not exert the on account of the length of the cervical canal his least injurious influence on the infant's digestive finger could not be carried up to the fundus uteri. tract, and that thus one of the main obstacles to in-

INOCULATION OF FUBERCULOSIS IN A CHILD. were serous by the second day and ceased by the The custom of the Jews of sucking the wound after circumcision, the sucking being done by the operaimproved strength. As a matter of interest, he would tor, by a relative, or by an acquaintance, has freadd that four months afterwards he was asked by the quently given rise to syphilitic infection of the child, and many such cases are on record. On the inoculation of tuberculosis in this manner we have only On May 6, 1886, abortion was performed at his the communication of Lindmann (Deutsche Med. Wochensehr., 1883, No. 30, ten cases), and that of E. Lesmann (Deutsche Med. Wochenschr., 1886, No. g, et. seq., ten cases, all infected by one person). Elsenberg reports in Gaseta Scharska, No. 18, another case, which is interesting because only the discovery of tuberele bacilli by the microscope enabled the observer to differentiate the affection from syphi-Wiedemann thinks that the method recommended litic infection, the surface of the ulcer being gray, The operator who had infected the child, to outward appearance seemed healthy, though he coughed a little. Tubercle bacilli were found by Elsenberg, in the operation, and also by Prof. Hoyer. Laryngoscopic examination revealed some true tubercles on a somewhat infiltrated base in the interarytenoid space.—St. Petersburg Med. Wochenschr., 1887, No. 1.

Torsion of an Incisor Tooth.—Mr. Smale mentions in the British Journal of Dental Science the, shown by Eister and Escherich, and that the germs case of a boy, aged 8, who had the right upper centhat give rise to fermentation enter the milk after it tral incisor twisted so that the mesial surface prehas been taken from the glands. He finds the reasesented towards the lip. The tooth was grasped son for the fact that infants thrive on mother's milk, firmly by a pair of straight-bladed forceps and and are so apt to suffer from digestive troubles and twisted into a good position, care being taken to to lose ground when fed on cow's milk, not in the press the tooth firmly into the socket during the opslight difference in the chemical constituents of the eration. It was tied to the surrounding teeth with two milks, but in the manner in which they get to silk twist in order that it might not return to its old the child, the former direct from the breast, the latter position. A week afterwards it was quite firm, the only after it has had all opportunities to become con | tooth could be tapped, and he could distinguish betaminated with impurities and fermentative product tween hot and cold applications. There was no dising causes. To avoid this danger when it becomes coloration, and the gum was quite healthy. Torsion necessary to feed an infant on cow's milk, he advises may be used freely before the patient arrives at the that it should be sterilized as soon after milking as age of 12 years, and should be always done at one possible. To accomplish this the milk should be operation. It is only applicable to the incision.—

THE

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THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters, that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All com-

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THE PATHOLOGY AND TREATMENT OF EPHLEPSY.

of Medicine Professor Wm. H. Thomson, of the explanation of the phenomena noted he believes to University Medical School, read a paper on the befound in the fact of a wholly unaccustomed irri-"Pathology and Treatment of Epilepsy," based on tation in a centre habituated to act in response to notes of sixty consecutive cases in practice, in which, sensory impressions. The hypothesis of a sudden he advanced some rather unusual views, among which suspension of the ordinary suspensory functions, he was the opinion that all convulsive seizures of an epi- thinks, fully accounts for all the phenomena observed leptiform character, whether due to a temporary peri- in epilepsy. pheral irritation or not, as convulsions from dentition, for example, really belong to true epilepsy.

and essential element in epilepsy; it is the single epilepsy is to be found in the sensory, rather than the truly sudden disease, the only affections resembling it motor, centres, he has grown much less skeptical of in this particular being laryngismus stridulus and the advantages of treatment in this disease than formspasmodic asthma, though in these the suddenness is erly. The first thing to be aimed at is the improvefound not to be absolute as in epilepsy. Apoplexy, ment of nerve-nutrition; and by far the best agent for hemiplegia, sunstroke, etc., being accidents, cannot this purpose is cod liver oil, which he prescribes as be strictly compared with epilepsy: nor are hyster regularly in epilepsy as in phthisis. Phosphorus is also ical and neuralgic attacks so sudden as those of epi- a useful remedy in this connection. Like the great lepsy. Furthermore, Dr. Thomson regards petit mal mass of physicians, he has found the bromides the as the most real form of the disease. In regard to best agents for controlling peripheric irritation, and the cell discharge or explosion theory, the views of he has found cod-liver oil of very good service in Hughlings-Jackson, and Nothnagel's "convulsive cen- counteracting their debilitating effects. When there tre," he thinks that if no other form of epilepsythan is persistent cortical irritation, as indicated by muscontrol of sensory impulse, and a sudden suspension. Digitalis he uses in all cases characterized by vas-

of the regulating sensory impression may result from a variety of causes. Any irregular motor phenomena are therefore due to a loss of the customary sensory influence; and this, he thinks, explains the clinical facts of epilepsy without the necessity of supposing any additional nervous force being called into action.

He considers the phenomena of epilepsy to be the munications in regard to editorial work should be addressed to the Editor, effect of an afferent sensory impression when some abnormal condition of the nerve centres is present. What this condition may be he is not prepared to say, but it seems most probable to him that it is one of malnutrition. If asked if he would assert that all cases of epilepsy are attended with sensory impressions in the face of the well known fact that in certain instances there are definite lesions of the brain present, he would reply that we do not get rid of the sensory element when we enter the cranial cavity. A syphilitic gumma of the brain may be as truly an excitant of sensory irritability as an external impression. He does not hesitate to acknowledge that a motor centre may be excited by the application of At a recent meeting of the New York Academy an electric current after trephining the skull; but the

As regards his treatment of epilepsy Dr. Thomson says that of late years, since he has based his thera-Dr. Thomson regards suddenness as the invariable pentic measures on the hypothesis that the lesion of petit mal had ever been observed the explosion the- cular twitchings during sleep, he employs, with happy ory would never have been proposed. With Jackson results, the bichloride of mercury, or the oleate by and Gowers he is willing to grant that there is a inunction. He uses belladonna or oxide of zinc in motor discharge in every convulsive seizure; but all cases in which the attacks show any connection that it is a different matter to say that an attack of with disturbances in the alimentary canal, and when epilepsy is a motor discharge. He believes all motor there is reflex irritability he uses chloral hydrate or phenomena except the voluntary to be under the Hoffman's anodyne, in addition to the bromides.

charge of urine during the attack. He is also in the good results. habit of using, in a certain proportion of cases, a red pepper pack at night; I drachm of capsicum being used to the pint of hot water for this purpose. ROCKWELL read a paper on The Value of Electricity In one case a patient who ordinarily had two epilep- in the Treatment of Epilepsy, in which, among others, tic attacks a day did not have a single one for seven weeks after this measure was resorted to; the disease being completely arrested by the peripheral excitation thus secured. In his opinion, an important part of the treatment is the total exclusion of all butcher-, but in many instances it is of great service as an admeat for a period of two years; though poultry and juvant to the bromides. fish are permissible. Animal diet, he believes, predisposes to convulsions in direct proportion to the cially marked. quantity in which it is used. The tendency to convulsions in the carnivoræ, and the absence of this in herbivorous animals, are apparently due to the respective diet in each class. Another thing to be avoided is eating fast, as the too rapid mastication, be avoided, and the applications should not be conand swallowing of food seems to act directly on the tinued too long at a time. convulsive centre of the medulla oblongata. It is possible that the habit of eating too fast may thus termissions, for two years after all epileptic symptoms induce confirmed epilepsy. These points show, he have disappeared. thinks, the direction in which efforts should be made by which better results may be expected in the future, and the treatment thus be relieved of the grievous ourden of suspicion which it has borne so long.

to the pathology of epilepsy could be expressed be- adopted by the Legislature for regulating medical fore the Academy without discussion. It may be education and practice in the State of Minnesota. questioned, as Dr. Putzel remarked, whether any- As a whole the law is much better adapted for the thing can be considered epilepsy unless the convul- accomplishment of its legitimate purposes than most sive habit is established. But we cannot so certainly of the State laws hitherto enacted. Section 3 of the draw a line of demarkation between infantile con- Act, by enumerating the branches required to convulsions and true epilepsy, as 'Dr. Putzel seems to stitute a minimum standard of medical education; by think, as clinical experience shows that the tendency requiring the candidate to furnish proof of having to convulsions in children is closely associated with attended three annual courses of Lectures of not the epileptic diathesis, and that accidental convul less than six months each, and to undergo a full exsions are often the beginning of lifelong epilepsy; amination, both scientific and practical, by the State and we also know that many cases of epilepsy give Board of Examiners, without any regard to college a history of convulsions in childhood. But a con diplomas, is in strict conformity with correct princisideration of the pathology of epilepsy, and epilepti- ples of Legislation as briefly stated in The JOURNAL form convulsions, would carry us beyond the limits for March 12, 1887. The Section would have been of this article.

starchy foods, and he prefers that his patients should office, is very defective in some respects, and in

cular disturbance, or where there is involuntary distof the carbo-hydrates; and from this he has had very

At the same meeting of the Academy Dr. A. D. he drew the following conclusions:

Electricity possesses a certain value in the treatment of epilepsy.

It is not claimed that it can alone cure the disease,

In the nocturnal variety its good effects are espe-

The methods of application to be used are central galvanization and general faradization.

It is important that the agent should be administered with great care. Anything like a shock should

The treatment should be kept up, with suitable in-

MEDICAL LAWS.

In another department of this number of THE It could scarcely be supposed that such views as JOURNAL may be found a copy of the new law more complete and efficient if the term of study had been specifically stated as not less than three years, With one exception it seems that Dr. Thomson's and if to the branches of study required, had been views as to the treatment of epilepsy were generally added, attendance on Hospital Clinical Instruction endorsed. Dr. Win. H. Draper, however, did not during the second and third courses of Lectures. agree as to the danger of animal food; on the con- Section 1, which requires the Governor of the State trary, he is inclined to think that the origination of to appoint a State Board of Medical Examiners conan attack is more likely to follow the ingestion of sisting of nine members, and defines their tenure of use animal food and milk, and a diminished quantity direct violation of sound principles of Legislation in

others. For instance, the Section makes no allusion From a paper by Burckhardt, in the Centralblatt to any standard of qualifications, professional, moral, für klinische Chirurgie, No. 7, 1887, it seems that or social, necessary to render a person eligible for modern antiseptic principles applied to wounds of appointment by the Governor as a member of the the liver will considerably diminish the high mortal-Examining Board. So far as the language of the ity. The case is of sufficient interest to give rather law is concerned, he may select at least seven out of fully: In March, 1886, a workman was stabbed in its nine members from the ranks of mechanics, the left epigastric region, a little below the border of merchants, lawyers, or saloon-keepers, or he may set the ribs, and after receiving temporary medical atlect physicians who have not been out of college six tention he was taken to the Stuttgart Hospital. On months or practised in the State six days. And yet, admission he had not lost consciousness, but there as if to show the climax of inconsistency the law were all the symptoms of considerable internal specifically declares that "no member of any college hæmorrhage. In the left mamillary line, on a level or university having a medical department shall be with a free border of the ribs, was a wound about two appointed to serve as member of said board," but at and a half centimetres long, in which two sutures least two of the board must be "homoepathic physi-had been placed. The belly was distended; and cians," whether two such can be found in the State there was dulness in the lower abdominal region, but or not. Doubtless the Legislature of Minnesota in- above and to the fifth rib on each side percussion was tended that the Board of Medical Examiners should; tympanitic. The patient was chloroformed, the wound be composed of members of the medical profession, reopened and enlarged to 12 or 14 ctm., and search was and quite probable that the Governor will make his made for the origin of the hemorrhage. When the appointments in accordance with that intention, peritoneal wound was opened a large quantity of But it would have been very much safer, more in ac-black blood escaped. Several loops of intestine cordance with correct principles of Legislation, and were replaced and carefully sponged. The situation more consistent with the equality of citizenship, if of the wound was such as to give the idea that hæmthe law had clearly required the Governor to appoint orrhage proceeded from a large mesenteric or gastric a State Board of Medical Examiners consisting of branch, and the liver was not thought of, as no pornine members of the medical profession, of good tion of this viscus was perceived. The knife had general and medical education, of good reputation, entered transversely, however, and on drawing the and not less than five years resident practitioners in liver towards the wound Burckhardt found a wound the State, and avoided all invidious distinctions not in the left lobe of the liver 3 ctm. long, from which founded on personal qualifications.

place in surgical literature. When deep, especially, that it was necessary to terminate the operation they are usually considered necessarily fatal on ac- as soon as possible. He introduced and pressed into count of the resulting hamorrhage, and on account the wound of the liver six or eight pieces of iodoform of the peritonitis which will most probably result gauze, letting the ends hang out. The abdominal from the hæmorrhage. There is a reported case in cavity was then cleansed, the intestinal loops again which in a deep stab wound of the liver followed by cleansed and replaced, and the external wound hæmorrhage sufficient to distend the abdominal cave sutured in its whole extent, leaving, however, a place ity, laparotomy was performed, the peritoneal cavity, above for the introduction of a drain and for the recleansed, and sutures placed in the liver wound, moval of the pieces of iodoform gauze. A complete The patient rallied from a state of profound shock antiseptic dressing was then applied. The patient and collapse, and remained in an apparently good rallied well, and gained, in spite of a pneumonic condition for about twelve hours, and then died sud-complication, probably the result of an embolic dedenly. The peritoneal cavity was clean, the liver tachment from the liver. When the first dressing wound was closed, and there were no signs of peri- was taken off there was a small escape of blood, the tonitis. According to Elder the mortality of wounds remains of the peritoneal extravasation, which was of the parenchyma of the liver is 78 per cent, for soon followed by a small quantity of bile. On the incomplete ruptured wounds, 30.7 per cent, for shot sixth day the gauze was removed and replaced by a wounds, and 37.5 per cent. for cut and stab wounds; new drain. On the twelfth day bile ceased to esbut Meyer regards this estimate as too low.

a considerable quantity of blood was flowing. The probe showed that the parenchyma of the organ was THE TREATMENT OF WOUNDS OF THE LIVER. penetrated, below and to the right, to the depth of Traumatic lesions of the liver have but a small 5 or 6 ctm. The state of the patient was now such cape, and after nine weeks there was only a small

fistulous tract, caused by a piece of gauze which had delivered dead woman centuries before it was resortbeen forgotten; when this was removed recovery ed to on the living. So far as he could ascertain, the was soon complete.

Burckhardt calls attention to the value of tampons of iodoform gauze as an excellent means for arresting hæmorrhage, and, in such cases, of preventing the escape of bile into the peritoneal cavity. In spite of the friable nature of the liver sutures are perfectly practicable, as experiments on animals have shown; but they are seriously inconvenient. An incised wound of the hepatic parenchyma must involve some of the bile-ducts, and it is unlikely that these could be sutured with convenience or success; and to simply suture the liver tissue about them would result in escape of bile into the peritoneal eavity. But a piece of iodoform gauze placed in the wound will arrest both hamorrhage and escape of bile.

AMERICAN MEDICAL ASSOCIATION.—We invite the attention of our readers to the official notice of the next meeting of the American Medical Association in another column of this number of THE JOURNAL. The general sessions will be held in Central Music Hall, most conveniently located and admirably adapted for the purpose. There are gratifying indications of renewed interest in the Association in the most widely separated parts of the country. Let full delegations come from the East, the South, the West and the North; Chicago has room for all, and will give to all a cordial welcome.

SOCIETY PROCEEDINGS.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Stated Meeting, January 26, 1887. THE PRESIDENT, Jos. TABER JOHNSON, M.D., IN THE CHAIR.

H. M. Curts, M.D., Secretary.

The discussion on Dr. Jos. Taber Jourson's paper on

C.ESAREAN SECTION

(see pages 189 and 270), was continued.

Dr. J. F. HARTIGAN said that although he had listened attentively throughout this discussion, nothing had been said to change his first impressions as to the proper procedure to adopt when confronted with

first published histories of this operation on the living female-400 years ago-are just as misguiding as recent statistics; for the reason that only those have been reported that showed the most success, and we are left in the dark as to the numerous failures. In other words, more than 75 per cent. of the cases published have perished; while if the same pains were taken to bring to notice all the unfortunate cases, the supporters of this most formidable operation might be reduced to a minimum. The discussion of this subject has been going on elsewhere lately, and much of it seems to have been inspired by certain religious sentiment. But this is not a body of religionists. We meet to discuss medical subjects on a purely scientific basis, and to stand by those who place their lives in our hands, and trust us with them. He asked if it was right that a valuable life should be placed in further jeopardy in order to attempt to save one that has at most but a precarious existence. We will suppose that the operation is performed, and the child survives; it has only even chances of living up to the fifth year, and would such survival fill up the void left by the death of its mother? No, sir; our first and sacred duty is to the patient. In that terrible hour of trial we all have heard the cry, "Whatever you do, Doctor, save my wife!" Is there a man in this room who would turn a deaf ear to such an appeal, or who would any longer hesitate as to where his duty laid? He said he was no craniotomist, but the teachings of ages, as well as the dictates of conscience and humanity, compel us to treat our patients as we would treat ourselves, and to save that life which is of the most value.

My position on this question is best expressed in the following extract from Cazeaux and Tarnier, just published: "This operation may be practiced on the living female whenever the natural passages through which the child has to pass are so narrow, or so obstructed, that a delivery by the application of the forceps, or by symphysiotomy, is wholly impossible; and when the mutilation of the child itself would not permit its extraction without exposing the mother to the greatest dangers. It may likewise beresorted to for the purpose of saving the infant when the patient dies in the advanced stages of gestation."

Dr. G. Wythe Cook said that although we consider lives of equal value, still if confronted with the problem of an unborn child, the sacrifice of whose life was necessary in order to save that of the mother, there could be no doubt in his mind as to the choice. If more lives can be saved by the Casarean section than by embryotomy, then Cæsarean section is the operation to be done, for it is a serious thing to take the life of an unborn child, or even to teach that it may be done. Successes in Germany indicate that much may be hoped for in the direction of Casarean section, though the statistics of England and this country are not so encouraging.

He said that he spoke feelingly upon the subject, such a calamitous situation. The C.esarean opera- as some twelve or more years ago he was so unfortion is so ancient that its origin can hardly be traced. Itmate as to be called to a case in the country in the 'Tis enough to say that it was performed on the un- care of a midwife, in which the arm had been protruding for twelve hours; the shoulder was impacted, gical, or obstetrical science and human detormity, it but the child was still alive. Being unable to turn cannot be abolished without the sacrifice of life, which and deliver it, a consultation was called, the physicannot be saved in any other way, he could not percian attempted to turn, but was unsuccessful, as Dr. mit to go unchallenged some of the statements made. C. had been, though the patient was completely un- Dr. McArdle calls it "a deliberate and cold-blooded der the influence of chloroform. The consultant murder," and classes it with criminal abortion. That agreed that the child could not be born alive, but those of us who have been forced to the operation of would not consent to Dr. Cook's proposition that craniotomy on the living child should not be accredembryotomy should be immediately done, as the child litted with a conscience, rather surprises me. Quotwas still alive, and advised delay. Dr. Cook said ing from the debate of the last meeting we have the that under the circumstances he could but wait. The following: "The life of the child must always be child finally died, and was removed by embryotomy. considered, even at the expense of increased risk to The mother had septic fever, and died also. Here the mother." "Who will compare the unlimited posthe operation to be done in most of these cases, when duty to give the child a chance for its life, and per-

from having made any distinction between the rela-because she can bring a live and viable child into the tive ability of the country and city practitioner. In world? Is she only to be considered as a child-bearhis remarks he spoke of the "ignorant" as a class, ing machine? If so, a man is justifiable in putting away and made no distinction as to where they lived.

section is being taught as the operation. At a meet ing of the New York Academy of Medicine, June 8, his prerogative in constituting himself jury, judge and 188, Dr. Charles Carroll, Secretary, read a paper executioner. I would ask if it may not be as much on the "Future Influence of Surgery and Surgical the fault of the child's head in being too large, as of Resources upon Obstetrics." In the discussion, as the pelvic diameters in being too small, the woman reported by the Medical News, June 12, 1886, Dr. having already been a mother, with little less than a Polk is quoted as saying: "Before the obstetricians normal pelvis? Have not instances occurred where of to day lies the grandest problem that can possibly the descending head was so large as to be out of all engage their attention, viz., that in connection with proportion to a perfectly normal pelvis? Increase the Casarean section I do not doubt that within the our knowledge of pelvimetry until we can ascertain, next two years it will be possible to eliminate en- with mathematical exactness, the diameters of the tirely from practice the most repulsive of all proce pelvis, and yet we have no positive means of measdures, the destruction of the life of the feetus by cra uring the size of the child's head in the mother's niotomy. When this has been accomplished there womb until it is too late to do anything but sacrifice will have been achieved the greatest work ever done it, that we be not responsible for two lives instead of in surgery, and the honor of it will belong to the one. Will the most thorough knowledge of pelvimeobstetrician."

ing to Heyner, 102 mothers were lost, or sixty-two cretained after-coming head in breech presentations? per cent. But there were only 101 children survived, or in transverse presentations, when the membranes the rest being still-born, and as only one half are ex- have ruptured? the distorted body forced low down pected to attain the fifth year, this leaves only fifty into the pelvis, so low down as to preclude all possichildren saved of the 164- showing and infantile bility of moving it? All this occurring before we saw mortality of seventy per cent. So that, out of the the patient, possibly due to her living at some distance whole number-328-only sixty-two mothers and from us, and consequently unavoidable. Are not fifty children survived-112 in all. Now had crani- these instances, if there were no others, in which the otomy been performed, it is not unreasonable to sup-operation of craniotomy on the living child would be pose that at least 150 mothers would have been justifiable? When version and forceps have failed, value of the lives, who can sustain the Cæsarean sec- of the case, the woman's life slowly, but surely ebbing tion in the face of such figures?

tions, and that, in the present state of medical, sur-cumstances immovable, the disproportion between

was a case in which both mother and child might sibilities of the unborn child with the life of a woman have been saved by Casarean section. It is certain who cannot bring a viable child into the world?" I that nothing was gained by not performing embryot- contend that, if the two operations afford only equal omy. When it is taught that Casarean section is chances of saving the life of the mother, it is our the child is alive and can not be delivered per vias form Casarean section. If, however, there is greater naturales, there is no doubt in his mind but that the risk to the mother in submitting to Casarean section, country practitioner will have the nerve and the skill or, as is often the case, all odds are against her, we to perform the operation, and his successes will com- must endeavor to save her by sacrificing the child, pare favorably with those of his metropolitan brother. who has no certainty of life by the Cæsarean section. DR. S. C. BUSEY said that he must defend himself. Shall we only consider the life of a woman of value the wife who cannot bear him children, and seeking DR. T. E. McARDLE thought that the Cæsarean until he finds one who can. He who acts under such "conscientious discharge of duty" presumes beyond try prevent the necessity of craniotomy, or embryot-Dr. Hartigan said that out of 164 cases, accord- omy, in the case of locked heads in twin births? the Therefore, without regard to the relative or are rendered impossible from the peculiar nature away, from protracted pain and suffering, her life fur-Dr. J. R. Brownell said that, believing that the ther jeopardized by damage threatened to the lower operation of craniotomy, on the living feetus, is a uterine segment and soft parts through protracted perfectly justifiable operation under certain condi-continued pressure, the child under any other ciritate we will be responsible for two lives instead of one. that would only fail to "immediately kill" seven.

Dr. Busey disclaimed any intention on his part of remarks.

we agree, so that it needs no discussion.

tained in Germany.

Dr. Busey blames me, and also Dr. King, for stop- we did, would not perform it. ping the wheels of progress by teaching that a child American operators hang their heads in shame." I Lusk and Taylor to prove this assertion. As a mat-

the head and the pelvic diameters so great as to pre- do not think that Dr. Thompson himself would do or clude all possibility of its passing, and when Caesa- favor the repetition of an operation in general surrean section, under such circumstances, shows a magery that had 90 per cent. mortality, or, as Dr. Busey ternal mortality of from 80 to 90 per cent., if we hes- would put it, out of thirty-eight lives involved, one

Dr. Meadows has been quoted as being in favor of discussing the subject upon personal or religious totally abolishing craniotomy. On p. 270 of his book, grounds, and he had so stated at the beginning of his however, he states that he has performed "sixteen craniotomies with only two deaths." He probably Dr. J. Taber Johnson, in closing the discussion, could not have saved as many mothers by the Casasaid that while one was at a disadvantage in closing rean section. In speaking of the Cæsarean section, a discussion which had lasted over three evenings, on p. 292, he refers to a patient as "leaving her to there were several points to which he wished to call the terrible prospect of Cæsarean section;" and on attention. In the first place, he desired to thank Dr. p. 293 says: "I fully share Dr. Barnes's dread of King for his kind and complete endorsement of his the Casarean section." This does not look as if Dr. paper. Dr. Thompson had said that I recommended Meadows was a very ardent supporter of Cæsarean craniotomy in the United States and Casarean sec- section, whatever his opinions of craniotomy. For tion in Germany, where there were better operators. his part he would agree with Bedford when he says: Then he says that craniotomy must sometimes be "The man who would wantonly thrust an instrument done even to save the mother. In this last remark of death into the brain of a living fœtus would not scruple, under the mantle of night, to use the stiletto My paper was confined entirely to Cæsarean sec- of the assassin." Those who would wantenly kill a tion in the United States, of which I had full data; child; those who speculate in human life; those who and, knowing the feeling upon the subject, I entitled "kill at will," are the ones he would condemn. The it "Can the Cæsarean Section Supplant Craniotomy term "murderer" is a rather harsh one to apply to in the United States at the Present Day?" To this men who are acting as conscientiously as those who the answer was, No. Now, while I endorse all that do the Casarean section. Who does the "killing" has been said in favor of Casarean section, my con- when Casarean section is done when delivery is imscience would not permit me to agree that craniot- possible except by craniotomy, and both mother and omy should be entirely abolished. In my opinion, child die? Might not the broad-minded physician there is no comparison between the value of the life have saved the mother? The question is submitted of the feetus and its mother, and our duty is to her to the husband, and we hear the cry, as Dr. Hartigan first. Save them both if we can. Dr. Thompson says, "For God's sake save my wife!" There is no says that the Casarean section is a "cleaner and love for the unborn child under the circumstances, more perfect surgical procedure"--these words oc- while the husband does love his wife and would opcurred in my paper, so there again there is agreement. pose the risking of her life. Who of the audience The statistics quoted in my paper were not made by would submit his wife to the "increased risk" favored me, but by the surgeons of the United States who by one speaker? Where do we go for our authority performed the operations. These showed that of in these matters? and if we had a suit at law, to whom nincteen Cæsarean sections done in the United States or what should we refer? To the text-books-and during the past ten years, seventeen of the women there is not a text book published to-day that does had perished and fourteen of the children were still- not tell how and when to perform craniotomy. If we born, and that of the five Sänger operations per- were to pass a resolution to-night, declaring that the formed within the last five years all of the mothers doctors of the District should never do craniotomy, died. That is not a brilliant showing for our opera- and should adhere to it, the people would not have tors, especially when compared with the results ob- us in their houses, because they would consider us men who did not know our duty to humanity; or if

Prof. C. Braun, who has successfully performed could be "killed at will." Until there is a better several Casarean sections, and the Porro operation average than 90 per cent. mortality for C.esarean three times, states, on p. 691 (Lehrbuch der Gynäksection in our country, no one ought to be blamed ologie) when the operation should not be, as well as for holding on to craniotomy a little longer. To use when it may be done. He says: "This operation Dr. Busey's own way of arguing, let us compare the is not permissible when the parturient woman, in full last nineteen Clesarean sections in the United States consciousness and without indirect coercion, declines with nineteen imaginary craniotomies. In the former, the Casarean section. Further on he says: "It is with the possibility of saving thirty-eight lives, only not right to subject her to this operation without her seven were preserved; while in the latter, although consent, when she has been rendered unconscious by we start with only a possible nineteen, the number of disease, anæsthetics, poisons or intoxicating drinks." saved would not probably be as low as seven. Har- In this Braun differs somewhat with Drs. Busey and ris says of this mortality in the United States that "it McArdle, and agrees with me that craniotomy should makes him sick at heart to think of it;" and Parrish sometimes be done. Dr. Busev says that craniotomy says "it is a terrible mortality, and should make is inadmissible in the justo-minor pelvis, and quotes

ter of fact, they only condemn it in what we call the PH LADELPHIA COUNTY MEDICAL SOCIETY, higher grades of the deformity. As against this assertion Merkel reports, out of 100 craniotomies, thirty-seven in the generally contracted pelvis with only two deaths. Also we find that C. Braun, Speth, Schroeder, Créde, Spiegelberg, Charpentier and Barnes The President, J. Solis Cohen, M.D., in the explicitly advise the performance of craniotomy in the lower grades of the generally contracted pelvis. I would add to these Cazeaux and Playfair, and refer to the views of Parvin as quoted in my paper. Dr. Busey quoted four men as taking ground against craniotomy. Of these Lusk (p. 482), says that, under certain conditions, "delivery of the child with- large cystic ovarian tumor was considered the only out perforation is often impossible," and I personally indication for abdominal section, and, if other conlition of craniotomy. Dr. Busey has discussed the simply quietly closed. The dangers of the operation question from the proper standpoint of its scientific itself were so great that surgeons were loath to ingan and Cook have also viewed it from the same as tience to discuss the peculiar points made by him, nineteen separate morbid conditions.

The public and the profession are not yet ready for the abolition of craniotomy, and even most of the removal of ovaries and tubes not to the naked those who talk against it admit that there are cases eye diseased, we are most often compelled to operin which it gives the best, and perhaps the only ate for pain. The patients themselves, seeing nothchance to the mother. When there is a doubt in a ing amiss, are very loath to submit to "being case as to which operation is the most expedient, one opened" until their misery makes life a burden—at always wants advice and counsel. What is the use least this has been my own experience with women, of sending for a man who will not judge by the sympeto whom I always explain, in the fullest possible toms in the case, but who is bound by a cast iron rule manner, the exact nature of what I propose to do, never under any circumstances to perform craniot- and its consequences. It is gratifying to the operaomy, whose opinion you know is adverse? You are tor, who has finally been driven to this expedient, to aware that it cannot be changed by evidence or find gross lesions suitable for class demonstrations, reason, and are thus debarred from sending for him. but the most typical relief often comes where the In the case reported by Dr. Cook a living child was disease cannot be so easily demonstrated; and in allowed to die by delay and then delivered by embryotomy. Its mother died also as a result of this ing infiltration and cellulitic inflammation are often accordance with Dr. Cook's wishes, and with proper arrangements, the woman would probably have been saved. Dr. McArdle makes it appear that Polk teaches that craniotomy should be abolished. Polk only says that he hopes it will be abolished in two years; and I unite with him and all those who would utterly abolish craniotomy in hopes that medical science may, sooner than that even, arrive at such a state of perfection as to render "sacrificial midwifery" unnecessary: but at present, as argued in my paper, hands with the half dozen who agree with Drs. Busey and McArdle, and work with them to that end—but abolition of craniotomy is an aspiration, not an ac- as if a great weight had been lifted off her, and went complished fact."

Stated Meeting, Tebruary 9, 1887. (Concluded from page 278.)

CHAIR.

DR. H. A. KELLY presented the

RESULTS OF SOME GENERAL WORK IN ADDOMINAL SURGERY WITH CASES AND SPECIMENS.

Many here to-night remember the time when the know that Mr. Tait does not believe in the total abo. ditions were accidently discovered, the incision was aspects, and left out personalities, which is difficult terfere until the wretched condition seemed to warto do in such discussions. For my part, I desire to rant the risk. As, however, our race cultivated a discuss it in the same spirit. Drs. Bromwell, Harti- familiarity with the peritoneal sac, and learned its limits of toleration and intolerance, a bolder and pect. The latest speaker says, however, that "no more successful work was entered upon. With man is able to say which life is of most value." Per. dropped pedicles, innumerable ligatures for hæmorhaps if the mother were a relative of ours there would rhage, peritoneal toilet, drainage tube, and above all, be no difficulty in making up our minds. But Dr. an unremitting care to secure microscopic cleanliness McArdle, at the last meeting, was not quite so im- throughout, we have become masters of the situapersonal. In his written remarks, he quoted largely tion, and our failures, when they occur, are no longer from my paper. Dr. McArdle was the first in this mysteries. And with these improvements has come city to suggest the total abolition of craniotomy, and a recognition of greater variety of indications for therefore deserves the title of reformer. I cannot abdominal section, until, as to night, I am able to endorse his position, and have not the time and pa- present, out of twenty eight successive cases, at least

In the removal of small tumors in the pelvis, in cases where there are palpable tumors, the surroundpolicy. If embryotomy had been done sooner, in serious enough to delay convalescence, for a long time defeating the operator. Thus, if I were asked, in my own work, which of my cases had given the most gratification—that is, where had the relief been most typical and striking from a condition of suffering—1 would point out a patient who was for more than two years unable to take a step on account of the great pain in the right ovarian region; in addition, she was a most wretched sufferer throughout the whole time. There were no gross lesions in the ovaries, and it was long a question with me whether I cannot favor its complete abolition. I would join she had not some other serious organic disease, which question I debated under the most varied and patient efforts at general and local treatment, until, I believe now with Barnes, "that as yet the total with the removal of ovaries here shown, she rose up home to her parents and friends, a walking miracle. Mrs. W. She suffered ever since her first menstrua for their blood supply, and when they are torn loose, tion, from pains which left her a most degraded the bleeding is alarming; and it may be deep down picture of misery when she came to my office. I in the pelvis, possibly requiring an enlargement of found the remains of chronic ovaritis and the wiry the original incision, and then only seen with the uttubes of a chronic salpingitis and perisalpingitis, most difficulty of exposure and illumination. which had contracted down so tight and adhered to so many surrounding structures that they were ex- in 1886.] posed and removed with the utmost difficulty. This

ing that of removing an ordinary cystoma.

coverable before operation.

twice to overstretch the recti before I could proceed. should be made just above the umbilicus.

Secondly, in case of chronic peritoneal inflammation, the bleeding from the more superficial vessels content myself by briefly remarking, that she suffered of the abdominal wall may be extreme.

cling to the fingers until they feel as if they were tapped for what was believed to be a large ovarian clothed with several pairs of gloves, and just as useless. tumor. The fluid was straw colored and coagulated

barrassment of the operator is greatly increased, re- | Ogdensburg, N. Y., twenty months ago. | There had quiring a much larger incision, prolonged manipula-been no reaccumulation of the fluid, but she suffered tion, with difficulties of closure and subsequent constantly with dragging pains in the left side. I dangers.

draws down and anchors everything in the pelvis, ishment, I found in the course of a few weeks, while that the structures are elevated with extreme diffi- under treatment, that the tumor diminished and culty, and only a pedicle in the technical sense, can seemed to have shifted its site. Bimanual examinabe secured. The dangers of secondary homorrhage tion, while still revealing well-defined masses in the from this kind of a tie is, I know, very vividly before neighborhood of the uterns, yet yielded such a differthe minds of all operators of experience. It is, at ent find that I was disposed to distrust my records. times, about like tying the apex of a broad-based. As her suffering increased, I made an incision last pyramid. I tied off some broad ligament structures spring, and found the intestines universally adherent, on a fibro cystic tumor the other day, which im-like one great sac, but free from the abdominal wall; pressed me for all the world like putting a ligature the pelvic structures were so bound up that I could on a paper wall.

Lastly. These smaller diseased structures often Another case, well illustrating this point, is that of become parasitic on neighboring tissues and organs

[Dr. Kelly then read a table of his operations

In one of the patients operated on in 1886, I did patient has gained eighty pounds since the operation. what has, I believe, never been done before: opened These results, and some others 1 might detail had 1 the abdomen upon a diagnosis of hypertrophic cirtime, are undeniably brilliant; but cures are not rhosis of the liver, with the intention of puncturingalways so typical, and I am still often satisfied in hepatophlebotomy. The patient, about 40 years of this, my work, if I can but remove one element (per age, had a very large ascites, which had been treated haps the most distressing) of my patient's sufferings, for some weeks, but never tapped; and with full If my patient can only come back to me and say, confidence in the safety of a simple incision. I made "you have taken away that dreadful pain in my back a free opening, large enough to admit two fingers, and stomach; life is now bearable, before it was un- just below the umbilicus, thoroughly emptied the bearable," I am well content. One of my patients peritoneal cavity of two bucketfuls of fluid, and on exhibits this well. She had a rapidly growing tumor reaching the liver found the organ contracted and in the right ovarian region, which seemed in a most hob-nailed; I consequently closed the incision, which unaccountable manner, to prostrate her general healed perfectly. The fluid reaccumulated very health. I decided this to be a case of extrauterine slowly until the man died, some weeks after, in the pregnancy, and I believe my section proved it. She natural course of the disease. My friends, Dr. R. is now like another woman, although still under P. Harris, and Drs. Freeman and Bradford, residents treatment for an induration of the left apex, undis- of the Episcopal Hospital, were present. I had long intended to use this direct method of abstracting I do not claim wonders for this field of work. I blood from the liver, in view of my experiences in claim for it what is asked for other fields of our art— hospital and private practice since, before Dr. George that the results justify the means. It is of results 1 Harley recommended plunging a trocar into the wish now to speak, with a brief preliminary as to liver through skin, subcutaneous tissues, and two diriculties. The difficulties encountered in handling coats of peritoneum, in the right hypochondrium, small pelvic tumors are often very great, far exceed—with the same end in view—hepato phlebotomy. If, however, I am going to draw blood from this organ First, the abdominal walls, which have never been in a state of inflammation, I prefer an incision free distended, press tightly down upon the contents, and enough to allow me to handle the organ, and, under the recti pinch the fingers like a vice, utterly defeating full control of the eye and touch, to direct the trocar any effort to catch or raise pelvic viscera, and this in to the proper place, free from the danger of woundspite of ether and chloroform. I have been obliged ing other structures or large vessels. The incision

As to another case, that of my office nurse, I will constantly for four years with a dragging pain in the Thirdly, the intestines, in this close sac, often left side, and two years ago last December, she was Fourthly, when the patient is very obese, the em-spontaneously in the bucket. She came to me from found here masses attached to the left cornu uteri, Fifthly. Cellulitis, so common a concomitant, so which I mapped out in my book; but, to my astondefine nothing. Some serous fluid oozed up into the

incision and coagulated in situ. This was carefully small quantities of a slimy, watery fluid as well. cleaned out of the whole peritoneum, a piece of From that time up to admission he vomited blood, membrane, containing isolated tubercular granula- dark in color, small in quantity, but once or twice. tions, snipped off for microscopic examination, and Does not remember any sudden onset of pain, the incision closed. She apparently made a perfect chill, or any symptom pointing to perforation of the recovery, and returned to New York, doing a great stomach, or acute peritonitis. His weight last winter deal of hard work all summer, (had not been so well was 190 pounds, but at date of admission he was for twelve years). She returned to me upon my remuch emaciated, complaining of severe and conturn from Europe, and, until seven weeks ago, re- stant pain over the upper portion of the abdomen, mained in perfect health. The old pain then began especially in left hypochondriac region, not being to distress her again, and with it was a continuous able to bear the slightest pressure. There was a elevation of temperature. After waiting until it was small prominence, slightly firmer than the rest of the impossible for her to drag herself around any more, abdominal wall, situated below the margin of the I again made an abdominal section, by a smaller in-ribs, one inch to the left of the median line, ovoid in cision to the right of the old incision, for the purpose shape, the horizontal diameter being three inches, the of cleaning out the cavity and dusting well with vertical diameter two inches in length. Over this iodoform. She insisted upon preparing everything area the percussion note was somewhat dulled -i, e, for the operation herself, and lay down upon the on light superficial percussion; the motion of the table and submitted to the section without a general diaphragm was not imparted to the mass. He reanæsthetic. I made multiple hypodermatic injec ferred to this point as the source of pain which raditions of a few drops of a 4 per cent, solution of co tated over the entire abdomen and through to the caine in the line of the incision. The pain of the back. incision was but slight. It increased with the introduction of two fingers within the peritoneum, but normal size, first sound absent, second accentuated, was easily bearable. In fact, once she warned Dr. more marked over aortic valve; no murmurs were R. P. Harris, who was present not to make her heard; the temporal and radial arteries were firm laugh. The only severe pain felt was in handling and hard, not compressible, with no perceptible pulse the matted structures in the left side of the pelvis, in the wrists. A systolic bruit was heard posteriorly Sixty-two grains of pure powdered iodoform were over the thoracic aorta. sprinkled over the peritoneal surfaces, the incision closed, and the patient put to bed without the slight- were audible in the bronchial tubes. est shock or discomfort. She insisted on unbuttoning was as comfortable from that moment until she rose low the diaphragm. on the sixth day, to take a drive on the seventh day, perfectly well, although the ultimate result remains curence. very doubtful.

Dr. Jos. S. Neff read the report of a case of PERFORATING ULCER OF THE STOMACH, WITH CHRONIC PERITORITIS.

the Philadelphia Hospital, December 12, 1886. The death. A loud systolic murmur was detected on the family history was indefinite; he had had the orditoth, with area of intensity over the apex. The nary diseases of childhood; pleurisy when about 19; urine remained normal throughout, and much reenteric fever a few days later; says he had relapsing duced in quantity; specific gravity 1.032; reaction fever about twenty years ago, since which time he markedly acid, and of high color. No albumen or has often had pains and stiffness in the joints, but sugar. not severe enough to prevent him working. During the last year he has had occasional attacks of indi-tend of the stomach with secondary peritonitis, ingestion, rarely accompanied by nausea and vomiting. Last spring he vomited blood; had sensations of burning heat in the stomach, and other evidences of indigestion, with extreme acidity of the stomach; emaciated. Abdomen scaphoid. there was very little pain until the latter part of July to the abdomen (?), and was constant, but more other pleural adhesions. marked after eating. From this time he vomited ited matter was simply the undigested food, later normal. Aorta shows marked chronic endarteritis

Physical examination showed the heart to be of

The lungs were normal, but many mucous râles

No increase in the liver or splenic dulness could the jackets worn by the operator and assistant, and be made out, as he could not bear any pressure be-

His general condition improved somewhat for a as if there had been no operation. All trace of the short time after admission; the pain, however, reinduration has disappeared and she has since felt mained constant, and vomiting was of frequent oc-

He died of exhaustion on January 1, 1887. During the time he was under observation no change of note occurred. The temperature ranged from normal to 05.5°. He vomited blood once only, on December 15, small in quantity, and dark in color. Alfred Reed, colored, stevedore by occupation, Paroxysmal spasm of the diaphragm commenced 45 years old, was admitted to the Medical Ward of December 16, and lasted with intermissions until

The diagnosis was made of cancer of the pyloric duration with inflammatory infiltration, and adhesions between the diaphragm and the stomach.

Autopsy. — External Appearances. — Body much

Thorax.—Lungs were normal, except hyperæmia, or the first of August, at which time it was confined and were firmly adherent to the diaphragm. No

Heart.—Pericordial sac obliterated by adhesions. after almost every meal, and it was not long before Left ventricle large, firmly contracted. Right ventrihe could retain only liquid food. At first the vom- cle small, and partly filled with a firm clot. Valves to abdominal aorta. Left ventricle was small, wall contents of the stomach into the peritoneal cavity, thickened, red, and firm.

by adhesion of the duodenum with the gall-bladder undoubtedly due to the fact of the diaphragm itself and under-surface of the liver. This cavity con-being thoroughly adherent to the chest-wall over a tained purulent (?) fluid with thickened walls. The considerable extent of its surface, and therefore havgall-bladder was flattened from pressure, and coning very little play during the respiratory movements. tained a small amount of thickened bile. The meso-colon showed inflammatory thickening. The upper Neff's is of great interest, from the fact that the pano communication with the one just described, or the stomach. the stomach; it contained a similar looking thick grumous tluid.

the mucous surface throughout appeared greatly Norristown Insane Asylum. rigid and mammillated, general thickening being | Dr. Addinell Hewson said: I wish to express tion of neoplasm.

Spleen.—Adherent throughout its whole surface,

very small, firm, with dark-red fibrous pulp.

Pancreas.—Normal.

thinning of cortex, and interstitial thickening.

vomiting without temissions, the small amount and used in his collodion dressings. character of the hiemorrhage, the gradual loss of painful, non-fluctuating tumor, would warrant a diag- for metritis. This is a new indication for the operaof constipation as being of some value.

throughout its whole thoracic portion, and extending evidently of inflammation from the passage of the the secondary adhesions binding the organs together Abdomen.—Peritoneal cavity contained a quantity in such a form as completely to shut off the small of purulent (?) matter. Peritoneum inflamed, the cavity in the left side from any outlet, while the coils of intestine extensively adherent to each other, larger in the right side still had direct connection and to the liver, spleen, stomach, and diaphragm. with the anterior of the stomach. The cause of the There was a sac formed at the hilus of the liver immobility of the tumor upon deep inspiration was

surface of the liver was extensively adherent over tient's life was considerably prolonged by the formathe right lobe to the diaphragm. The left lobe was tion of a sac which retarded the development of intimately connected with the stomach. There was peritonitis after the rupture of the ulcer. The case a cavity formed by the anterior surface of the left is also interesting, from the fact that it occurred in a lobe of the liver, the anterior surface of the pyloric male. In some twenty two cases of gastric ulcer in end of the stomach with the diaphragm forming its which I have made the post-mortem, in about sevenroof. The right wall of the cavity was formed by teen the subjects were females. This agrees with the suspensory ligament of the liver, the anterior the experience of others. Gastric ulcer is not a wall by adhesion of the liver and stomach, the left rare condition, but many cases are overlooked bewall by adhesions between the diaphragm and the cause physicians are in the habit of opening the anterior wall of the stomach. The cavity was filled stomach through the smaller curvature, and it is here with a grumous material, its walls being indurated that the ulcer is most frequently situated. In the and intlamed. In the floor of the sac there was an majority of cases that I have seen, the death was opening a half inch in diameter through the anterior sudden, being due to perforation. In some the death wall of the lesser curvature, about half way between was apparently due to shock, the whole of the conthe cardiac orifice and the pylorus, and a half inch to tents of the stomach having in many instances the left of the left edge of the left lobe of the liver. escaped into the peritoneal cavity. Death occurred There was also another sac formed by adhesions be-before there was time for the establishment of inflamtween the diaphragm, spleen, and cardiac end of the mation. In some cases there was free hæmorrhage, stomach. This appeared to be a blind cavity having and in one case there was a complete blood cast of

Some of the cases that I have seen have been in drunkards, some have been in hysterical women, and Stomach.—Walls were greatly thickened, more some in the insane. Three of my cases came from marked at the lesser curvature. In the neighbor- the Insane Department of the Philadelphia Hospital. hood of the perforation noted the wall was thinner, Dr. Dercum informs me that he has met with several the orifice presenting a rounded edge. When opened cases of gastric ulcer among the inmates of the

most marked at the pylorus. There was no indica- my opinion in reference to certain points in connection with the paper read. The speaker stated that he has resorted to the operation for the relief of pain in cases where the diagnosis was not definite and the Liver.—Right lobe large, the left being small existence of a tumor not positively made out. In an Flabby cut surface shows a slightly congested paraneexperience of over three hundred cases, I have not seen one in which relief of pain was not directly afforded by the application of clay. In reference to Kulneys were firm, cyanosed, normal in size; cap- the stretching of the cicatrix, it has been my lot to sule slightly adherent; some small cortical cysts; see a good many cases of hernia following laparinning of cortex, and interstitial thickening. otomy. In one three or four large hernize pro-The point of interest clinically is in connection truded. In this case I resorted to the use of a 50 with the diagnosis from malignant disease. The per cent, solution of silicate of soda applied on strips constant character of the pain, the persistency of the of gauze, such as the late Dr. Paul Beck Goddard

Dr. J. M. Baldy said: I would first refer to the flesh, with apparent cachexia, and the presence of a case in which the interine appendages were removed nosis of cancer. I should mention, too, the presence tion, and it seems to me that it would be a unique case in which such a procedure would be justifiable. The circumscribed cavities noted were the result There are many men of large experience who have sides.

present.

cases, however, which will tempt most of us to operate. Dr. Kelly's case of simple chronic salpingitis in which he had such happy results is a case in point. A case operated on by myself was just such a one and terminated just as happily.

Dr. J. Price said: In Dr. Kelley's cases it is as yet too early to speak positively with reference to hernia, but his incisions have been short. In the December number of the Lancet, Mr. Tait gives a review of this whole subject and of hæmatocele. wish to argue against the removal of the appendages for defective involution. We have many other methods of treatment which will surely accomplish the same result without resorting to such bold measures. I consider this an unjustifiable procedure.

At present, the surgeon simply presents numbers and percentages of recoveries as representing the exact measure of his skill in operating and care in the Too great importance has been after-treatment. given to bare statistics. The conditions inherent in the patient which determine the result beyond the control of the surgeon are barely considered, nor faults of omission or commission on his part. Perfect evacuation of pus, the utmost cleanliness, and proper tension is applied by two rubber bands. perfect drainage—I mean a high degree of surgical cleanliness.

The growing tendency to hold the surgeon strictly responsible for every unfavorable result has stimulated abdominal operators to great care, and the most careful study of every detail. Hence, the methods of abdominal surgery have become wellnigh perfect.

Dr. Kelly said: I have had no practical experience in the treatment advocated by Dr. Hewson; if it can be shown to be practicable in such cases as I have detailed this evening, I will try it. My efforts, however, have been directed toward the establishment of a cure, and not palliation. With reference to the case of enlarged painful uterus, with endometritis, of which Dr. Price has spoken, I desire to

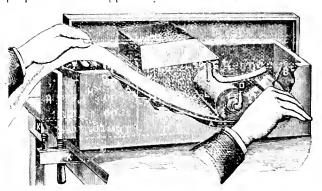
not seen an uterus which they were unable to reduce eral. I am weekly treating many such cases without to a normal size without recourse to surgical pro- any idea of operative interference. In this particucedure. In regard to cystomata, it is important that lar instance the patient had not only been long under as soon as they are diagnosed they should be re- treatment in one of our first hospitals, but I had moved. It has been claimed that rupture of the faithfully tried every means at my disposal for two cyst is followed in a shorter or longer time by malig-years—counter irritation, douches, packing large nant disease not only of the appendages and peri-wedge-shaped excision of the cervical lips, and an toneum, but also of other organs. It is important in Emmet operation on the perineum, hoping by this pyosalpinx that the appendages be removed on both support, free depletion, and rest in bed to secure a permanent advantage. She was only slightly bene-I have seen a good many cases of pyosalpinx op- fited, remaining a miserable sufferer until I operated, erated upon, and in some cases where the disease removing tubes and ovaries. The uterus decreased was unilateral the unaffected tube has been left. In at once in size, and is now three inches, with a small a recent case operated on by Dr. J. Price this was hard cervix, and reclines in the sacrum rocking-chair done, and two months later the second tube became fashion. She has no local tenderness whatever. I involved; on opening the abdomen it was found im- attained here a perfect result which I was unable to possible to remove it on account of the adhesions reach in any other way, and under similar circumstances I should repeat the procedure. If perma-As a rule, we can discover no disease. There are nent, this will be one of the most gratifying of my cures.

> Dr. H. Augustus Wilson presented and described:

> A NEW APPARATUS FOR PREPARING DRY GYPSUM BANDAGES.

> Rolling the dry plaster of Paris bandages by hand, the method usually in use, is unsatisfactory, and under the most favorable circumstances a dirty process. It was to avoid the inconveniences and irregularities of that method that I devised this apparatus, which I have had made by A. G. Gefvert, orthopædic apparatus manufacturer.

> It consists of an ordinary box-bandage roller, with addition of the following: A movable bottom, A, A, A, held in contact with the outermost layer of the bandage as it is rolled, by a rubber band B, and the other end by a hinge-joint C. Upon this movable bottom, and just in front of the crank, is a tlood-gate or distributor, not shown in the illustration, which equalizes the distribution of the plaster and presses it into the bandage from above, while the movable bottom prevents the gypsum from passing through the meshes. The



A hopper, E, is provided with an arm, F, bent in make the following statement, and at once prevent such a manner as to be raised by the crank at each any further misconception upon so serious a subject. half turn, and upon being released, it falls, throwing I hesitated in reporting this case lest I should be mis-down a quantity of the powder upon the bandage in understood. I do not wish to recommend a sec- front of the distributor. A compartment, H, H, H, tional operation for subinvolution or metritis in gen- occupying the otherwise waste space under the movable bottom, is utilized as a receptacle in which may

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table by a clamp, K. Elastic bands are used for appointed; springs, because they are inexpensive and can be very readily replaced when worn out.

hopper is now to be placed in position and, by means for three years from the date of their appointment. of the scoop, filled with a sufficient quantity of watched, over the hopper, as it is being rolled.

the fall of the hopper may be sudden or gradual, and which are homepathic physicians. crank.

B, and raising that end.

spring, B, thus allowing the movable bottom to drop recorded. out of the way. It prepares the dry gypsum bandcians as it undoubtedly has in mine.

STATE MEDICINE.

REGULATION OF THE PRACTICE OF MEDI-CINE IN THE STATE OF MINNESOTA.

[The following is a copy of the law for regulating medical practice, etc., adopted by both branches of the Legislature of the State of Minnesota during the recent session, and signed by the Governor. It is to become operative July 1, 1887.—EDITOR.]

A BILL

To regulate the practice of medicine in the State of After examination said board shall grant a license to Minnesota, and to license physicians and surgeons,

Minnesota.

Section 1. The governor of the State shall apbe kept the gypsum when the apparatus is not in use. point a board of examiners, to be known as the State A scoop accompanies the apparatus in which to Board of Medical Examiners, consisting of nine take gypsum from the compartment and fill the hop- members, who shall hold their office for three years per. The entire affair can be securely held to a after such appointment and until their successors are

Provided, That the members thereof first appointed under this act shall be divided into three classes, each The method of using is, first to pass the end of class to consist of three. The first class shall hold the bandage to be rolled over the movable bottom, office under said appointment for the period of one under the distributor, and attach to the crank. The year, the second class for two years, and the third class

It is further provided that no member thereof shall gypsum. While the crank is turned with the right be appointed to serve for more than two terms in hand the left guides the bandage, which may be succession, and no member of any college or university having a medical department shall be ap-The bent arm of the hopper is so arranged that pointed to serve as a member of said board, two of

upon this depends the quantity of powder discharged. \ Sec. 2. Said board of medical examiners shall When the crank is turned very slowly the hopper is elect a president, secretary and treasurer, shall have raised slowly and descends with the motion of the and keep a common seal. The president and secrecrank, and scarcely any gypsum is precipitated, and, tary shall have the power to administer oaths. Said of course, the converse follows. This being clearly board of medical examiners shall hold meetings for understood, a very slight experience will enable any examination, at the capital of this State, on the first one to control the action of the hopper with the Tuesday of January, April, July and October of each year and such other meetings as said board may from When a bandage is finished, the crank is withdrawn time to time appoint. Said board shall keep a record sufficiently to disengage it from the bent arm of the of all the proceedings thereof, and also a record or hopper, and while the left hand holds the bandage a register of all applicants for a license, together with quick reverse turn of the crank enables it to be easily his or her age, time spent in the study of medicine, withdrawn. The gypsum remaining on the movable and the name and location of all institutions granting bottom is now discharged into the compartment by to such applicants degrees or certificates of lectures placing the hopper to one side, detaching the spring, in medicine or surgery. Said register shall also show whether such applicant was rejected or licensed The apparatus is applicable to the rolling of the under this act. Said books and register shall be ordinary surgical bandage by detaching the rubber prima facie evidence of all of the matters therein

Sec. 3. All persons hereafter commencing the ages evenly and quickly. It is very simple in its practice of medicine and surgery, in any of its construction and action. It cannot get out of order, branches in this State, shall apply to said board for except by the breaking of the rubber bands. It is a license so to do, and such applicant at the time inexpensive. Possessing these advantages, I hope it and place designated by said board, or at the regular will be of service and facilitate the preparation of the meeting of said board shall submit to an examination dry gypsum bandages in the hands of other physi- in the following branches, to-wit: Anatomy, physiology, chemistry, histology, materia medica, therapentics, preventive medicine, practice of medicine, surgery, obstetrics, diseases of women and children, diseases of the nervous system, diseases of the eye and ear, medical jurisprudence, and such other branches as the board shall deem advisable; and present evidence of having attended three courses of lectures of at least six months each; said board shall cause such examination to be both scientific and practical, but of sufficient severity to test the candidate's fitness to practice medicine and surgery. When desirable said examination shall be conducted in the presence of the dean of any medical school or the president of any medical society of this State. such applicant to practice medicine and surgery in and to punish persons violating the provisions of the State of Minnesota, which said license can only be granted by the consent of not less than seven Be it enacted by the Legislature of the State of members of said board, and which said license shall the signed by the president and secretary of said board

immoral conduct.

Sec. 4. The person so receiving said license shall file the same or a certified copy thereof with the from and after the 1st of July, 1887. clerk of the district court in and for the county where he or she resides, and said clerk of the court shall file said certificate or copy thereof, and enter a DOMESTIC CORRESPONDENCE memoranda thereof, giving the date of said license and name of the person to whom the same is issued, and the date of such filing in a book to be provided and kept for that purpose, and said elerk of the court shall each year furnish to the secretary of said board a list of all certificates on file in his office, and upon ternational Congress-Proposed County Association in notice to him of the change of location or death of Brooklyn-Spastic Ataxia; the Scleroses of the Cord a person so licensed, or of the revocation of the license granted to such person, said clerk shall enter at the appropriate place in the record so kept by County Medical Association, held February 21, Dr. him a memoranda of said fact, so that the records so Charles A. Leale, who has for the past two years kept by said clerk of the court shall correspond with filled the position of President with so much credit the records of said board, as kept by the secretary both to himself and the Association, delivered an thereof. In case a person so licensed shall move able address, on retiring from the chair, which was folinto another county of this State, he or she shall pro- lowed by one of like character by the President-elect, cure from the clerk of the court a certified copy of Dr. John Shrady. In his remarks Dr. Leale referred said license, and file the same with the clerk of the to the fact that from its membership was chosen the district court in the county to which he or she shall one not only to deliver the Address in Medicine at so remove, said clerk shall file and enter the same the last meeting of the British Medical Association,

ing State or Territory shall comply with the pro- amount of excellent work its members had accomvisions of this act, and shall record their certificates, plished, and at its continually increasing power. with the clerk of the county in this State, whose

attorneys to prosecute violations of this act.

SEC. 7. Chapter 125 of the General Laws of 1883,

and attested by the seal thereof. The fee for such persons licensed under said act shall be taken and examination shall be the sum of \$10, and shall be considered as licensed under this act. And the paid by the applicant to the treasurer of said board, secretary of the board herein provided for shall enter to be applied by said board towards defraying ex- the names of such persons upon the register so kept penses thereof-and such board may refuse or re- by him as licensed physicians and surgeons, without voke a license for unprofessional, dishonorable or application or fee upon the part of the person so licensed.

SEC. 8. This act shall take place and be in force

LETTER FROM NEW YORK.

(FROM OUR OWN CORRESPONDENT.)

New York County Medical Association—The In-—General Shaler.

At the stated monthly meeting of the New York with like effect as if the same was the original license. but who was also unanimously elected to be the Pres-Sec. 5. This effect shall not apply to commissioned ident of the next International Medical Congress. surgeons of the United States Army or Navy, to "We miss his genial face to night," he said, "but the physicians or surgeons in actual consultation from name of Dr. Austin Flint will ever remain upon our other States or Territories, or to actual medical records as the representative man." The Association, students practicing medicine under the direct super- he went on to say, had now completed its third year, vision of a preceptor. Physicians whose practice and those who had been constantly connected with extends into the teritory of this State from an adjoin- it since its birth had great reason to rejoice at the

In the course of his address Dr. Shrady said: I county seat is nearest the residence of such applicant. beg to call your attention to the coming International SEC. 6. Any person practicing medicine or surgery Medical Congress in the autumn, to which every Felwithin this State without first having obtained the low, in common with the profession at large, is exlicense herein provided for or contrary to the pro-pected to give his moral support. Happily, the visions of this act, shall be deemed guilty of a mis-difficulties which beset the preliminary committees, demeanor, and upon conviction shall be fined not and which were exaggerated with a purpose, have less than \$50 nor more than \$100, or by imprison been overcome. Individual and sectional jealousies ment in the county jail not less than ten nor more have been allayed. The unduly ambitious were rethan ninety days, or both fine and imprisonment. buked by the prompt acceptance of resignations, and Any person shall be regarded as practicing, within the embarrassments which were supposed to forebode the meaning of this act, who shall append the letters defeat—and I regret to say that many were unpatri-"M.D." or "M.B." to his or her name, or prescribe, otic enough to desire it—have only ended in the atdirect, or for a fee recommend for the use of any tainment of harmony of action. Some needed the person any drug or medicine or other agency for the lesson that there was to be no background for the treatment, care or relief of any wound, fracture or display of incandescence, and that sometimes even bodily injury, infirmity or disease. Justices of the the electric light might cast green and annoying peace and the respective municipal courts shall have shadows. Our Medical Republic is now at peace. jurisdiction over violations of the provisions of this and amply able to receive visitors from abroad, and act. It shall be the duty of the respective county render their stay agreeable, as well as perhaps profitable.

It is worthy of note that a movement is now on is hereby repealed. It is, however, provided that all foot to organize a County Association in Brooklyn,

like that in this city, which shall be in affiliation with secondarily. In a case the drawings from which he

Gowers in a clinical lecture delivered at University the object of the paper, he said, was to call attendexternal column that characterizes the lesion of tabes. tion to a class of cases, not very rare, which correspastic paraplegia. These it was important to recognize both on account of the prognosis and treatof combined sclerosis, observed by various authoricomstances which he thought prevented them from the affection had already lasted thirty years. properly coming under the head of the class of cases, now under discussion.

pains of tabes were for the most part entirely absent, Robertson" pupil was also seldom seen. As the disincreasing paralysis. The increased myotatic irrita- point of view. bility continued, and stiffness and rigidity developed. comes to be that of spastic paraplegia; the feet drag ical Society, on "Multiple Neuritis," objected to the as the patient walks, shake from clonus when he name proposed by Dr. Dana; claiming that the effort at each step." Sexual power was often lost entirely fascicular. The diagnosis between tabes and early in the disease. The sphincters were frequently combined sclerosis, he remarked, was often very difcitability.

ing the lateral columns primarily, the gray matter cicular sclerosis and disseminated sclerosis. Dr.

the State Medical Association and support the Na- exhibited, there were secondary degenerations in the tional Code of Ethics. A very satisfactory informal lateral columns, and ascending and descending demeeting of the Fellows of the State Association re-velopment of sclerosis in the columns of Gall. In siding in Brooklyn was held in February to consider addition, there was sclerosis of the crossed pyramidal the advisability of such a step, when, by a unanimous tracts, most marked in the dorsal region, and sclervote, a committee consisting of Drs. Edward R. osis in the cerebellar tracts to a moderate extent. Squibb, chairman, Joseph C. Hutchison, Avery Se- The sclerosis in the columns of Gall was most marked gur, and E. H. Squibb, with power to add to their in the cervical region. According to Gowers, in all number, was appointed to draft a plan of organiza- cases the spinal cord has presented sclerosis of both tion and call a meeting by circular of all physicians posterior and lateral columns; but the precise extent in the city in accord with the principles of the Asso- and degree of the degeneration seem subject to considerable variations. As a general rule, he says, the At the last meeting of the New York Academy of sclerosis of the posterior columns differs from that Medicine the paper of the evening was by Dr. C. L. of tabes in two particulars: First, it is not more Dana, one of the ablest and most studious of our intense, and often is less intense, in the lumbar than neurologists, whose subject was Spastic Ataxia, in the dorsal region of the cord. Sometimes, indeed, Functional and Organic, and the Combined Scleroses in the middle and lower parts of the lumbar region of the Spinal Cord. The form of disease to which the posterior columns may be free from sclerosis, alhe referred was that interesting one so admirably de-though it is considerable in the dorsal region and at scribed under the name of ataxic paraplegia by Dr. the junction of this with the lumbar enlargement. The second difference is that the sclerosis has rarely College Hospital London, February 23, 1886; and the special intensity in the root-zone of the postero-

The prognosis as to life, Dr. Dana remarked, was sponds to some extent to ordinary progressive loco- better than in simple tabes dorsalis. The disease motor ataxia, and to a much more marked degree to has little tendency to cause death; indeed, according to Gowers, the fatal cases have, for the most part, been untypical, and do not convey an accurate idea ment. He had been able to collect forty five cases of the disease. The chief danger to life was said to be from the accidents common to all chronic spinal ties, and among them were two which, with their affections, and especially from kidney disease secautopsies, were reported for the first time in the oudary to retention. So far as the prospect of represent paper. All but sixteen of the number he covery was concerned, the prognosis was unfavorable, felt obliged to exclude on account of various cir- and one case, Dr. Dana said, was on record in which

The treatment did not vary greatly from that of locomotor ataxia. Rest was a very important ele-In describing the symptoms Dr. Dana said there was ment, and electricity, both static and in the form of gradually increasing weakness of the limbs, with some the Faradic current, was useful. Orthopædic appliloss of power of coordination; but the lancinating ances to support the tottering limbs were often of great service. Antisyphilitic treatment should always while the patellar tendon reflex was increased, instead be given a thorough trial, and large doses of iodide of being lost, as in the latter affection. The "Argyle- of potassium were not infrequently called for. In conclusion, Dr. Dana said that while no name had as ease advanced, the muscular power became more and yet been found which properly described the disease more impaired; while the incoordination did not pro-clinically, he thought the designation "combined faspartionally increase, but was overshadowed by the cicular sclerosis" was applicable from a pathological

In the discussion of the paper Dr. M. Allen Starr, as its consequence. "Thus," as Dr. Gowers had who recently delivered the Middleton Goldsmith lecgraphically described it, "the aspect of the patient tures, under the auspices of the New York Pathologsteps, and the legs are hauled forward with visible changes in the cord met with after death were not impaired, but the impairment rarely reached a conficult; and, again, the occurrence of general paresis siderable degree. There was, as a rule, no wasting in connection with tabes sometimes made us hesitate of the muscles, and no change in their electrical ex-1 in arriving at a diagnosis. Dr. E. C. Seguin related a case of his own in which he said the lesions seemed The pathological condition found post mortem by to show that there were instances in which patholog-Dr. Dana was chronic cervico-dorsal myelitis, affect-lical changes present were intermediate between fas-

Jacobi suggested that perhaps the sclerosis followed tissue of the womb, and by no means all the other the course of minute blood-vessels whose extensive points entering into the composition of that which is network, it had been shown, served to connect and erroneously attributed to Sanger. It is Sanger's origbind together the various fasciculi of the spinal cord. inal proposition which is objectionable, and has been This anatomical fact, he thought, might offer a satis-given up, while all the res-of the improved Casarean factory explanation of these mixed forms of sclerosis. section is, in my opinion, highly recommendable. He regarded the subject of the paper as one of great importance to general practitioners, on account of the frequency with which disease of the spinal cord; was now met with.

The Governor has at last given his official approval of the order made some nine months ago by Mayor Grace removing General Shaler from the office of President of the City Board of Health. P. B. P.

SAENGER'S CÆSAREAN OPERATION.

Dear Sir:—In his excellent paper entitled "Can the Cæsarean Section be Safely Substituted for Craniotomy in the United States at the Present Time," published in The Journal of February 12, 1887, and in the scientific conclusions of which I fully concur, my friend, Dr. J. Taber Johnson, in one place mentions me in a way that may give rise to misunderstanding, if not corrected. He says: "To quote" from recent authority, in the October number of the American Journal of Obstetrics, page 1021, by Gar rigues, who claims that the Sänger method should as properly be called by his name as by Sänger's, and further, that there is really nothing in this 'method' after all, as the most successful operators get on bet ter without it—Garrigues says," etc. To those who have not read my paper, or who have forgotten the particulars of it, the first assertion looks as if I had laid claim to the so-called Sänger method, but a reference to the passage alluded to in my paper will "When he (Sänger) says that American physicians might as well call the improved Cæsarean section mine as his, I quite agree with him, but I make haste cauterization of the nasal mucous membrane will cure to add that one thing would be as ridiculous as the the majority of the cases of asthma." This statement other. The improved Cæsarean section is a beauti- is controverted by my objection to Dr. Ingals' secful outgrowth of general surgical and special gyne- ond point. cological development, an evolution due to the combined efforts of many men working independently in different countries.'

The second assertion put into my mouth, viz., that there is really nothing in this "method," after all, will be very apt to be misunderstood. The cause of this that the words, "Sänger's method," have a double meaning. I show, in the paper referred to, that the only original idea of Singer was the resection of the two slices of muscular tissue of the uterus contiguous to the incision made in that organ, but unfortunately, not only German, but English, French and American writers have got into the habit of call- from permanently organized State Medical Societies, ing the whole improved Cæsarean section, with its manifold steps due to different men, by Sänger's; name. In the above-mentioned quotation from Dr. J. T. Johnson, it must be well understood that in the first sentence he refers to the whole improved Cæsa- vice of the United States. rean section, while in the second he has only in view that part of Sänger's so-called method which really etyentitled to representation shall have the privilege belongs to him, namely, the resection of muscular of sending to the Association one delegate for every

Very truly yours,

H. J. Garrigues, M.D.

155 Lexington Ave., New York, March 10, 1887.

"THE ETIOLOGY AND CURE OF ASTHMA."

Dear Sir:—In the issue of The Journal for Feb. 26 appeared a short review, under the above heading, by Dr. E. F. Ingals, which is likely to mislead those not familiar with the subject. I was astounded at the manner in which Dr. Ingals perverts the meaning of my words. Firstly, he claims priority for Dr. Wm. H. Daly against Flack. As the paper of Dr. Daly, quoted by Dr. Ingals, deals exclusively with hay asthma, and as my paper and quotations from Hack entirely exclude the consideration of hay asthma, there can be no discussion as to priority.

If Dr. Ingals is still confused on this point, I should earnestly advise him to read Hack's writings before

discussing them.

The second point in Dr. Ingals' review states: "It is claimed that nearly all cases of asthma are the result of disease in the nasal cavities." I very distinctly stated in the introduction to and in the course of my paper, that the only form of asthma which I wished to consider was that perennial form which is more or less independent of the seasons, and not complicated with organic disease, etc., namely,—"Asthma nervosum seu essentiale." This is, comparatively speaking, a rarer form of asthma (vide Niemeyer's Spec. Path. and Therap., 10th ed.), and clearly show that this is by no means so. I said: therefore the reproach quoted above falls to the ground.

> Dr. Ingals' third point is: "It is also claimed that Very truly yours,

Edwin J. Kuh, M.D.

Central Music Hall, Chicago, March 9, 1887.

ASSOCIATION ITEMS.

AMERICAN MEDICAL ASSOCIATION.

The Thirty-eighth Annual Session will be held in Chicago, Ill., on Tuesday, Wednesday, Thursday and Friday, June 7, 8, 9 and 10, commencing on Tuesday, at 11 A.M.

"The delegates shall receive their appointment and such County and District Medical Societies as are recognized by representation in their respective State Societies, and from the Medical Department of the Army and Navy, and the Marine Hospital Ser-

"Each State, County, and District Medical Soci-

ten of its regular resident members, and one for every additional fraction of more than half that number: Provided, however that the number of delegates for any particular State, territory, county, city or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association.'

Secretaries of Medical Societies, as above designated, are earnestly requested to forward, at once,

lists of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the roll the names of those who have forfeited their membership, the Secretaries are, by special resolution, requested to send to him, annually, a corrected list of the membership of their respective Societies.

SECTIONS.

"The Chairmen of the several Sections shall prepare and read, in the general sessions of the Association, papers on the advances and discoveries of the \$1.50 a day. past year in the branches of science included in their respective Sections. . . " By-Laws, Art. II, Sec. 4.

Practice of Medicine, Materia Medica and Physiologr.—Dr. J. S. Lynch, Baltimore, Md., Chairman; Dr. J. B. Marvin, Louisville, Ky., Secretary.

Obstetries and Diseases of Women and Children .-Dr. F. M. Johnson, Kansas City, Mo., Chairman; Dr. W. W. Jaggard, Chicago, Ill., Secretary.

Surgery and Anatomy.—Dr. H. H. Mudd, St. Louis, Mo., Chairman; Dr. A. M. Pollock, Pitts-

burg, Pa., Secretary. State Medicine.—Dr. George H. Rohé, Baltimore, Md., Chairman; Dr. Walter Wyman, U. S. M. Hos-

pital, New York, Secretary.

Ophthalmology, Otology and Laryngology.—Dr. X. C. Scott, Cleveland, O., Chairman; Dr. J. H. Thompson, Kansas City, Mo., Secretary.

Diseases of Children .- Dr. DeLaskie Miller, Chicago, Ill., Chairman; Dr. W. B. Lawrence, Bates-

ville, Ark., Secretary.

Oral and Dental Surgery.—Dr. John S. Marshall, Chicago, Ill., Chairman; Dr. A. E. Baldwin, Chicago, Ill, Secretary.

Medical Jurisprudence.—Dr. I. N. Quimby, Jersey City, N. J., Chairman; Dr. H. H. Kumball, Minne-

apolis, Minn., Secretary.

A member desiring to read a paper before a Section should forward the paper, or its title and length (not exceeding twenty minutes in reading), to the Chairman of the Committee of Arrangements at least one month before the meeting.—By-Laws.

Committee of Arrangements.—Dr. Charles Gilman

Smith, Chicago, Ill., Chairman.

Amendment to By Laws.—Create a new Section, to be known as the Section on Dermatology and Venereal Diseases. WM. B. ATKINSON, M.D.,

Permanent Secretary.

Philadelphia, 1400 Pine St., S. W. cor. Broad.

CHICAGO COLLEGE OF PHARMACY.—At the recent annual meeting of the College, George Buck was elected President; Judson S. Jacobus, Treasurer; and D. H. Galloway, Secretary.

INTERNATIONAL CONGRESS.

NINTH INTERNATIONAL MEDICAL CON-GRESS.

In reference to demands from various quarters for information as to hotel rates here in Washington, and what arrangements have been made for a reduction of the same, by our committee, in favor of those who will attend the International Medical Congress, I beg to announce the following seale of prices:

The Arlington Hotel, from \$3 to \$3.50 per day. Riggs House, from - - \$3 to \$3.50 per day. Willard's Hotel, from - \$3 to \$3.50 per day. Metropolitan Hotel, - - - \$3.00 per day. National Hotel, - - - - \$3.00 per day.

Other hotels, conducted on European style, will furnish rooms at from \$1 to \$2 a day. First-class lodging houses will also furnish rooms from \$1 to A. Y. P. GARNETT, M.D.,

Ch'n Com. of Arr. Int. Mcd. Congress. 1319 New York Ave., Washington, D. C., March 14, 1887.

Since the statement concerning reduced rates on the transatlantic steamers, given in this journal for Feb. 26, page 241, we have been officially informed by the Committee of Arrangements that, in addition to the steamship lines then given, the North German Lloyd Line has agreed to give physicians and members of their families the round trip from Bremen to New York and return at \$187.50, and the Cunard Line agrees to deduct ten per cent. from usual rates for members of the Congress only.

We are further authorized to state that Albaugh's and the National Theatre and Willard's Hall, in Washington, have been secured for the use of the Congress. The last-named will be headquarters and

the place of registration.

Congress, before its recent adjournment, appropriated \$10,000 from the National Treasury to aid in defraying the necessary expenses of the Medical Congress.—Editor.

MISCELLANEOUS.

WESTERN RESERVE UNIVERSITY.—A very elegant and complete new building for the Medical Department of Western Reserve University in Cleveland, Ohio, had been completed and was formally dedieated on the evening of March 8, 1887. The entire cost, about \$175,000, was the donation of Mr. John L. Woods, a wealthy and liberal citizen of that city.

NOTES AND ANSWERS. ARMY SURGEONS ON SICK LEAVE.

Sir:—An answer to the following question will be highly appreciated: Can an Assistant Surgeon U. S. A. on sick leave practice medicine in the town where his home is, hold a State position, and keep a drug store, all at the same time?

INQUIRER.

Key West, Fla., March 7, 1887.

We are not familiar with the Army regulations concerning the rights and duties of Assistant Surgeons on sick leave. Will some reader give "Inquirer" a correct answer?—Editor.

Journal of the American Medical Association.

EDITED FOR THE ASSOCIATION BY N. S. DAVIS.

PUBLISHED WEEKLY.

Vol. VIII.

Chicago, March 26, 1887.

No. 13.

ORIGINAL ARTICLES.

DEEP TUBING OF THE LARYNX AS A SUBSTITUTE facts relative to the subsequent behavior of the pa-FOR INTUBATION.

With a Report of Nine Cases and Presentation of New Instruments.

Read before the Chicago Medical Society, March 7, 1887. BY A. E. HOADLEY, M.D.,

PROFESSOR OF ANATOMY, CHICAGO COLLEGE OF PHYSICIANS AND SCR-GRONS, PROFESSOR OF SURGERY IN THE CHICAGO POLICLINIC, ETC.

In April, 1886, I became convinced that intubation of the larynx was a justifiable surgical procedure, and a valuable substitute for tracheotomy in selected cases. I therefore procured a set of the O'Dwyer instruments and tubes. Although I had handled the tubes and seen them introduced, and a year previous had introduced them myself on the cadaver, I did not until this time give serious consideration to the position of the tube after the introduction. I had no difficulty in coming to a conclusion in this matter. From my knowledge of the larynx, and the contour of the head of the tube, I decided that the head of the tube was designed to rest within the larynx, with its projecting flange resting upon the false vocal cords, with the straight part of the tube behind resting against the posterior straight wall of the larynx. (Fig. 1.)

It was not until I had in this manner tubed five cases that I was informed that it was not the design and found it necessary to tube immediately. I have not as yet had an opportunity of watching the patients as closely as I could desire, and for the main tients I am indebted to the physician in attendance. Of the two cases above referred to, I saw one six hours after the operation. She was perfectly comfortable as far as breathing and wearing the tube were concerned. The other died twelve hours after the operation, before I saw her a second time.

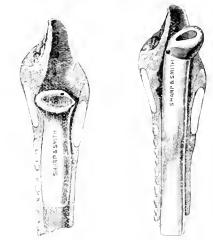


Fig. r.-Deep tubing.

The ages of the patients ranged from 2 to 6 years. of the inventor, Dr. O'Dwyer, to have the head of All had diphtheritic laryngeal stenosis. They were the tube rest within the larynx, but on the contrary all bad cases and all died in from twenty four hours to have the flange project laterally and posteriorly to four days after the operation. The stenosis was above the opening into the larynx, resting upon the promptly relieved in all. Eight out of the nine were arytenoid cartilages behind, and the aryteno epiglot- able to drink several consecutive swallows immeditidian folds on each side, with the head of the tube ately after the operation, and continued to do so as in such a position that when the epiglottis is closed, long as they could swallow. The eight suffered little it would come in direct contact with the tube, closing or no pain from the presence of the tube, nor was its orifice but allowing its flange to project beneath it. the cough particularly troublesome. Four coughed (Fig. 2) It now became necessary for me to either but very little. In one the presence of the tube in the acknowledge my error and turn the tube around, or larynx did not excite cough; on the contrary, there justify the position and claim an improvement. I ex- was less coughing than before the tube was introamined the five cases and was fully convinced that duced. In one case the tube was coughed out, and the deep position was at least worthy of further trial. a larger tube was introduced, which remained until I can now present a summary of nine cases which I the child died from extension of the exudate below have thus treated. Seven of the operations were per- the rube. In no case was there subsequent obformed for other physicians; for Drs. R. N. Hall, G. struction above the tube. In one case the obstruc-M. Emrick, E. E. Holroyd, Wm. Rittenhouse and tion seemed to be in the fauces and pharynx, and I Caldwell. Two were performed where there had feared that tracheotomy would be necessary, but been no physician in attendance until I was called "deep tubing" gave prompt relief. In two cases while

pressing the tube down deep into the larynx, it was at every attempt at swallowing. All this is obviated felt to slip by an obstruction and pass beyond reach. by the method that I have adopted, as the head of In these two cases I believe the head of the tube was the tube is within the larynx and well below the lodged in the ventricle of the larynx, resting upon opening, so that the glottis does not touch the tube the true vocal cords. There was no unusual incon- and can therefore perfectly guard the larynx. venience from the presence of the tube in this situation. I removed the tube in one of these cases and opinion that the tube can be more quickly engaged I had as little difficulty as in any, which I think by the extractor while it rests within the laryna, than would be equally true had the child been living. I while the head of the tube rests above the larynx. might state while giving this opinion, however, that The head of the tube being surrounded by the upper I have never extracted a tube from the living subject. extremity of the larynx, greatly facilitates the opera-

the presence of the tube, and could not drink one the side of the tube, which is the source of the greatdrop without strangling and having a violent fit of est annoyance with the tube in the high position. coughing following the attempt; she was fed by With reference to the danger of introducing the tube means of a tube in the esophagus. She died on the into the trachea, I would state that it is certainly a fourth day from pneumonia, the development of remote danger, as any one will admit that attempts which was probably favored by the irritation of the to push the head of a well fitting tube beyond the tube. This was Olga L., a girl 5 years of age, a pa-chink. tient of Dr. Emrick's. About two years previous, she swallowed, by mistake, some concentrated lye, themselves for the better adaptation to this mode of causing extensive destruction of the tissue followed intubation, and which have been constructed for me by a violent inflammation. After a long and desperate struggle she recovered her general health; but there remained two almost impervious strictures of the cesophagus. She had been under my care six months for the surgical treatment of the strictures when she contracted diphtheria, for relief of which the "deep tubing" was practised. It was to these changes in the pharynx and cosophagus caused by the lye that I attributed her intolerance of the laryngeal tube.

In seven cases death was caused by constitutional diphtheria, in one by extension of the exudation below the tube, and in one from pneumonia. While this summary of nine fatal cases of intubation of the larynx for diphtheria would show that intubation does not cure; it does not prove that intubation is an unjustifiable practice. On the contrary, it shows that the practice is one capable in the simplest manner of affording the greatest possible relief and allowing the patient to die a less horrible death than that of suffocation, and at the same time give one more chance for life.

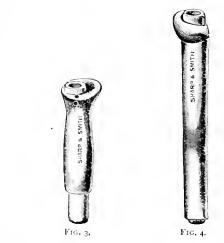
In comparing the two methods of introducing the most objectionable feature of the O'Dwyer method. It is the projection of the head of the tube over the the glottis from folding down and adapting itself to introduction of the extractor. the top of the larynx in the usual manner. This fluids especially, are forced into the larynx, thus and pressed home with the finger before the obcausing the most distressing paroxysms of coughing turator is withdrawn.

DEEP TUBING OF THE LARYNX.

In reference to the removal of the tube, it is my One case suffered severe and continual pain from tion, as it is not easy to get the extractor down by

> The modifications in the tube that have suggested by Sharp & Smith, of Chicago, are:

> Shortening the tube to the length of the larynx, or perhaps a trifle longer. (Figs. 1 and 3.)



Making the head of the tube conform more nearly tube, I would call attention to what I regard as the to the shape of the interior of the upper part of the larynx.

Making the upper surface of the head of the tube top of the larynx in such a manner that it prevents slightly cup shaped for the purpose of favoring the

Having that portion of the posterior border of the leaves a margin of laryngeal mucous membrane extube, which corresponds to the arytenoid cartilages posed, which has been in the habit of being covered stand on a plane anterior to that of the rest of the at every act of deglutition. The projections of the tube, so that the pressure at this point may be slight. tube do not cover it perfectly, so that in every act of As the arytenoids are supported by muscles we swallowing the food is allowed to come in contact should avoid putting them on the stretch. Conwith this surface, which is excessively sensitive to structing the obturator so that it will project threeeverything but air, and must necessarily excite eighths of an inch from the lower end. My tube, coughing. I have no doubt but what the glottis will being a little shorter than the most convenient length close the orifice of the tube perfectly, thus prevent-ing any food from getting into the tube, but it car-ables one to pass the tip to the proper position be-not close the larynx by the side of the tube, and food, low the chink, when the tube should be detached, locate the tube.

Iarynx as being preferable to "intubation," even though the long tubes are used, holding that long tubes are preferable only in very exceptional cases.

No. 683 Washington Boulevard.

EMMET'S NEW OPERATION FOR PROLAPSE OF THE POSTERIOR VAGINAL WALL,

Or So-called Laceration of the Perineum.

Abstract of a Paper read before the Obstetrical Society of Philadelphia, February 3, 1887,

BY J. M. BALDY, M.D., OF PHILADELPHIA.

Since I have become familiar with the subject it has each day seemed more incomprehensible to me, why the Emmet operation has not come into more general use. I have come to the conclusion that the sink his finger without finding much resistance, and fault lay in defective description of the operation as: set forth in most cases, and in the fondness of men for working on the skin perineum, and not in the op- be necessary to consider the attachments of the peleration per se. The operation, as described by most vic viscera. The pelvic fascia descends until it of the writers on the subject, is hopelessly mixed up reaches its attachment on a line drawn from the symwith long discourses on side issues. Too much is phisis pubis to the spine of the ischium, where it dileft to be understood from diagrams alone, with in-, vides into two layers, the outer or obturator, and the sufficient attention to details in the procedure. These inner or recto vesical fascia. This line of separation are prominent faults in the descriptions given by in great part also corresponds to the line of attach-Drs. Emmet and Dudley. Dr. Dudley also obscures ment of the levator ani and coccygeus muscles. The his paper, as presented in "Pepper's System of Med levator ani extends from this attachment downward, icine," by introducing several "modifications." The and passing under the vagina is inserted into the recfirst of these is one of the essential steps in the oper- tum at different points. It is covered on its upper ation, though not clearly described by Dr. Emmet surface by a reflexion of the recto-vesical fascia, which in the third edition of his "Gynecology." It consists binds it closely to the vagina and sphincter vagina in carrying the denudation into the vaginal sulci. muscle, and on its under surface by a reflexion of The second consists in passing deep sutures where the obturator fascia, which binds it closely below. perficial. His description of them distinctly calls sphincter vagina directly under the vagina. for their being passed deeply enough to include the speaking of the use of the sphincter vagina Dr. make the steps of this operation clear; and if I seem male organ, to squeeze out the contents of the vulvosubject, I hope you will bear with me patiently.

body, gives any support to the pelvic viscera, is an gescence of these erectile organs." If this be corerroneous one. The distance between the uterus rect, we have an explanation of the loss of sexual and the perineal body is quite measurable, and the power and desire so often seen in women who have intervening tissues, which consist merely of the mu-suffered from a tear of this muscle. The recto vesicous vaginal canal and surrounding connective tis- cal fascia sends out reflexions from its bony attachsue, are by no means of such a firm character as to ments also over the vagina as well as over the other be able to uphold the uterus either per se or through pelvic contents, forming the strong ligaments which

The greatest objection to using the tubes of the pres- the support given by the perineal body below. The ent construction for "deep tubing" is their length. The only aid this body could give the supposed support O'Dwyer tubes (Fig. 4) when placed deep in the lar- would be by the uterus resting directly upon it. Dr. ynx, will reach to the seventh ring of the trachea, as Emmet puts it very happily when he says "it would shown by an autopsy. This, owing to the mobility of be as rational to assume that a man's pantaloons the lower end of the tube in the trachea in the varying were supported by the legs resting on the instep or positions of the neck, is a source of irritation excit- foot." The principal support of the pelvic organs is ing cough and inducing pain. One of my patients their ligamentous attachments, on the same principle would invariably point to that locality when asked to as the organs contained within the abdominal and thoracic cavities are suspended. A good proof of Finally, I would recommend "deep tubing" of the this is the fact that we constantly see women going about their daily work who have their superficial or skin perinea, not including the fasciae or muscles, torn even to the sphincter ani, and who never have suffered any inconvenience therefrom, and who probably never will. The cause of all the various ailments following parturition, beginning procidentias, etc., will be found inside the vagina on the posterior wall. If any one will place his fingers on the posterior vaginal wall of a woman who has never borne a child, and move them first to one side and then to the other, he will find a firm resistance to pressure in any direction. If he now introduce his finger into the vagina of a woman who has had an injury to the pelvic floor during parturition, he will fail to meet with the resistance which he met in the first He will find instead a rectocele of greater or less extent, with deep divulging sulci running up each side of the recto vaginocele, into which he can easily yet the external or skin perineum may be perfect.

To fully and clearly understand this change it will Dr. Emmet passes superficial ones. In reality, Dr. The transversus perinei, when it exists at all, arises Emmet's "superficial" stitches are only relatively su- from the pubic arch, and its fibres are lost in the posterior wall. My excuse, therefore, for offering a Goodell says that "the property of this muscle is to contribution on such an old subject, is to attempt to pull down the rigid clitoris into contact with the tedious in detail to those who are familiar with the vaginal glands, and to compress the dorsal vein as well as the bulbs of the vagina, so as to obstruct me-The belief that the female perineum, or perineal chanically the current of blood and produce a turhold them in place and give firm support to the dif- the operation) into the crest of the rectocele and ferent venous plexuses; amongst others the vaginal draw it upwards, without undue traction, to the meplexus.

The anterior wall, which has lost its main support— and much time is saved by the celerity with which the posterior wall—begins to roll down and out, form- they can be handled. ing a cysto-vaginocele; the posterior wall gradually spring.

duced at a subsequent labor.

is placed in the dorsal position, and the labia separ-clude a portion of the posterior vaginal wall. ated by assistants; hook a tenaculum or a ligature. The day for plunging a great perineal needle (which remains a permanent landmark to the end of through glutoid tissues, skin, muscles, fascie, nerves

atus, and place it in the hand of an assistant. Hook The advancing head of the child, under certain another tenaculum into the labial tissue on each side circumstances, crowds the soft parts in advance as it-directly opposite to or in the lower caruncle or resweeps along the pelvic floor and the fascise and mains of the hymen. If slight traction in diverging muscles just described, becoming over-distended, directions be made in all the tenacula at the same separate and retract, forming deep sulci laterally, time three triangles are formed having the crest of Frequently the injury is sub mucous. The external the rectocele for their common apex. The base of soft parts or skin perineum may be torn or not; very the first is a line drawn from caruncle to caruncle, often it remains perfectly intact. There is no ques- and the bases of the others a line drawn from each tion in my mind that this injury is caused with unne- caruncle to a point far up the sulcus of the same cessary frequency both by the injudicious use of the side. On denuding these surfaces and bringing the forceps and by our vain efforts to "support the per-three tenacula together, "the vaginal canal will be ineum." As a rule our patients would be far better found reduced in size, the perineum will have been off if we were to throw our forceps away and keep apparently drawn up toward the arch of the pubes, our hands off the perineum, as far as any idea of and the tissues of the previously gaping outlet will giving it support is concerned. If we hold the head have been rolled in until the vaginal entrance is no back the vis-a-tergo must be spent somewhere, and longer larger than that of any female who has not that somewhere is the pelvic floor, which suffers ac- given birth to a child at full term." The posterior wall is brought firmly up against the anterior wall The mere rupture of the fasciæ and muscles would and bladder, giving them them their natural and necause the woman little trouble of themselves, but the cessary support, and preventing their rolling down results are far-reaching. The fascise being the chief and out. Care must be taken not to denude too support of the blood vessels, we now have these large much surface in the sulci, as failure may result, the veins with no support but their own walls; consessutures cutting out from undue traction. The scisquently we soon have a chronic engorgement, with sors should be used for all plastic work in the vagina. dilatation and a very sluggish return of blood from Anyone becoming accustomed to their use will never the parts. The viscera become engorged and heavy. go back to the knife. The bleeding is infinitely less

The most essential part of the operation is the inpushes forward and bulges from the vaginal orifice troduction of the sutures. They are passed from the as a recto-vaginocele. The fundus uteri becomes or apex of each sulcus toward the operator. A tenacremains enlarged and falls backward from its weight ulum is hooked into the apex of one of the sulci and and the traction of the vaginal wall. Gradually but drawn away toward the cervix uteri, thus preserving surely the ligamentous attachments of the uterus are the line on which the sutures are to be introduced. stretched and the whole organ slowly descends, drag- The sutures are then all passed toward the operator ging everything with it. We eventually have all the to the bottom and median line of the sulcus, plenty phenomena of complete procidentia if things go on of tissue being included; the sutures emerge at the unheeded. This theory of the injury in the female median line of the sulcus and are reintroduced in the pelvis in parturition is by no means new. It is sub-same spots and carried away from the operator, stantially the same view held by Emmet and express- emerging just beyond the freshened edge of the reced by Hadra, in the American Journal of Obstetrics, tocele directly opposite the original point of intro-April, 1884, by Wylie, in the N. V. Medical Record, duction, on the other side of the sulcus, thus taking March, 1885; Skeene, in N. Y. Medical Journal, a V-shaped course. The number of sutures is usually April, 1885, and by James Price, in a paper read be- four or more. The other side is sutured in the same fore the Philadelphia County Medical Society last manner. When these sutures are all drawn up into place and closed, there remains a small triangular The old operations, devised on the supposition space of freshened surface in front of the rectocele, that the injury of the perineal body was the cause of which is closed by the so-called crown stitch and one all the symptoms, included far more labial tissue or two superficial external stitches. The crown than had been involved in the tear, and were entirely stitch is introduced through labial tissue at the lower inefficient for restoring the pelvic floor. They caused caruncle, the original point of introduction of one of an unnecessary barrier to coition, and frequently the tenacula carried across through the crest of the left the patient with a certainty of return of all her rectoeele and then through labial tissue at the lower ailments, and a probability of the tear being repro-caruncle on the opposite side. All the other sutures are now lost to view within the vagina. The result-The only satisfactory surgical procedure suggested ing shallow line directly in the median line of the as a cure of the injury is that of Dr. Emmet, for perineum is closed by one or more superficial ex-"restoration of the pelvic diaphragm." The patient ternal stitches. They are passed deep enough to in-

barbarism as searing the stump of an amputation to surgery. stop hæmorrhage, and causes much pain and suffersilver several turns around a straight needle or other, and suggested extensive adhesions. staff, to form a close coil about half an inch in length. the suture has ends as long as the coil was.

would stay quietly in bed she would recover with through the abdominal wall I found the peritoneum perfect union without the doctor's attention. As a and eyst firmly adherent, and dividing this layer the rule the patient complains of no pain, and opium and tumor was opened. Turning the patient on her side alcohol are not needed. The bowels are kept solu- a large portion of the contents was discharged. Inble from the first; and the urine is passed every four troducing my hand, the tumor was found to be mulor five hours, the patient getting on her hands and tilocular; the additional compartments were torn knees if necessary. There is no necessity for bind-open and emptied. At this stage of the operation I ing the knees together, nor for keeping the woman was first able to appreciate the immense size of the in one position for days. The stitches may be taken cyst and the extent of adhesion. Only three weeks out on the eighth day.

A CASE OF INTRA-LIGAMENTOUS OVARIAN CYST: GENERAL PERITONITIS; UNIVERSAL AD-HESIONS; OVARIOTOMY; RECOVERY.

A Paper read before the Central Kentucky Medical Association.

BY L. S. McMURTRY, A.M., M.D.,

OF DANVILLE, KY.

FORMERLY PROFESSOR OF ANATOMY IN THE KENTUCKY SCHOOL OF MEDICINE, \mathtt{ETC}_{\star}

Society I have described the technique of the operation, and discussed points relating to the diagnosis edge of the incision. I succeeded in getting "a hold" and pathology of ovarian tumors. So much has been in this way, and proceeded cautiously, but as rapidly written of late upon this subject, and such brilliant as I could, in the work of enucleation. I stripped results have been obtained by many operators, that the cyst from the pelvis, the bladder, and the whole an eminent authority suggests the idea that the last surface of the womb, from the ascending, transverse words are said upon the subject. While this degree and descending colon. I then stripped the small of perfection may apply to a few expert operators intestine and omentum from the cyst. The latter working amid the dense population of certain Euro- was extensively and firmly adherent, and required a pean countries, the subject of ovariotomy cannot be number of ligatures. I was careful to avoid injury regarded "a closed chapter" by the profession of the to the ureters on each side, an accident not unknown United States, where a large population is scattered in such cases, and, of course, one of the utmost over a vast area and the work necessarily distributed gravity. The lower portion of the cyst I found inamong a large number of operators. Hence I make cluded between the folds of the broad ligament, and no apology for reporting in detail the following diffi- had to be carefully enucleated. The tumor sprang cult and complicated case, illustrating, as it does, from the right side. When all the adhesions were

and blood-vessels, is past. It is as much a relic of so many important points in advanced abdominal

On November 18, 1886, I was called to Williamsing. The material of the suture is immaterial. Cat. burgh, Ky., by Dr. E. S. Moss, of that town, to see gut can be either shotted or tied. As moisture causes. Mrs. G. W., aged 29 years, the mother of six chilthe gut to swell, it should be shotted as soon as dren, the youngest being 3 years of age. The papassed and fastened to the public hair with a pair of tient was confined to her bed, vomiting daily, and hæmostatic forceps. This will keep them out of the suffering severely from the effects of intra abdominal way of the operator. Dr. Emmet always uses silver prepuce. The tumor was first observed two years wire twisted and then shotted so as to be easily ago. Six weeks previous to my visit she was tapped found; the end is bent over and lies tlat on the ris- and a large quantity of fluid drawn off. This was sues. Silkworm gut should always be shotted. It followed by a severe attack of general peritonitis, the makes an excellent suture, and forms a good splint temperature ranging above 105. F., during which her to the tissues. Whatever is used, the stitches are life was almost despaired of by her physician. Three equally hard to find and remove. A very easy method weeks before my visit she was tapped the second for either wire or gut is the use of "Aveling's wire time, and the fluid again rapidly accumulated. A coil." These can be made by wrapping a piece of careful physical examination confirmed the diagnosis

The operation was performed at 11 o'clock on This coil is slipped over the two ends of the suture Thursday, November 18, 1886, the following gentleand secured in its proper place by a compressed shot, men being present: Drs. E. S. Moss, Gatlift, Wat-In removing, snip off the shot, remove the coil, and kins, Parker, Blain, and Ellison. Dr. Gatliff administered ether, and Dr. Moss kindly assisted me The after-treatment is very simple. If the patient throughout the operation. On making the incision having elapsed since the last tapping, and the fluid not having fully refilled the sac at the time I saw the patient, I had failed to realize the immense size of the sac. I now discovered that the tumor extended from Douglas's cul-de sac to the diaphragm, and that the adhesions were absolutely universal.

Being unable to evert the sac, I sought for some unattached point through which I might gain entrance to the peritoneal surface and remove the cyst by enucleation. In this I failed, for the preceding peritonitis had firmly fused the peritoneum and cyst wall, leaving no unattached point. To determine this point thoroughly I enlarged the incision from three to about five inches. Finding it impossible to gain In previous reports of cases of ovariotomy to this an entrance by an unattached point, I began the dissection of the cyst with scalpel and forceps at the

placed her in bed, injected brandy beneath the skin days, and the tube was again removed. in several places, and surrounded her with bottles of: hot water. Through the lower angle of the wound operation, the temperature again ascended, reaching bandage applied. entire operation occupied fifty-eight minutes.

which had been carefully cleansed, dried and pre-prompt recovery: pared for the purpose. The bed, mattrass and clothing were new, and everything used was scrupulously case from the day you left, and hope you will place them in such clean. I will not describe the details of preparation form as you think best. I ceased to visit her regularly on January and the best of the season of of t of sponges, instruments and dressings, as it would be a mere repetition of previous reports made by me to this Society. I will only say that I continue usual standard of strength and flesh, and is daily attending to to use a solution of carbolic acid, strength of 1 to her household duties. Very respectfully, E. S. Moss. 40, for the instruments and sponges, and for sutures and ligatures the best silk; and that I spare no pains in my endeavor to secure perfect cleanliness of operator, assistants, and everything coming in contact with the patient. I believe that the faithful application of the principles of the Listerian system is the only sure Read before the Denver Medical Association, February 8, 1887. method of attaining good results after laparotomy. As to whether asepsis is attained by carbolic acid, corrosive sublimate, iodoform, hot water, or other agents, is unimportant; the principles of Listerism are essential, though the manner of their application for an opportunity to use my set of O'Dwyer's inmay vary with the fancy of various operators.

The attending physician in this case was Dr. E. S. Moss, of Williamsburgh, an accomplished young practitioner, formerly an *interne* in the Louisville City Hospital. He assumed the management of the case the second day after the operation, and conducted the after-treatment. We were in daily communication by letter and telegraph. From his notes kindly sent me, I condense the following history of fellow, apparently in the best of health except for the progress of the case after the operation:

The shock of the operation was severe, and reaction came about rather slowly. During the first three days all went smoothly, the temperature and pulse ranging about 100. The catheter was required to relieve the bladder. On the third day, the discharge from the drainage tube having about ceased, the tube was removed and the edges of the wound brought firmly together. On this day, also, there being some distension, an enema of warm water was administered, which brought away freces and gas.

On the fifth day the pulse was over 120, and the

separated the tumor came away without a pedicle, temperature reached 104° F., with general symptoms The left overy was found to be normal, and hence corresponding. Being apprised of the situation, I was not removed.

Being apprised of the situation, I telegraphed Dr. Moss to open the wound, wash out The toilette of the peritoneum was tedious and the peritoneal cavity, and retain the drainage-tube in exacting; many bleeding points had been secured place, which was promptly done. I also suggested with forceps and many were ligatured. After secur- the administration of a brisk cathartic, and Dr. Moss ing all bleeding points, the abdomen was washed out gave a dose of calomel and jalap, which acted freely with pure warm water, and I began the introduction and promptly. Our efforts were rewarded by the of the parietal sutures. At this stage of the operatemperature falling below 100° F., with correspondtion the patient's pulse became very rapid and feeble, ing improvement in all the symptoms. The patient and, assisted by the gentlemen already named, I continued to progress satisfactorily for a number of

On December 10, the twenty-second day after the I then passed a Keith's glass drainage-tube, and tied 1104° F., with rapid pulse and very alarming sympthe stitches closing the incision. The surface of the toms. Dr. Moss again opened the lower angle of abdomen being thoroughly cleansed and dried, the the wound, introduced a rubber drainage-tube, and wound was dressed with antiseptic gauze, and a washed out the peritoneal cavity. The improvement The drainage-tube was secured was prompt, but the discharge persisted until Decemin place in the usual way, and its external opening ber 19, when, having altogether ceased, the tube was protected with sponge and rubber sheeting. The removed and the wound allowed to close. On December 26 the patient sat up, and she improved rap-The patient occupied a room to which she had idly from that time on. The following letter from been removed from her home in the country, and Dr. Moss, dated February 1, 1887, announces her

> Dear Dector: - Enclosed I send you notes of Mrs. W.'s ary 9, as she was then going about the house. She has completely recovered and has returned to her home, six miles in the country. Her husband informs me that she has reached her

MY FIRST INTUBATION OF THE LARYNX; RECOVERY.

BY CHARLES DENISON, M.D.,

OF DENVER, COL.

For several months I have been on the outlook tubation tubes. The first opportunity, that of diphtheritic laryngitis at the Orphans' Home, was lost through the negligence to call me in time. The little patient's heart was ceasing to beat as I reached the Orphans' Home.

On February 1, at 11 A.M., I was called in haste to see a 6 year old boy at 1016 Thirteenth St., the adopted son of J. H. T. He was a rosy-cheeked the dyspacea, etc., which characterized his condition at that time. His respirations were labored, decidedly *croupy*, his face suffused, and there was aphonia. His temperature, in the groin, was normal, pulse 120, and respirations 35 per minute. On examining the throat a patch of false membrane was detected to the right of the epiglottis and just below the tonsil. Here was a case of true croup, or pseudo membranous laryngitis, that dreaded condition which, if your experience has tallied with my own, you have almost always seen end in suffocation and death.

As to the cause of this attack, it should be re-

tive effect, due to this fever, it is interesting to note that of eighty-seven cases of diphtheritic laryngitis the cadaver or a healthy person. reported in the autopsy records of the New York number, had followed immediately after measles.

ous night, had had syr. of ipecae and some relaxing cough mixture, like hives syrup, which had produced emesis, and thus relieved several hard attacks of dyspnea. I prescribed wine of ipecac, a teaspoon- able. The boy began to breathe freely at once; his ful every ten minutes during the bad spells, the throat eye brightened; the leaden color left his face to be and chest to be rubbed with a relaxing embrocation, displaced by the natural hue, and within ten minutes and covered with a poultice, which was held in place he drank two cups of milk, when for six or eight the following:

B. Sodii benzoati, \$58. Acidi carbolici cryst, gr. v. Glycerm,

Sig. Use on swab every four hours and give half a teaspoonful between times.

The attendants were informed of my movements, so that I could be found in case urgent symptoms should supervene.

At 2 P.M. the treatment seemed to have done very The child had vomited once or twice, the dyspacea was not so distressing, though the respirations were 38 to 40 a minute. The use of the swab the larynx, a fact which made me hopeful the remainder might be dislodged.

At 4 P.M. the dyspncea was increasing; respiration slowly disappearing. 44, pulse 120 or over, and temperature normal.

to have to operate at any time. Some temporary relief was afforded by the inhalation of steam from slacking lime, but the symptoms from hour to hour ventor of these tubes, praise equal to that given to were getting worse.

longer delay. Temperature rising, pulse 130 to 140, and respirations 50 per minute. Respirations super- emy of Medicine, lately summed up the advantages ficial, labored, and accompanied with retraction of and disadvantages due to intubation as follows: the abdomen; lips turning purple and face suffused, and with skin of that fatal leaden hue. The eyelids would remain partly open as the child temporarily and friends. slept. Expectoration and cough had ceased for some time, and the breathing was loud and whistling. I from danger and free from shock. am convinced that there would have been no further expectoration to relieve the then present suffocation. ants. It was very soon after to o'clock when I had the boy held in the sitting posture on the knees of A. M. of the case requires no trained attendant. The in-Mortimore, and while the head was steadied by Miss Launey, one of our medical students, I introduced the gag (which comes with the tube to hold the jaws found useful as a guide upon which to cut. apart) and, having already prepared the proper-sized tube for a 6 year old child, quickly, and as gently as all: it embarrasses and sometimes interferes with the possible, considering the struggling of the patient, swallowing of fluids." introduced it so that the head of the tube was down in place below the rim of the epiglottis. This intro- halations, etc., had softened the membrane and thus duction was accomplished with the right hand, while prepared the way for its expulsion, we cannot, of

marked that two weeks previously the boy had broken | the epiglottis was hooked up by the index finger of out with measles, which had run its course so easily the left, according to the usual directions, and was that no physician had been called. As to a causa | successful at the first attempt, though I had not the advantage, as is recommended, of a previous trial on

I believe the plastic exudation was sufficiently de-Foundling Asylum twenty two, or one fourth of the tached in the introduction to occlude the lower end of the tube, for the tube was at once thrown out, to-For treatment this child already, during the previ- gether with about half a teaspoonful of false membrane and tenacious fibrin; one portion of the expelled membrane being as large as a silver five cent piece. The relief, however, was instantaneous and remarkwith a snugly fitting cotton jacket. I also ordered hours before he had taken only a swallow of liquid at a time.

I expected that the membrane would reform, and that I would be called within three to five hours, as others have reported they had been, to reintroduce the tube. But in this expectation I was happily disappointed, for I not only enjoyed a good night's rest myself, but so did my little patient. I found him bright and smiling in the morning; respiration somewhat croupy, cough loose, aphonia continued, pulse 92, respirations 34, and temperature 99.5° F. The previous day's plan of medication was in the main continued.

About 3 P.M. I was summoned in haste, but a severe attack of dyspncea had been relieved, when I arrived, by expectoration. Pulse then 112, respirahad wholly removed the false membrane from above tion 36, and temperature 101.5°. After that there was continued improvement, and to day the boy is hearty and well, except for a partial aphonia which is

Of course, taking this single case as the basis of After 7 P.M. I remained with the patient, expecting my conclusion, and notwithstanding the unusual though favorable termination of the first attempt, I feel like ascribing to Dr. Joseph O'Dwyer, the inany of the many illustrious men who have contributed By 10 P.M. I was impressed with the danger of new means of saving life during the past fifty years.

Dr. W. P. Northrup, before the New York Acad-

"It relieves dyspnœa due to laryngeal stenosis. "There is no objection on the part of the parents

"The operation is comparatively simple, and free

"No anæsthetic is needed, and no trained assist-

"No fresh wound is added. The subsequent care spired air enters the lungs moist and warm.

"It does not preclude tracheotomy, and may be

"Intubation has one conspicuous fault, attested by

How much the previous treatment, the steam in-

course, state positively. I am inclined to give this This wool is finely carded, free from all oil and fortreatment some credit in this regard.

omy I am inclined to join the adherents of the former, patient in the genu-pectoral position, with the perinthough I was equally successful in my first case of eum retracted, this is stuffed into the vagina and left tracheotomy, and that was on a 6 months old baby there. The upper end of this tampon can be soaked for cedema glottidis, performed in haste, at night, in any antiseptic solution, as boro-glyceride or liswith only a piece of a flexible catheter for a tube, terine, and with a piece of string attached to the which after a little had to be discarded. Then I had lower end of it, the patient can remove it and douche to cut another ring of the trachea, and the child the vagina, in readiness for the next tampon, and in made a good recovery.

ANTISEPTIC TAMPONNEMENT OF THE VAGINA IN PELVIC INFLAMMATIONS.

Remarks made before the Chicago Gynwcological Society, January 21, 1887,

BY JAMES II. ETHERIDGE, M.D., GYNECOLOGIST TO THE CENTRAL FREE DISPENSARY, AND THE PRESBYTERIAN HOSPITAL, CHICAGO.

of the vagina and supporting the uterus in cases of gets up she has a soft elastic cushion for the uterus pelvic trouble, notably of inflammation and enlarge- to rest upon. In this way the greatest comfort is at ment of the uterus, and as the work has grown upon once experienced. I have treated between twenty me, other complications in the way of pelvic trouble and thirty cases in this way. One case was a woman have also been treated with a result that has rather with a severe laceration of the neck of the uterus; surprised me. For it, I claim nothing original.

a case of general metritis and prolapsus of both ova- case. She had pain in the legs and hips and profuse to a very low state. She had had all sorts of operather. I put her in position and applied the tampon, tions performed and advised,—repair of the neck of I found after using four or five of them the pains had the perineum for laceration,—and had been recom- nearly all disappeared. I found also that the raw mended to have the ovaries removed. Upon examedges of the torn cervix were taking on a new muination I found the uterus immovable. I placed the cous membrane, and I had the gratification of findboro glycerine. The vagina was douched before the laceration could be recognized through the speculum. tampon was reapplied, and of course everything was I have recently been called to see a woman who cient means of treating pelvic trouble.

was using medicated applications, such as iodine, of that kind. carbolic acid, sulphate of zinc, tannin, iodoform, etc., uterine inflammation, I have been making applica- odor upon them. tions of the cotton tampon, resulting in considerable. When the uterus is enlarged it becomes heavy,

eign substances. A piece is cut off, of such a length As to the choice between intubation and tracheot- as will fit nicely into the vagina, and then with the this way tampon after tampon can be introduced and the uterus held up to the highest possible level, and advantage taken of the natural drainage from the uterus of the superabundant amount of blood.

The inflammations of the uterus we are usually called upon to treat are not active, but chronic, and if we hold the uterus up so that it can drain itself properly through the veins, the nutritive changes which take place will be facilitated to the greatest extent. A small Sims' speculum can easily be applied without trouble to the patient, and this wool What I have to present refers to tamponnement can be pushed into the vagina so that when the pathe probe went into the cavity about 4½ inches. A year ago last fall I commenced the treatment of Local treatment had been freely employed in this ries with enlargement, which had brought the woman menstruation, and was a total wreck when I saw woman in the genu-pectoral position and tamponned ing, after six months, that this uterus had been rethe vagina with absorbent cotton, saturated with duced to its natural size. It was with difficulty the

removed during menstruation. This was kept up has inflammation of the ovary upon the right side. for three months and she began to have less neural. I found her in bed, where she had been five months gia, which had made her life miserable. I kept up continuously. Upon moving the uterus, I found the treatment three or four months longer, when there-there was a great-deal of tenderness throughout-the was complete mobility of the uterus, and she went pelvic tissues and around the right ovary, the slightout of doors and to church. The neuralgia sub- est touch producing the greatest suffering. The wosided, the tenderness of the uterus and the ovaries man was put in the genu-pectoral position and the entirely disappeared, and her condition was so much vagina plugged with this wool. She got out of bed improved that it seemed to me that this was an effi- the next day, and the next night went down to dinner. Now she is going all over Chicago. Before In the midst of this work I found that Dr. Engel- that she had been treated nine months by means of mann, of St. Louis, was utilizing the same idea. He local applications, tonics, laxatives, and everything

The result of the support of the uterus and holding and he made this subject the text of annual address the overy up has been almost marvelous. I make to the Gymecological Society of St. Louis. I think these statements concerning this method of treatment the gist of his paper was incorporated in the report for the purpose of calling attention to it, as I am I made to the State Medical Society last summer at still studying the subject. These tampons are re-Bloomington. Since then, in all sorts of cases of moved after four or five days without the slightest

dissatisfaction with the material employed, and I sinks, and presses the veins which carry the blood have commenced the use of something else. It is a out of the uterus, and we have strangulation. By preparation of wool that is called "antiseptic wool," raising the uterus up, the blood flows freely and the nutritive changes tend always to health. One out- which was kept at a temperature of 99° to 100° F., growth of the use of this tampon may be that many where they remained from five to ten minutes. Afcases of laceration of the cervix, now operated upon, ter all oozing had stopped these pieces were transmay escape operation. I have been surprised to see ferred from the solution to the wound, being placed how very nicely patients get along, even though they in two rows in such a way that the inner row had the have extensive lacerations, under this treatment.

HOSPITAL REPORTS.

MERCY HOSPITAL, CHICAGO. CASE OF BONE GRAFTING IN THE LOWER JAW.

SERVICE OF JOHN S. MARSHALL, M.D., DENTAL AND ORAL SURGEON,

(REFORTED BY A. C. BROELL, M.D., INTERNE.)

Miss S., aged 42 years, presented herself for operation on January 26, at the Mercy Hospital. exsected extended from the first bicuspid tooth backwards to, and included one-half an inch of, the ra- without the formation of pus. mus. This physician also made an attempt to bring the fragments of the jaw into apposition, so that bony fair prospects that the operation will prove successful. union might occur; no such union, however, resulted, but the jaw was so displaced that the median line of the chin was situated about one half an inch to the right of the median line of the face.

Later on the patient began to suffer with neuralgic pains about the left temporo-maxillary articulation, and in the right arm. To relieve this pain, which -DR. TRUSSEWITSCH, in an instructive paper on the was thought to be dependent upon displacement of use of nitro-glycerine published in the St. Petersthe jaw, an operation was performed by Dr. Marshall burger Medicinische Wochenschrift, points out that some time ago, by means of which the cicatricial tis- the value of this drug in various affections—angina sue was removed through the mouth, and reposition pectoris, migraine, and neuralgia (which he describes of the jaw was accomplished. The fragments were as angioneuroses), as also in sea sickness, some held in position by a gold rod screwed into the forms of anaemia, faintness, palpitation, and other ramus, and attached to a gold cap applied to the first diseases—depends upon the existence of an irregular

self for the second operation, by means of which the especially of the face, often co existent with a weak gap now existing between the fragments, one inch pulse and a small rigid radial artery, which frequently and a half in extent, it was hoped, might be replaced is situated at some depth. When, on the other with new tissue reproduced by bone-grafts. Having hand, headache and neuralgia occur in patients with been previously prepared for operation, she was at chronic congestion of the subcutaneous veins of the once etherized. An incision was made about four face, nitro glycerine is to be avoided; and similarly inches in length in the line of the old scar, down to it is of no use in asthma, when the face is reddened the mucous membrane lining the oral cavity. Both in consequence of emphysema. If, however, a pale ends of the fragments were laid bare, and well scraped. face exists with angina pectoris, migraine, giddiness, The hæmorrhage which followed, though slight, was shock, toothache, or sea sickness, the best results persistent, but was finally checked with a hot solu- may be looked for by giving nitro-glycerine. The tion of bichloride of mercury (1:1000 of water.)

rabbit, both its femurs were laid bare, and with bone brought about by blood-letting; and in these congescutting forceps twelve small pieces of bone, ranging tions, whether of lung, brain, or kidney, when they in size from about two to six lines in length, two to are of a temporary character, the pulse is generally three lines in width, and one line in thickness, hav- found to be slow and of low tension—a fact which, ing the periosteum attached, were removed from the as the author remarks, is sufficiently well-known in epiphyseal extremities. These pieces were placed reference to the fever-free periods of acute hyperæmia in a solution of the bichloride of mercury (1:1000), of the lung and kidney. Dr. Trussewitsch lays down,

periosteum towards the mucous membrane and the outer one had it towards the cutaneous surface, the ends of the rows being in contact with the denuded ends of the jaw-bone, and the cancellated structure of the pieces being in contact.

The incision was now closed with eight sutures of carbolized silk, with a few twisted strands of silk left in the lower end of the wound for drainage. The wound was dressed with iodoform and antiseptic gauze covered with oiled paper, the whole dressing being held in place by a bandage. Throughout the operation antiseptic precautions were scrapplously

The patient left the hospital on the following day. previous history is about as follows: Nine years At home she improved rapidly, the wound healing ago she was suffering with a disease of the lower jaw, by first intention throughout four-fifths of its extent; which was diagnosticated osteo sarcoma, by a homee- in the other fifth, near the drainage, the stitches cut opathic physician, who afterwards performed an ex- through, retarding the healing somewhat. The resection for the removal of the disease. The piece maining stitches and the silk left for drainage were removed on the sixth day. The entire wound healed

As far as can be ascertained at present, there are

MEDICAL PROGRESS.

Indications for the USE of Nitro-Glycerine. bicuspid tooth, and retained by oxyphosphate cement. distribution of blood, which condition may be in-The patient this day (January 26) presented her-ferred from a certain degree of pallor of the skin, regulating effect of the drug exercises an influence At the same time, having etherized a half grown over the congestion of internal organs similar to that

indication for the employment of nitro glycerine, and ment than to submit to a second trial of the injecthe most trustworthy guide as to the dose with which tions. Attempts have been made to find some less to commence the treatment. The smaller the radial irritating substance as a substitute for the ether, but artery is, the more rapidly it dilates under the action they have not hitherto been very successful. of the drug, and the less the secondary effects proceed; on the other hand, the fuller the pulse with a that the iodoform injections have been employed, distended radial artery, the less it is affected; and but they have been used with benefit also in tubercufinally, the softer the artery, with a weak pulse, the lar bone and joint affections. - Medical Record, greater the secondary, and the less the general, March 12, 1887. effects. Single drop doses of the 1 per cent. solution are sufficient in cases of small pulse, but with a full pulse it will be found that the full effects cannot be FESSOR SCHWIMMER reports excellent results from the produced with less than 2-drop doses. When there use of papayotin in fissures of the tongue, after is a soft artery with a weak pulse, subnormal doses chromic acid, iodoform and nitrate of silver had only should be given—a quarter to half a drop, failed. The papayotin was administered in the After the trial dose is given, the patient's sensations following form: of pulsation and pain in the head, as well as the distension of the radial artery under the finger of the physician, will be the guides for increasing the dose. The author finds that the best modes of administering nitro-glycerine are the simple dropping of the solution on the tongue, and by means of tablets; much less satisfactory results were obtained when given mixed with water.—Lancet, Feb. 19, 1887.

lodoform Injections in Cold Abscesses.— Within a few years a new method of treatment of cold abscesses has been largely adopted, which is simple, easy of performance, and apparently devoid of risk to the patient. We refer to the use of iodoform injections. It consists simply in the evacuation of the abscess by means of an aspirator, the largest-sized needle being used, and in the subsequent injection of a solution of iodoform in ether. A 4 or 5 per cent, solution is the one more commonly used for abscesses of large or moderate size, but occasionally the strength is increased to 10 per cent, when the abscess is of very small dimensions. The quantity of solution to be injected varies according to the circumstances of the case, though, in view of the danger of exciting toxic symptoms, it is generally recommended that not more than a drachm of iodoform should be used. The ether holding the iodoform in solution finds its way into every pocket and sinuosity of the abscess cavity, and there deposits a film of iodoform. Some little attention is necessary after the injection has been made, as the ether is volatilized by the heat of the body, and may cause an unpleasant degree of distention of the abscess cavity. If this occur it may be necessary to introduce the needle of a hypodermatic syringe in order to give exit to the gas. Ordinarily, however, the pa tients suffer little inconvenience, and are able to go about as usual after the operation. The experience of those who have employed this mode of treatment has been that one injection is often sufficient to effect a definite cure of the abscess, provided, of course, that it is not directly connected with a centre of disease in a bone or joint which is constantly secreting pus. Sometimes, however, it is necessary to repeat the operation two or more times. The chief inconvenience of this method is the pain which it causes. This is usually pretty severe, and is sometimes so

as a rule, that the condition of the pulse is the best great that the patients prefer to renounce all treat-

It is not in the treatment of cold abscesses alone

Papayotin in Fissures of the Tongue.—Pro-

R. Papayotin..... 1 to 2 parts. Distilled water.

This solution is to be applied with a camel's-hair brush, from two to six times a day, the tongue having been previously well dried. There is no maceration, as would be supposed, but the mixture stops the pain and seems to cause a renewal of the epithelium. Schwimmer reports twenty-five cases, some of several years' duration; and complete cure was affected in all except one, which was syphilitic, though specific treatment gave us no good result. But in this case papayotin ameliorated the condition of the tongue.— Wiener med. Wochenschrift.

Antiseptic Collodion.—The Journal de Médecine of December 26 contains an account of a new kind of "collodion," which is antiseptic and promotes cicatrization. It does not cause inflammation, and may be substituted for collodion made from gun cotton, in the treatment of wounds and bruises. Like traumaticine, it is efficacious in relieving neuralgic pains, and acute or chronic rheumatism. The affected parts should be sponged with it every twenty-four hours, and in serious cases every six hours. If strips of linen or silk be soaked in this collodion, an excellent sticking plaster is obtained, which quite equals English court plaster. The following is the formula: Mastic in globules, 3 grammes; balsam of Peru, 1 gramme; narcotine, 1 gramme. Each ingredient should be ground separately, and 5 grammes of chloroform added thereto.

Treatment of Sciatica.—Dr. Metcalf, of New York, says that no prescription for sciatica has ever equalled in efficacy the following: R. Tinct. aconit. rad., tinet. colchic. sem., tinct. belladonna, aā 3 j. m. Sig.: Dosc, six drops every six hours. He also uses triturate tablets, each containing three drops of the following: Tincture of aconite root, tincture of seeds of colchicum, tincture of belladonna, tincture of actea racemosa—equal parts by volume. Dose, one every four or eight hours.

THE

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THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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VERSE FRACTURE OF THE PATELLA.

of late in the treatment of transverse fractures of the supplying the patella, from which it may be seen pathology of these fractures, and consequently there atous hamorrhage from the cancellous tissue in the Lancet, of November 17, 1883.

examined ten fresh patellæ from as many different these might prevent union were no attempts made to subjects, the ages varying from 2 to more than 60 bring the fragments together. But we know that tella were presented by a very thin film, in many is easily overcome, and with ordinary care could not

tinuous from the tendon to the ligament, a few being oblique. The intra vitam examination of these structures in recently produced transverse fractures coincided with these anatomical investigations; and in applying these facts it should be remembered that the time at which this fracture is most likely to occur coincides with that in which the aponeurotic structures are most developed in front of the patella.

The three causes which have been assigned for the want of osseous union after transverse fracture of the patella are: t. A supposed deficiency in the patellar blood supply, causing a low vitality of the part and thereby preventing an outpouring of sufficient ossific deposit to unite the fragments together. 2. The separation of the fragments, by the retraction of the quadriceps extensor carrying the proximal portion of the patella upwards and away from the lower fragment. 3. The distension of the joint by blood and serum, thus preventing approximation of THE PATHOLOGY AND TREATMENT OF TRANS, the fragments. As regards the deficient bloodsupply, the facts are entirely against such assump-While advance in some quarters has been made tion, as shown by injected specimens of the vessels patella, there has been but very little study of the that the blood-supply is abundant; by the parenchymis considerable diversity as to treatment; the greater transverse fracture of the bone; and by the fact that number of surgeons, holding the current views as to osseous union is constantly obtained in longitudinal the cause of non-osseous union, adhere to the older fractures, and that ossific deposition is so abundant methods of treatment. In the Annals of Surgery, in some diseased states of the bone. Nor is it likely of March, 1887, Dr. WILLIAM MACEWEN, the well-that the pressure of a bandage during treatment known surgeon of Glasgow, contributes a valuable could so arrest the flow of blood into the proximal paper on "The Pathology of Transverse Fractures fragment that osseous union would be prevented, of the Patella and the Olecranon, showing the chief since it would also prevent the formation of connec-Cause of Non-osseous Union in these Fractures and tive tissue between the fragments, of which we know how to avoid it," which may be considered as a conthere is no lack of a firm and substantial growth, tinuation of or sequel to a paper published by him in (and it would also prevent osseous union in longitudinal fractures, in which such union is the rule). In order to study these questions Dr. MacEwen As to the contractions of the quadriceps muscle, years. It was found that in young children "the such contractions soon subside, and the muscle religamentous structures running in front of the pa-mains in a state of comparative rest. The resistance places scarcely distinguishable from the cartilage, be a cause of non-union. There is frequently a con-In advanced life the præ-patellar tendinous struc- dition of effusion of blood and serum into the joint, tures were attenuated especially over the centre of but it is so rapidly absorbed that of itself it is seldom the patella. In the six instances ranging from 14 to sufficient to prevent osseous union. "A small quan-45 years of age, the aponeurotic structures ran in a tity of blood clot, on the tloor and roof of the fracdistinct band over the front of the patella, continu-tured edges, might even be of service in preventing ously from the tendon of the quadriceps to the liga- the wandering into the joint of osteoblasts and in mentum patellæ." The antero-posterior diameter of forming a medium in which they might congregate this layer was from 1 to 3 mm. The bulk of the and unite together into osseous plates. The presfibres were longitudinal, and many seemingly con- ence of coagulated blood between the fractured and is not productive of non-osseous union."

low by the patellar ligament it rests on the apex of in the fall subsequent to the production of the transits posterior vertical ridge, which is now the point of verse fracture from direct violence, should not be indevelopment of the greatest energy of the two op- cluded under this group. posing forces. The bone may in this position be regarded as a lever of the first order, and the lever be- the fracture is not complicated by aponeurotic ruping insufficient to resist the strain it gives way, ture, if we admit the foregoing points as to the pa-When the bone snaps and retracts, the fibrous, and thology of transverse fractures of the patella we will aponeurotic tissues over it, which are more elastic be able to choose our own treatment and measure than the bone, still holding, bridge the space between beforehand what must be expected from it. We are the fragments, and they are neither ruptured at the justified in concluding that if osseous union be desame moment nor at the same level as the bone, sired the soft tissues should be removed from be-If the contractions continue the ligaments are over-tween the fractured surfaces. Except in a few cases stretched, lose their resilience, and finally give way, which result from external violence, fibrous union being torn into longitudinal strips, and the now me- will ensue unless this be done. Some believe fibrous lastic shreds rupturing at variable distances are union as satisfactory; but while it looks well and apforced between the fragments. "The majority of pears satisfactory at first, the subsequent course these shreds remain attached to the upper fragment, seems far from good. Firmer union may occur in and their extremities would lie loosely over the time, but it can never be predicted. Sometimes it fractured surfaces were it not for the fact that, at takes place, not between bone and bone, but between the moment the transverse fracture ensues, the upper the layers of intervening aponeurotic tissue; and fragment, owing to the manner of insertion of the when a strain is put upon it the attachments give quadriceps extensor tendon, becomes tilted, so as to way. "Osseous union is therefore desirable, and present the plane of its fractured surface anteriorly; that method of treatment which can secure this end and as it is drawn upwards, those shreds of præ- with a regularity which can be depended upon, is patellar tissue are firmly pressed over its fractured what ought to be aimed at." In regard to methods edge by the flexing of the joint, and the action of we will only say that MacEwen thinks that if wiring the atmospheric pressure forcing the soft tissues in- be resorted to the wire should be removed when it wards to fill up the hiatus." These shreds thus ad- has served its purpose—in about six weeks—to prehere mechanically to the bone, the serrations on the vent the possibility of its subsequently acting as an edge of the broken surface of the upper fragment irritant. acting as so many pins to which the aponeurotic structures become attached. The floor of the patellar bursa, too, is generally ruptured, and portions of it hang like curtains over the fractured extrem- delphia, on February 3, Dr. H. A. Kelly, in speakities, or are fixed on them, over the aponeurotic tis- ing of the treatment of placenta prævia, gave the sue. With such tissue between the fragments bony following advice: "The tampon should also be given union is of course impossible, and even fibrous up, for unless scientifically applied it is utterly useunion relatively modified.

other surgeons have reported the same condition. bring on active labor; but don't use the tampon." It is then probable that in the majority of cases Obstetricians who are partial to the use of the

surfaces of bones is constant throughout the body, osseous union, especially if the injury be caused by muscular violence. Those caused by direct violence, Now what is the usual mechanism of transverse usually more or less stellar fractures, are seldom fractures of the patella? In the majority of cases complicated by aponeurotic rupture, and more likely they are due to violent muscular action, to an effort to be followed by fibrous or bony union without opin which the retractile power of the quadriceps jerks erative interference. Those fractures in which the the patella upwards, relatively to the femur, beyond lower fragment only is multiple from having been dithe position where it usually lies. While it is held be- vided by contact with some external body met with

Leaving out of consideration those cases in which

THE TAMPON IN PLACENTA PRÆVIA.

At the meeting of the Obstetrical Society of Philaless; it induces great danger of sepsis, and, with the In the cases of transverse fracture of the patellal best applied tampon, in the absence of the necessary that have come under MacEwen's care the practicular counterpressure above in the uterus, in the very cases patellar tissues have been found between the frag- in which it is used, the dangers of concealed hæmorments, and attached to them, as described; and three rhage are imminent. If the bleeding has been great

of such injury this is the true cause of non-tampon in proper cases will be glad to know that

That the tampon permits concealed hemorrhage is another second small tampon, if such has been found old objection which has gained nothing by time; it is necessary to introduce. The placenta was expelled a sort of bug-bear that does not frighten obstetricians spontaneously in all cases shortly after the birth of who have used the tampon, for where it is properly the child" (quoted by Parvin, who states that Maapplied, the membranes being unruptured, bleeding, dame Lachapelle sometimes left the delivery in either internal or external, to any serious amount is women she had tamponed to nature, that Pajot and impossible. Indeed, if the uterus be properly com- Weil taught that after tamponing women suffering pressed through the abdominal wall, and the tampon with hæmorrhage from placenta prævia one ought to well applied, serious hemorrhage from placenta præ- abandon the delivery to nature, this method giving via, even after the rupture of the membranes, is im- the best result for the mothers; and that this plan possible. That septicæmia is likely to occur in cases was practised and advocated for many years by the in which there has been placenta praevia has been late Dr. Mears, of Indianapolis). Lisk and Galabin generally recognized for some time; this liability to agree that the tampon should be removed in at least septicæmia arising, not from the position of the pla- four hours; Tarnier, however, would allow it to recenta, but from the manipulations, the consequence main for twelve hours, while Depaul's limit seemed of such position. Now, in violent cases of hamor- to be twelve or fifteen hours at least, and twenty-five rhage resulting from placenta prævia, is the tampon or thirty at most. If the tampon be antiseptic and advisable? The most natural treatment of a hæmor- properly applied it may be deemed doubtful if injurhage occurring with an undilated os is arrest of the rious results will follow a retention of it for twentyflow by pressure, that is, by the application of the four hours. tampon. Such treatment may be available in some cases when no other can be so readily applied.

occurred—there is sufficient clinical evidence to sus- when the contraction-pressure is removed. tain an endorsement of the tampon as the properoatmeal gruel," with the broad end, which is to be it lessens it, and prepares the parts for labor. passed first into the vagina, thickly covered with powdered gum arabic and rosin, are certainly not to LAW REGULATING THE BUSINESS OF PHARbe recommended now; though we agree with Dr Parvin that "really it would be much better than the

means of unusually rapid and powerful pains, will about the business of practical pharmacists or apoth-

Dr. Parvin defended its use in the following language: expel the living, healthy child, at the same time, also,

As shown by the statistics of Müller, the tampon will excite uterine contractions in the majority of It is probably about one hundred years since the eases; and it has been objected to it that during use of the tampon in placenta prævia was introduced contractions it may convert open hæmorrhage into a by Wigand, accouchement force being the general conecaled one; but with a properly applied tampon practice at the time; and though we may qualify this is practically impossible, if the acconcheur press somewhat his unqualified endorsement of it—that in it back when forced down by a contraction, or else suitable cases and properly used no death of mother secure it with an elastic bandage which will retract

Finally, it may be said that obstetricians are means to employ in certain cases, and at a certain agreed that, while the tampon is not a sovereign stage of the hæmorrhage; that is, when the cervix is remedy, it is not to be rejected. It should be ap-After thorough tamponing Pajot and plied, says Müller, when the os is rigid and only Bailly have left eases, as did Wigand, to nature, with- slightly dilated if there is violent hemorrhage, as imout disturbing by art the further progress of the labor. mediate delivery is impossible. We gain time with-Wigand's tampons "of soft linen, dipped in a thin, out danger, for though it may not stop the hæmorrhage

MACY IN THE STATE OF NEBRASKA.

In another department of this issue of The Joursponges which are by some used to arrest uterine NAL will be found a copy of the Law recently enacted hæmorrhage, a practice that cannot be too severly by the Legislature of Nebraska. We are informed condemned." The success of Dr. Murphy with that the law was originally framed by a committee of, Barnes's dilators, which really act as a tampon, is not and was approved by. the Nebraska State Pharmaonly a very strong argument in favor of the tampon, centical Association last May. The first Section of but also of a more general adoption of that method. the law provides that "the Nebraska State Board of There has been considerable discussion as to how Pharmacy" shall consist of the Attorney-General, long the tampon should be allowed to remain. We Secretary of State, Auditor, Treasurer, and Commishave seen that Wigand left "the rest of the labor sioner of Public Lands and Buildings. And as these entirely to nature, which alone, sooner or later, by several State officers are not presumed to know much

ecaries, the Board is required to select five skilful apothecaries of not less than seven years' experience, who shall assist the Board in conducting the necessary examinations of applicants for licenses, etc. This mode of constituting the "Nebraska State Board of Pharmacy" reminds us of the first law for regulating the practice of medicine in the Colony The President. Thomas M. Drysdale, M.D., in of New York in 1760, which read as follows: "No person whatsoever shall practice as physician or surgeon, in the City of New York, before he shall have EMMET'S NEW OPERATION FOR PROLAPSE OF THE POSbeen examined in physic and surgery, and approved of and admitted by one of His Majesty's Council, the Judges of the Supreme Court, the King's Attorney General, and the Mayor of the City of New securing of sutures at the moment of insertion. The York for the time being, or by any three or more of them, taking to their assistance for such examination, such proper person or persons as they in their discretion shall see fit." Notwithstanding this ancient and honorable precedent, the question will recur to most minds, why not make the five "skilful retail apothecaries of seven years' practical experience" ing sutures so as to avoid imbedding the free ends of the State Board, instead of simply assistants?

The general provisions of the law appear to be judicious and practical, and if executed with fidelity, will do much to secure for the people of that young perineal restoration. The inside method of Emmet and vigorous State the services of educated and skil- gives the best result. The use of well prepared catand vigorous State the services of educated and skilful apothecaries.

THE MEDICAL REGISTER is a new weekly journal of medicine and surgery, published by the Medical Register Company, 1519 Walnut Street, Philadelphia, and edited by John V. Shoemaker, A.M., M.D., and William C. Wile, M.D., both well known to the readers of medical journals in this country. The Medical Register contains twenty-four double column pages of reading-matter, and has reached its seventh issue, furnishing abundant proof of enterprise and editorial ability.

IMPORTANT NEW WORK.—We learn that the first volume of "The American System of Gynecology," recently announced by Messrs. Lea Brothers & Co., of Philadelphia, is well through the press, and will soon be ready for delivery. The contributors to this work embrace a large number of the eminent gyne-, cologists in this country.

Effect of Micturition on Pulse-rate.—Dr. sometimes raise the temperature above normal.

SOCIETY PROCEEDINGS.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated Meeting, Thursday, February 3, 1887. THE CHAIR.

Dr. J. M. Baldy read a paper on

TERIOR VAGINAL WALL, OR SO-CALLED LACERA-TION OF THE PERINEUM.

(See page 339.)

Dr. M. Price described a plan for the temporary ends being left long, two perforated shot are slipped on; the first one is to be the permanent fastening and is left loose, the second is compressed to secure the suture ends together and to prevent the other from slipping off until the time for final closing, when the first is pushed down and compressed.

Dr. Joseph Price described several ways of secursilver ones and to secure easy extraction. Over the silver wire pass the Aveling coil and shot; this will greatly facilitate its removal. He also made some critical remarks on different methods of operating for gut for the sulci sutures materially facilitates the operation. Set the sutures fresh from the alcohol and drop a shot over before they swell.

Dr. Chas. Meigs Wilson stated that the difficulty of representing Emmet's operation diagramatically is due to the fact that the plane of the posterior wall of the vagina is altered by the traction upon the tenaculum holding the crest of the rectocele. The needle figured upon the blackboard by Dr. Packard was not a Baker-Brown needle, as stated by Dr. Packard, but a modified staphylorrhaphy needle, the needle arm being longer, thinner, and having a greater are of curvature than the ordinary staphylorrhaphy needle. It was first devised by Dr. E. Wilson, to use in uniting the freshened surfaces in Emmet's operation upon the cervix. The objection to its use in colporraphy operations is that, owing to the shortness of the needle arm, the shoulder of the needle, i. e., the junction of the needle arm with the handle, made such a large opening in the mucous membrane of the vagina that the stitch was liable to tear out, especially if there was much tension before union had taken place.

Dr. Longaker spoke of the advisability of the primary operation. He believes all forceps with long blades and large heels will do damage to the vaginal outlet. He has seen transverse tears of the outlet Isaac N. Himes, of Cleveland, writes us, in regard after natural as well as instrumental labor. It has to examination for life insurance, that the pulse rate been remarked that perineal ruptures may exist withgenerally falls after micturition, if the bladder be out causing any symptoms, but this is no reason why completely emptied; the pulse often falling from 80 tears in general should not be repaired. He beto 76 or 74. He thinks that retention of urine may lieves in performing the primary operation in every case. He likes the Chinese silk for sutures. He

has examined a perineum immediately after labor and found it apparently intact, and a month later cous tear.

Dr. Joseph Price, upon request of the President, remarked that he had seen Mr. Tait operate for a complete tear into the rectum, also for partial laceration and rectocele. He operates so rapidly that it is difficult to follow him. He makes two scissors cuts, one on each side of the laceration, splitting the tissues from the centre line laterally and forward. He removes no tissue, but throws one flap inside and the other out, and closes by interrupted buried sutures of silkworm-gut. In the complete rent, he splits the septum laterally, turning one flap into the bowel, the other into the vagina, and closes by interrupted transverse buried sutures, with two or more external sutures.

Dr. H. A. Kelly stated that this operation was not original with Mr. Tait. It had been originally devised by A. R. Simpson, of Edinburgh, and a description, with illustration, is to be found in Hart and Barbour's Manual.

Dr. Baldy, in closing the discussion, stated that the needle used by Dr. Emmet was round, slightly has now in his care a patient whose fourchette is perfect, but scar tissue can be felt inside of the perineum, and there is some little prolapse of the posterior wall. When she was delivered, some weeks ago, the need of an operation became apparent, as at that time the anterior wall and bladder prolapsed before the head in a mass as large as a base ball. He does not sym pathize with the total condemnation of the forceps; they are needed sometimes, though frequently abused; neither does he approve of the so called support of the perineum either by towel or hand, nor the idea of holding the head back, because these methods deflect the force of the uterine contractions against the posterior vaginal wall and the pelvic floor. He has seen by eminent gynecologists, in which the result was a perfect external perineum, but in which the pelvic ation. The floor was completely restored by the Emmet method subsequently.

Dr. Jos. Price read an extract from a private letter from Dr. Emmet to himself: "I am very glad that the woman who was operated on has fallen into your hands, so that you may be able to make a report of the exact condition after labor. I have not kept any accurate account, but I think I have heard of some twenty cases who have gone through labor outlet had been done. On the other hand, I have after the operation, which is of more value, for I' than of the success."

Dr. Jas. V. Kelly reported a case of

PLACENTA PRÆVIA.

K. W., fifth pregnancy, had a vaginal hemorrhage found a rectocele and cystocele, indicating a submu- December 28, 1886. The bleeding was quite profuse, but ceased spontaneously. On examination, the os admitted with ease the index finger, which came directly in contact with the placenta. The patient was supposed to be nearing the completion of the eighth month of pregnancy. She was enjoined to rest in bed and dilute sulphuric acid was administered. Several days later the hæmorrhage recurred, and again ceased spontaneously. She kept on dribbling a little each day until January 11, 1887, when she had a violent hæmorrhage, and I determined on active interference. Her pulse was 120; she was very pale and had attacks of fainting. os was dilated to the size of a half dollar, and dilatable. I gave her 15 drops of Squibb's fld. ext. ergot. There was no decided pain, though the patient said she felt some slight bearing down. I brought her to the edge of the bed, with her knees flexed, and found a decided thinning of the placenta toward the right sacro iliac symphysis. It was difficult to rupture the membranes without detaching the placenta, so I made firm pressure over the fundus, which caused the head to descend, and I then ruptured the memcurved at the point, and from three-fourths to one branes against the vertex. The waters drained off, inch in length. He uses it with a needle holder, and, the uterns condensed, and the bleeding ceased. I as a rule, prefers to have it threaded with a silk loop then gave 20 drops more of the ergot, and slight into which the wire sutures are hooked. Dr Baldy pains were noticed shortly afterwards. I still kept my index and middle fingers in the rent I had made in the membranes and the edge of the placenta, endeavoring to prevent any bleeding by pressing the placenta against the left side of the os. The pains became stronger and the head descended and the bleeding again returned. I endeavored to accelerate the labor by encouraging the woman to bear down and by making strong pressure over the fundus, but as these measures did not produce the desired result as rapidly as I wished, and the head having passed the superior strait, I applied the forceps and delivered. There was no further hæmorrhage, and the placenta was expressed by Créde's method in fifteen minutes. The woman received a vaginal injection of cases which had been operated on by the old method, warm vinegar, as well for its antiseptic as for its hæmostatic properties.

The fœtus was of fair size for the eighth month, floor was as badly off as it had been before the oper- and was nearly lifeless. Artificial respiration, mouth to month, revived it and it lived thirty hours. The mother was in a very exhausted condition, and was given brandy and ammonia for nearly a week. The pulse after delivery was 140. She was also given plenty of milk and broth, and not allowed to raise her head off the pillow for a week. She has since entirely recovered. No tampon was used in this case. Ether was not administered.

Dr. M. Price had recently attended four cases of without accident after the operation at the vaginal placenta prævia at full term; one, a very desperate one, had been tamponed. The cervix was dilated not heard of a single case where the parts were torn to the size of a half-dollar. He was urged by his consultant to introduce his hand, turn and deliver, should be more likely to hear promptly of the failure which was, much to his surprise, accomplished in ten minutes, with child and mother both saved. The four children were all saved, and the mothers also, although one of the latter died from anæmic causes

three months later. He would at once, when called cases. Where the pains are strong and the hæmorto such a case at full term, or in premature ones if thage has been but moderate, let the head engage, he considered it advisable, dilate, turn and deliver, and more children will be saved. The method adopted in these four cases is that now adopted by the best authorities. Tamponing at term use of the tampon in placenta prævia see editorial he considered dangerous and involving a loss of valu- on this subject.) able time, hazardous to both mother and child.

feetus by the bipolar method before rupturing the at five, six and seven months, the feetus not being membranes or perforating the placenta. He had viable, admit different principles. Emptying the lately attended a lady in her first labor at the age of uterus as early as possible is safer for the mother. 37 years. She was seized with profuse hæmorrhage while walking in the street. When called he found ety to an external direct method of measuring the placenta pravia, the os was open to the size of the conjugata vera, which he had found of extreme value index finger, and large clots were in the lower seg- in a large number of non-pregnant and gynecological ment of the uterus. He turned the child by the bi- cases which had come to him complaining of difficulpolar method, passed two fingers through the pla-ties since a previous confinement. centa, brought one leg through and left the case to nature. The child was lost, as the entire placenta tractions, often prevent the finger in the vagina from and retraction of the nterus interfered with utero ined in the morning, the short vagina prevented the placental circulation. In a second case turning was vaginal finger reaching the promontory while the outfollowed by similar results in a case of placenta præside hand rested upon it, and on pressing deeper felt via centralis. While the two children were lost, the vaginal fingers fully 3 centimetres below. This both mothers recovered without an unfavorable symp-case was measured by the outside hand and detertom. In three cases respectively of lateral, marginal mined normal. Another case had a rachitic pelvis, and partial placenta prævia, treated by rupture of 8½ cm. conjugate. She had borne ten children at them, two children were lost. In one of these cases the mother's life, would it not be best to interfere invaluable facts in other cases. promptly when called to a case of hæmorrhage from this cause, regardless of the age of the feetus?

Dr. H. A. Kelly exhibited a

PLACENTA PR. EVIA CENTRALIS OF THE SEVENTH MONTH,

in which he had perforated the placenta to break the amnion and, after turning, delivered, saving the mother, who had suffered from profuse hæmorrhage. He described a case in which turning proved impossible in a placenta prævia lateralis, owing to the fact that the cord was so tightly wrapped around the child's neck that only a small bight was left between the head and placenta, and when the foot was brought out at the vulva the head was felt fixed at the brim as at first. The foot was returned, and a forceps delivery of the head revealed the difficulty, which was corwith it. Turning is only needed in the more urgent excepting two, it was done early, five recovered.

(For Dr. Kelly's and Dr. Parvin's remarks on the

Dr. Price's cases were at full term. He had not DR. LONGAKER thought it far better to turn the taken premature cases into his account. Deliveries

DR. H. A. Kelly called the attention of the Soci-

The short vagina, or cellulitis or cicatricial conwas attached low down, placenta prævia centralis, reaching the promontory. In a case he had exammembranes, and application of forceps in one of term through difficult labors, but without assistance.

The method is simple, avoids a vaginal examinathe feetal heart sounds were extinct on my arrival, tion in the virgin, is invaluable in many cases retrohalf an hour after a sudden and profuse hæmorrhage, spectively and prognostically. The inaccuracy of All the mothers did well. The high feetal mortality the external conjugate is well known. This, of shows that we cannot place much value upon the course, is of no use in the most important class of child's life, and in view of the dangers which threaten cases, the advanced pregnant, but it does often afford

> The method is to press deeply with the finger tips of the extended hand until the promontory of the sacrum is felt, then, by slipping the fingers up and down over this until the relations are well appreciated, let the fingers rest vertically above the angle, and at the same time mark on the palm with the finger of the other hand the position of the posterior surface of the symphysis, also vertically below. This measurement from the mark thus made to the tip of the finger is the conjugata vera thus directly measured.

Dr. Montgomery, in a paper entitled

TRACHEOTOMY AND INTUBATION IN DIPHTHERIA,

urged the importance of early operation. The symptom which should indicate the necessity for operation was depression of the substernal region during inspiration. This symptom indicates the inefficient rected, and the mother delivered of a seven months entrance of air to fill the lungs, and the diaphragm baby, which died immediately. The mother made a becomes a fixed point depressing the soft tissues. perfect recovery. No one rule suits all cases. The The longer this condition continues the greater the first point of importance in event of free hamorrhage danger of collapse of portions of lung tissue. The is to rupture the membranes, and this must not be a large mortality after tracheotomy and intubation is mere puncture, but as free a separation as possible due to the postponement of operative interference in along the placental margin. The hamorrhage comes the majority of cases until these changes have ocfrom the separation of the uterine and placental sur-curred. This assertion is verified by his own experifaces, and this is only to be prevented by freeing the ence in tracheotomy. In his first ten cases, in all but placenta on one margin, so that as the contraction one of which the operation was done as a last resort, goes up the placenta may, as far as possible, ascend none recovered. In the next seven cases, in which,

The two fatal cases were not considered hopeful at the next morning and found the exudation had been the time of operation. His eighteenth case died discharged (a cast of the trachea and bronchi). before the trachea was opened. Of the last ten, five recovered. Twenty-eight cases with ten recoveries, our patients die before this exudation is thrown off. He has practised intubation in thirteen cases with six | Eight years ago 1 had a case of the kind in a man 39 recoveries. All but one of these cases were seen in years of age. He was a miner from the northern consultation, and some of them were in a dying con-part of the State. He had had measles six months dition when intubation was practised. In no case prior to the time I saw him. While at the hospital did death occur in less than twenty-four hours, and he threw off the exudation, with the bifurcation of in all the relief from the dyspnea was prompt and the bronchi well marked. I put it in a solution of permanent. The youngest child was 18 months of chloral hydrate, which did not preserve it well. About age and died on the fifth day of convulsions. The the same time Dr. W. E. Glasgow presented a case. youngest child to recover was act. 2 years. In one Dr. Johnson reported a case in the Medical Review, case of recovery tracheotomy was performed the day January 29, 1887. He calls it pseudo-membranous following the intubation. A smaller sized tube than bronchitis. Dr. Glasgow calls it plastic bronchitis. suited for its age had been used; the dyspncea recur- It has been called croupous pneumonia, etc. Dr. ring and the tube absent from the glottis, it was feared. Moore had asked whether any physician had abanthat it had been passed into the trachea. It was doned the local treatment of diphtheria. I have, found that the tube had been coughed up and swal. When I began the practice of medicine every physilowed, and passed per anum two days later. Of cian carried a caustic-holder in his pocket, and every course, in this case, little can be claimed for intuba-case of tonsillitis and sore throat was cauterized. I tion. He prefers intubation to tracheotomy, and be-found that children who were not cauterized recovlieves that the former will supplant the necessity of ered equally as well or better than those who had doing the latter. The advantages are: It is free been. That was my reason for abandoning the local from danger; it requires no cutting nor anæsthetic; treatment, and I never use anything more than a the after-treatment does not require skilled attention, simple gargle. I have much faith in whiskey and as the air is moistened and warmed by the natural have advocated its use for many years. I think it a passages before entering the trachea; there is there-disinfectant as well as a stimulant. I think more of fore no dry mucus accumulating in the tube and not calomel and whiskey than any other two remedies the same danger of secondary inflammatory lesions. As the tube does not fill up the calibre of the trachea, membrane is coughed up around instead of through cations are indicated depends on the cause of the it, and thus the danger of blocking is avoided.

ST. LOUIS MEDICAL SOCIETY.

Stated Meeting, February 12, 1887. THE PRESIDENT, S. POLLAK, M.D., IN THE CHAIR. Frank R. Fry, M.D., Secretary.

DR. F. W. WESSLER read a paper entitled DIPHTHERIA AND BRONCHIAL CASTS.

had frequently attended for tonsilitis. In three or Jacobi, with a mortality of 90 per cent. According four days I discharged him. A few days after (Oct. to the same authority, without this treatment the re-25) I was called to see his sister. I found her with covery has been 90 per cent. I have not returned a high fever, vomiting, very restless, and her throat to the calomel treatment. In the few cases I have red. I suspected diphtheria, and informed the fam- had during the present epidemic. I have used tonics ily of the fact. They removed her from the home, and iron and hydrochloric acid. I have also used I visited her from Monday to Thursday, when all the gargles, from which I think I have derived benefit. symptoms seemed to have disappeared. At the time what I intended to have been my last visit, as I had is primarily local or constitutional I cannot say. my hand on the door to go, I heard the little girl Generally the constitution is evidently affected by cough. The mother said she had not been coughing the time I see the cases. I address my treatment to that way. It was a croupy cough. I promised to the constitution regardless of the local appearance. call again the next morning, but before that time I started out against local treatment fourteen years they called for me. I found the patient almost chok- ago. I abandoned it because the efforts to make ing. I had previously administered calomel and bi- applications exhaust the child. The false membrane carbonate of soda, and afterwards the bichloride of that is in sight will do no harm, will not stop the mercury and tincture of iron. I now concluded that breathing. I have had no cause to regret my course.

We see few specimens of bronchial casts, most of for diphtheria.

DR. G. HURT said that whether or not local applidisease, and the manner in which it invades the system. I believe that if there is any disease that may be referred to the bacillus as its cause, diphtheria is that disease. It must be an animal or vegetable growth foreign to the tissues themselves. If it is a parasitic disease, we ought to have a remedy that would be effectual locally. Whether nitrate of silver is a proper application or not is a question. Possibly calomel exercises its effect as it is administered and not afterwards. If, six years ago, I had openly and knowingly treated a case with calomel and lost it I would have been prosecuted for malpractice. Yet twenty-five or thirty years ago diphtheria was In October last I saw a boy, 8 years old, whom I treated with calomel and bleeding, and according to

DR. HENDRICKS said: As to whether diphtheria I would rely on calomel, and ordered it. I called Up to 1870 I used quinine and iron. I do not use

them now. They disturb the digestive functions. I repeated four times, until the child was in a desperate don *Lancet* a number of years ago:

R.	Tr. ferri chlor	fl.	5 iv	
	Liq ammon. acetat			
	Potass, chlor, Aque, add.		<u>5</u> i	
	Aque, add.		5 viii	n
Sig	.—One teaspoonful every hour.			

Dr. H. H. Mudd: The experience of the procroup from those of diphtheria. The paper properly tracheotomy may not be performed. dwells upon nutrition and stimulation as the importfourteen recoveries. I have had seventy four operations for diphtheria, with twenty-eight recoveries, tive agents, coupled with stimulative agents. From all cases, without making a distinction between. croup and diphtheria, the work of our office, viz., Dr. John T. Hodgen and myself, together with Dr. Harvey Mudd and Dr. Harry Hodgen, there is a total of 172 cases with forty-four recoveries, a per cent. of 2523. Since June I have had twenty-five cases and twelve recoveries. There was no difference in the class of cases.

We should always give patients the benefit of this operation before it is too late, before the residual air becomes so much that the tidal wave is almost.

I have been interested in the accounts of intubation. I obtained the instruments for it, not that I had any great faith in it, but I knew I should meet many cases where the relatives would not let me make a tracheotomy. 1 say to the parents in these cases, that I believe tracheotomy to be the best operation. I have tried intubations in six cases. In three of these I resorted to tracheotomy afterwards. In one case the trachea filled with a large, hard cast that extended down to the second and third bifurcations of the bronchi, and came near suffocating the child. I removed the tube and performed tracheot- ered almost continuously, with omy. In another case in which I resorted to trache otomy, I at first used a tube of the required size; from August, 1885, to November, 1886. During this this was coughed up within twenty four hours. It time he was occasionally jaundiced; the attacks beused a larger tube and it was coughed up. This was came gradually more severe until he was totally un-

now rely on a prescription that I found in the Lon-condition. The case made a good recovery after tracheotomy. In the third case the child wore the tube four days, during which time he could not swallow without violent coughing; he was very weak, although he had been well fed per rectum. A profuse discharge from the trachea, and râles in the trachea and large bronchi induced me to remove it. The breathing was comparatively easy. But at the end fession in the past few years tends towards the belief of sixteen hours they sent for another surgeon, who that it is impossible to separate croup and diphthet thought there was nothing to be done. I thought so ria. I noticed a short time ago reports of eighty- too, except to make the tracheotomy. This was seven eases of diphtheria in which tracheotomy had done, and the child is getting well. In the other been performed, where it was laryngeal and invisible three cases the patients died. I do not believe that from the beginning in fifty-six cases. I believe you the intubation tube answers the indications as well cannot always separate the cases of membranous as the tracheal tube. Its usefulness is in cases where

DR. I. N. Love: I concur with those who depreant points of treatment. As to the administration of cate causties when they interfere with the proper some salt of mercury and the benzoate of soda, I be tranquility of the patient. At the Copenhagen Inlieve from observations during the past six months ternational Medical Congress some one reported 100 where many have been using these remedies, that cases of diphtheria treated successfully by simple there is benefit in this treatment. I see the cases cauterization of the throat—of the membrane. Such only when surgical treatment is needed, and the re- a report necessarily makes us feel that he is too gensults of tracheotomies have been better than ever eral in his interpretation of symptoms. Either his before. Dr. Hodgen was the first man I ever saw ideas of diphtheria do not obtain here, or the diphmake a tracheotomy. He was one of the earliest theria which obtains in his latitude is not the kind and staunchest advocates of the measure. During which prevails here. I think there are measures for the first ten years that he did the operation, it was rendering the local conditions more innocuous. Turwith the reluctant consent of friends and against the pentine, which has been mentioned, is a good remsentiment of many physicians, and when there was edy. I concur with those who disclaim against quialmost no hope of recovery. He had fourteen cases nine. It impairs digestion. The strongest points before he was rewarded with a single recovery. He that I tried to make in my paper were in the direchad operated ninety-two times when he died, with tion of treating diphtheria with the bichloride of mer-

Dr. H. C. Dalton presented

A SPECIMEN OF ENLARGED KIDNEY,

taken from a patient, the notes of whose case are as follows:

Frank Schultz, æt. 19, single, peddler. About three weeks ago patient began to grow weak, four days later had hæmaturia, and coughed up blood at same time. The latter has continued at intervals up to present time. Bowels constipated. After entrance to hospital, respirations were slow and quiet; blood flowed from mouth frequently, origin not known. Hæmie murmurs were heard over pulmonary artery, aortic orifice, and at apex of heart. Few sibilant râles in lung. Abdomen tender. Patient had been on a prolonged spree up to three weeks ago. On autopsy, marked congestion of all the abdominal and thoracie viscera was found. The kidneys were enlarged as you see in this specimen. His death could only be accounted for by the general congestion of the above mentioned organs, following the prolonged spree.

Dr. T. F. Prewirr presented a patient who suff-

HEPATIC COLIC,

able to work; lost flesh, and, except when he was. When we are called, in the majority of cases, we find under the influence of opiates, his sufferings were in- the fauces, uvula, etc. covered with membrane tense. On the 9th of November, 1886, I performed many cases, from the nostrils of the child there is cholycystotomy. Cutting down on the gall bladder, exuding a feetid, secretion, so that by the sense of leaked from the puncture of the needle. It occurred how any one can fail to have his attention called to der; it has been followed by fatal results. I have for nothing else. If the ulceration instead of being done it several times to relieve distension. In this in the throat, were in the anus or vagina, or on the ting it to the abdominal walls to secure it. One of brane sometimes. Often a decided improvement in health has improved amazingly; he has a good color, means, the disease is checked—it does'nt extend tion would be very comfortable.

She was much relieved; if she had not been I should if we could keep the throat properly cleansed. have performed cholycystotomy. I had still another mucoid nature, and not bile.

obstruction to the passage of the bile, where there invisable organisms acting on the larynx, pharynx, the colic was so severe that the patient would throw that we should attack them immediately with the himself across a barrel for relief. I had read a re-spray. Were this theory correct, that would be good port of a case by Dr. Matthews, in which he had treatment. Those who believe that this membranused sweet oil with good effect. According to his our croup which kills in a few hours depends on instructions I produced free catharsis and then ad- bacteria, should have a spray in their satchels, and ministered a teacupful of olive oil. On the following begin first thing to spray the throat, as Hunter did, morning the patient reported the passage of twenty- for consumption, a few years ago. My experience four gall stones, with great relief to his sufferings, with diphtheria is a sad one, spray or no spray; The dose was repeated and at the end of three days, calonel or no calomel. So that when I read Morell he had passed over 125 stones of that character. McKerdie's report of sixty one recoveries from 100 has had any trouble. I do not understand the modus of follicular laryngitis and called them diphtheria. operandi of the oil.

LOCAL TREATMENT IN DIPHTHERIA.

Moore's question as to the advisability of using local commence in the larynx; they are local, and not

I aspirate it first to get rid of the bulk of fluid. It smell we can make a diagnosis. I do not understand to me that it is not prudent to aspirate the gall-blad- the necessity of local applications, for cleanliness, if case the bladder was not much enlarged, the obstruc- extremities, certainly nobody would undertake to tion not being very complete. After drawing off as cure it by internal application of medicine as iron or much of the fluid as I could, I found that the blad- a febrifuge or calomel. I have been in the habit of der was so short that I could not bring it readily to applying the bichloride of mercury by means of a the abdominal walls, and it became a lively contest spray to the throat. Of course some exhaustion is to prevent the bile from getting into the abdominal produced by the child's struggles for the first few cavity. This was prevented, however, with sponges times, but it soon finds it far from disagreeable. You in the hands of assistants. I found difficulty in get-remove much of the secretions; a part of the memthe deep sutures suppurated and left a fistulous op- respiration follows. It is a valuable factor in reducening. All the bile does escape from the fistula as is ing the temperature, much material is removed which evident from the color of the evacuations. His would otherwise be absorbed. I think that by this and were it not for the purulent discharge, his condi-down as far. I find that where the child is too small to make local applications, the resuits are not so In reply to a question by Dr. Le Grand Atwood good. I abhor the use of the probang; it is an outas to the condition of the ductus comminus chole rageous proceedure. I have been in the habit of dochus, Dr. Prewitt said: I examined it as well giving calomel and bicarbonate of soda; because auas I could, but detected no thickening or narrowing. thorities say it is valuable, also on the theory of its I think there was a gall stone in it, which escaped germicidal properties. I believe I have been more somewhere. I had a case last summer, of enormous successful since I adopted this plan of treatment. I distention of the gall bladder; it reached down to believe tracheotomy should be done so soon the pathe umbilicus. I aspirated twice: first drew off a tient's blood is not well oxygenated, his breathing quart, and afterwards a pint of fluid, subsequent to embarrassed, and discoloration of the lips shows. I which the patient passed several large gall stones, believe that many trachcotomies would be improved

Dr. William Johnston said: The recent epicase in an old lady where there was considerable en- demic has made the treatment of diphtheria especilargement of the gall-bladder and much suffering, ally interesting to this community. I have never though not to the same extent as in these. She also observed anything contagious about membranous had heart disease. This case was the result of croup. Diphtheria commences on the fauces, etc., chronic obstruction, possibly of the cystic duct. In with a peculiar membrane and a peculiar condition these chronic cases, the contents are generally of a of the patient, and peculiar symptoms. There is a distinction between the diseases. Most of the mod-Dr. R. J. Hill. said: I have seen a few cases of ern specialists agree that diphtheria is the result of was no icterus; none marked at least. In one case etc. Burdow Sanderson and others believe this, and Relief was complete. It is now three years since he cases of diphtheria, I sometimes think he has had cases

Dr. ADOLPH GREEN said, that there is not only a difference between diphtheria and membranous croup, but there is a difference between diphtheria Dr. F. J. Lurz said, that at the last meeting Dr. and diphtheria. Most cases of membranous croup treatment in diphtheria was not much dwelt upon, general, like diphtheria. If you perform tracheotomy diphtheritic process kills your patient. If you have menced with that peculiar croupy cough which you

have proved yourself a good physician.

will believe that all those cases were diphtheria. I child died with membranous croup. have seen many cases of follicular pharyngitis, but comparatively few of diphtheria.

membrane in membranous croup and diphtheria, soothing effect on the irritated surfaces, not only for

been denied.

best operation would be that of tracheotomy without 1 think, should be made in a manner to disturb the tubes. Dr. Prewitt placed a sponge in the larynx; patient as little as possible, because, one of the im-I believe that ought to be done frequently. We portant points is to husband the patient's strength, in know that many cases die from what we call pneu-the way of nutrition, of stimulation, and at the monia, because, I believe foreign bodies and parti- same time, arrange your local applications so as to cles from the inflamed mucous membrane get into secure as little disturbance as possible. The spray the lungs. In Dr. Prewitt's case this was prevented is preferable to gargling; it will reach further and in —the sponge prevented the milk, etc. from getting an easier manner. One point has not been touched into the lung. Intubation, by and by, will lose the upon; that is, the tendency of the deposit to increase tayor for which it has been received, for the reason by continuity of tissue. It is a point to keep the that it is almost impossible to prevent foreign bodies nasal passages clear, and in order to secure this, I and diseased substances from getting through the tube placed in the larynx, into the lungs. So that after all, the tracheotomy is the grand operation nostril, either with a spoon or small dropper or where there is laryngeal obstruction. I endorse the syringe. Some children will snuffle it up readily. carly operation.

Stated Meeting, February 19, 1887. THE PRESIDENT IN THE CHAIR.

SCARLET FEVER.

have the views and experience of the gentlemen chanical obstruction to breathing. We have all seen concerning the scarlet fever beginning to prevail in cases of membranons croup get well. I have no St. Louis; whether this form is not diphtheritic in its doubt Dr. Johnston has. I can recall five of them, character, also whether scarlet fever has a tendency in which I could not get doctors who also saw them, to go into the croupous or diphtheritic form. I have to say whether they were croup or diphtheria; they seen but two cases of scarlet fever this winter; both did'nt know. And I don't believe anybody knows. were of an inflammatory type, characterized by high. I think the health commissioner solved the problem temperature and bounding pulse. In one case the correctly when he ordered that a case of membranchild had not been exposed to any case of scarlet our croup should be placarded as diphtheria. In the fever that we could learn. It had been confined to five cases mentioned they were dying, the operation the house for one month, because it had had an at- was performed, suffocation was prevented and they tack of chicken-pox. The initiatory symptoms were recovered. of a character of stupor for twenty-four hours, at the end of which time the eruption came out all over the the infectious diseases are sometimes complicated child. About the fourth day there commenced a with croup, small pox, measles, etc., but they are all snuttling and discharge of mucus from the nose, membranous croup. False membrane is not always About the fifth day the fever began subsiding, and deposited there. There is merely a catarrhal inflamdesquamation began.

in diphtheria, it will prove a failure because your on the morning of the sixth, about 3 o'clock, he comperformed tracheotomy and the case gets well, you all understand. I saw the child about daylight, when have saved time to treat the case by that means, and there was difficulty in breathing, a constant hacking cough, and great restlessness. I advised calling an-DR PREWITT said: In a case in which I performed other physician. We both agreed that the child tracheotomy a year ago there was paralysis of the could not recover. The temperature came up again muscles of deglutition. The child came near stary- and continued high from Sunday morning till Tuesing in consequence of its inability to swallow. I re- day evening, when he died of strangulation. Ansorted to the expedient of taking the tube out and tipyrin, small doses (1/8 gr.) of calomel with soda putting a little bit of sponge into the larynx and were used. Bowels were moved, bath administered, then feeding the child. In the recent epidemic here, Fleming's preparation of aconite was given. The I see that 700 cases of diphtheria, with 135 deaths difficulty in the trachea was not relieved; trachehave been reported. I don't think any physician otomy was suggested but not performed, and the

DR. I. N. Love said, that he had been partial to the local treatment; it is important, not only for DR. JOHNSTON said: There was a difference in the relieving the discomforts of patients, not only for the Vitchow asserted this many years ago; but it has the specific effect, but for the purpose of local disinfection, of rendering the membranous deposit in-DR. WILLIAM PORTER said: I believe that the nocuous, so far as possible. These local applications, have the nurse or patient use melted vaseline, carbolized (5 grains to the ounce), introduced into the The surfaces are soothed, the accumulated secretions softened and discharged, and the passages kept open.

Regarding Dr. Johnston's disbelief in the curability of the bona fide membranous croup, I think the laryngeal trouble does not necessarily imply any more constitutional involvement, or that the disease is necessarily of a malignant form, but simply that the local DR. WILLIAM JOHNSTON said: I would like to deposit is in a very undesirable place, causing me-

Dr. Adolph Green said: It was a fact that all mation. For the most part, these cases of croup I prognosticated that the child would recover, but have nothing to do with true diphtheria, but some

times it may happen that actually there is primary fail in our duty it we do not practice tracheotomy. affection of the pharynx.

ble by any means which we possess.

most usually diphtheritic, he is willing to concede.

theritic room into the alley; these were afterward management of diphtheritic cases, it is in not enforccarried by a boy from the second house, and he had ing in the night adequate sleep, and that by chloral. the first case of diphtheria in that house.

Dr. W. Porter said: I have tried to make a calomel freely, but his patients died. practical summary of the prevailing opinion amongst the profession as follows:

2. That diphtheria is not an incurable disease. who have reported practical results favor medications this year or the last of last year. that limit the progress of the poison, that render it have found good effect from using guardedly, bichlor ide of mercury.

to to keep up vitality.

4. The air passages should be kept as free as posbe made. I don't believe that intubation is likely to afford the great relief that its inventor now maintains. When tracheotomy is performed, the child gets air into the lungs pure and fresh; when intubation is nosis (and prognosis) of cases, I have noticed that matter into the lung, to set up pneumonia, from which erally a mild one; if a little further back it was intion; where it is done in cases not associated with fauces, then it was a grave case. this disease, it is not a dangerous operation. I don't believe in tracheotomy when the membrane has descended into the trachea, or when the child is beyond recovery. But where you find that the lungs are resonant, that there is nothing but mucous rales in the bronchial tubes, where the lower air passages are comparatively free, and the upper ones occluded, we

DR. C. H. Hugmes said, that our fathers built Dr. Johnston did not mean by membranous croup, more wisely than they knew, when, failing to draw laryngitis, tonsillitis, pharyngitis, etc. He meant the later scientific distinctions between diphtheria true membranous croup, and believes it is not cura and croup, they treated them as the same thing, and used calomel so effectually. Before Bretonneau drew Dr. G. Hurr said he had been in the habit of the line of demarcation between them, we heard very recognizing three kinds of croup: Spasmodic croup, little of the fatality of diphtheria; and so far as we and a croup due to a simple inflammatory condition can discern from the literature, diphtheria is not a without membrane. That the membranous croup is disease which has come of late. Now the same treatment is given since we have returned to the Dr. W. H. Ford said: A year ago a severe case practical practice of our fathers, and suspended the of diphtheria in an adult occurred in the West End. scientific difference between tweedledum and twee-It was attended by Dr. H. Tuholske. There were dledee. A point which I have not heard discussed, two other cases, all of which recovered. In the is the absolute necessity in diphtheria, as well as in house across the alley from the one in which these croup and every other affection which is taxing cases occurred three other cases occurred in succession the vital powers of the organism, of sustainsion, all getting well. I afterward learned that in ing the vital centres by adequate and enforced sleep cleaning up after the first cases the people of that as well as nutrition. If there is anything in which it house through some of the materials from the diph appears to me that practitioners are derelict in the

Dr. Johnston said, he was one of those who gave

Dr. R. Funkhouser had been accustomed to treating many cases of diseases of the throat, but 1. That the profession is not studying so much the during the later part of last year, and early part of obscure points in the nature of diphtheria, as it is the this year, he had not had a case of diphtheria. He practical benefit to be derived from properly treat- considers that a great many cases reported are not diphtheria.

In reply to a question by Dr. Rumbold, Dr. Funk-Those who have had the best results favor first limit-houser said: Some cases I have had have been in ing the local progress of the disease. It is not fair the neighborhood of cases reported as diphtheria; to say that because the cauterizing the throat has their parents were much exercised and sent to me, failed to cure cases, therefore local applications to expecting me to pronounce them diphtheria. It may the pharynx made with gentleness and tact, cannot be that some of my cases might have been called be made so that the child will not resist. Also, those diphtheria, but I have not seen a case of diphtheria

Dr. Love said, that this point was touched upon inert. The use of the benzoate of soda has in in his paper; it was suggested, that some observers creased in favor and my experience with it corrobor- might be more liberal than others in their interpreates the good reports concerning it. I am sure I tation of the symptoms. But we do not want to go too far in either direction. The death rate is enough to indicate that diphtheria has been abroad in the 3. Nutrition and stimulation should be resorted city. We all know a classical case of diphtheria, but we may have mild cases, severe types and malignant types. During the time that diphtheria prevails, sible, and, if necessary, an artificial opening should there is always an epidemic of sore throat. The symptoms of a case of diphtheria may vary to such a degree as to make the diagnosis doubtful.

DR. RUMBOLD said: In reference to the diagperformed, the child continues to breathe through the when the membrane is located on the tonsil, or in diseased channel; is liable to receive particles of the anterior portion of the throat, the case was genit dies. Tracheotomy is not such a terrible opera creased in gravity; if in the posterior portion of the

CHICAGO MEDICAL SOCIETY.

Stated Meeting, March 7, 1887.

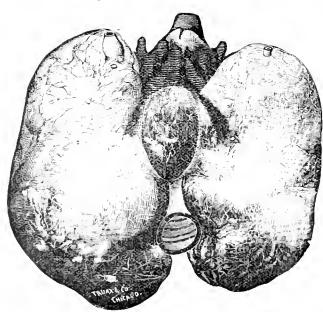
The President, Edmund J. Doering, M.D., IN THE CHAIR.

Dr. A. E. Hoadley read a paper on

DEEP TUBING OF THE LARYNX AS A SUBSTITUTE FOR INTUBATION, WITH A REPORT OF NINE CASES.

(See page 337.)

Dr. F. E. Waxham opened the discussion and said: In this connection I take occasion to present a bronchocele which produced death by pressure on the trachea. The history of this case, briefly, is this: The patient was a girl 14 years old; she had been troubled with a goitre for about a year, which increased rapidly in size and the people observed that it was at times larger than at others, more particu- agus and the trachea and produce pressure postelarly after the child had taken cold; but still the goi- riorly. In this case the pressure was exerted latertre gave no inconvenience until three days before ally. Coming more particularly to the discussion of death, when it is stated the child had taken a slight the paper presented to night, I feel that it should not cold and the tumor became larger. With increase go without a few words of criticism. As I believe in the size of the tumor and the consequent pressure that an old adage is that the proof of the pudding is upon the gland by the sterno-thyroid muscles, great in the eating of it, and as intubation has been perdyspnea resulted. The patient was attended by Dr. formed nine times without a success by this new pro-J. G. Berry, who recognized the true condition, and cedure, I would feel that there is little to recommend on the third day I was called to perform intubation. it. First, in regard to the position of the tube; the The child was now in the most desperate condition; author recommends that the tube be reversed, and indeed, it was moribund, the pulse was feeble, rapid instead of placing it with the beveled surface forand thready, hypotastic congestion had already oc-, ward and the shoulder projecting backwards, he recurred in the lungs, and the child was semi-comatose. commends the tube turned so that the shoulder will



tube was introduced into the trachea, but it failed to difficult indeed; but if the tube has an olive shaped give relief simply because the tube was not of sufficient length. It would not reach through the stricinto the cavity of the larynx, resting upon the vocal

it be pressed up again. The child was so near dead that tracheotomy was thought to be useless. To meet such emergencies as this I have had a much longer tube constructed, one that will pass entirely through such a stricture and consequently give perfect relief. The object in performing intubation in cases of bronchocele would be to give immediate relief, and to give us time in which we might perhaps reduce the tumor by electrolysis or the internal and external use of iodine; or these measures failing, we could then leisurely enucleate the gland. Bronchocele may produce death by pressure laterally, or by suffocation from pressure upon the trachea anteriorly; or a lobe of the gland may develop between the æsoph-



project forward and the beveled surface back-A case has been reported to me in which there was complete perforation at the base of the epiglottis from the pressure of the beyeled surface of a straight tube. The most perfect tubes are now made with the upper surface curved slightly backwards so that no pressure will be exerted upon the anterior wall. If we turn the tube around and place it with the projecting shoulder forwards, how much greater must be the danger from ulceration. Again, the author refers in his illustration to a tube with a shoulder broad posteriorly, a tube that has been discarded some time since, for it has been found that a tube with an olive-shaped head fits the larynx much better than the old tube. I think the author is mistaken about the head of the tube riding high and riding high and resting upon the arytenoid cartilages. It depends altogether upon the judgment used in the selection of the tube. If a tube is used larger than is appropriate for the age of the patient, it will be found that while the tube can be passed into the trachea without difficulty, yet the head will not sink into the larynx, and

While in this condition the largest size intubation then it will ride high and swallowing becomes very ture, and from the pressure of the gland, as rapidly cords, and swallowing is attended with but little difas it was pressed down in position so rapidly would-ficulty. In regard to the length of the tube, it would seem to me that little would be gained by facing in the way mentioned in the paper. My first making it shorter; indeed, this was one of the reaccase was about a year ago, the patient being brought sons of Bouchut's failure thirty years ago. You can to me from out of town. As it was my first case I readily see if we use a short tube, one simply pro- took particular pains to follow the regular method as jecting through the larynx, there would be much pointed out by those who had introduced it, and so greater danger from detachment of false membrane introduced the tube with the upper face looking forbelow the tube. In offering these criticisms it is ward and upward, that is, the upper plane at the enwith no unkind intent, or for the purpose of discourtrance. The child threw up the tube within ten aging attempts at improvement. While I have now minutes. I immediately replaced it, and while he performed this operation over one hundred times, remained in the office he was perfectly free in his and with a success rarely attained by tracheotomy, breathing and entirely relieved from stenosis. In

sabre sheath trachea with the subsequent stenosis, duced the other way, facing in the other direction. from pressure and atrophy. And that is not the taking the tube out, but I had more or less trouble recurrent laryngeal nerve is affected by pressure from tube four days and coughed it up himself. alysis. Thus we see cases where extirpation of the the subject, I again resumed the method of Dr. pressure from the goitre on the pneumo-gastric nerve no difficulty as yet in retaining it. I have had four causes irritation of the vagus centre of the brain, and cases intubed by the O'Dwyer method, with four reflex contraction of the muscles of the glottis. These deaths; three cases with the tube turned the other are the cases where goitre patients in apparently way, all recoveries. I suppose it is a coincidence, good health, with no dyspnæa, or with a slight occa- to a great extent. The eighth case has not prosional attack, will die suddenly. For instance, a pa- gressed far enough to state whether the child will tient is well and around amusing himself during the recover. In regard to the advantages of this method, day, and in the night a sudden dysphea sets in and so far I have never had a tube coughed up that was the patient dies before anything can be done. In- put in in that way, except one, on the fourth day, tubation with the long tube in a goitre patient shown but the child recovered. It seems to me the tube by Dr. Waxham may be of very great importance as holds much better, it sinks into the larynx and in a means of relieving suffocation attacks in goitre.

very strongly in favor of that taken by the author of feel the edge of it with your finger. So far as the the paper, and as Dr. Waxham says the eating of the extraction of the tube is concerned, except in two pudding tells us about the making, my experience instances I had no particular difficulty. As regards has been directly the opposite to that of Dr. Hoad- swallowing liquids, so far as my observation goes I ley. I have only had a few cases, but if they are of think it is speaking a little strongly to say that the any importance in elucidating this point, I take pleas-patients can swallow; I do not think they can swalure in giving them. I believe in having the tube low much; I feed them on semi-solids; I cut a raw

yet I do not consider the instruments fully perfected. spite of my endeavors to have him remain, he was Dr. Christian Fenger said: I shall not say taken to his home in the country, the tube remaining anything about intubation of the larynx according to in place. About eight o'clock the next morning he Dr. Hoadley's method, further than if there is a posticoughed up the tube. He was all right for an hour, sibility of avoiding the difficulty in swallowing, then then began to choke up again, and in another hour that is a very important point. And if a change in died from stenosis. In another case I had immethe position and shape of these tubes will help us to diately after, there was no relief. I introduced the avoid that, it will make intubation still much more tube four different times; I had it in the larynx and valuable than it has been heretofore. But I will say it remained in position, but the child was not relieved. a few words in regard to goitre, as Dr. Waxham has I intubed a third child, and it died. These three shown us this very interesting specimen, and as this cases were all with the tube in the way mentioned is of great importance. As Dr. Waxham says, press- by Dr. O'Dwyer, and they all died. Following that ure from the goitre on the trachea causes the so-called 1 had three successful cases, and the tube was introeither from pressure or from softening of the rings. In one of the cases I had no particular trouble in only danger in goitre. There are goitres where the in introducing it, a little more than the other way. trachea is perfectly open, and still a too often fatal. These cases all recovered. I had a case that recovdyspncea occurs. Those are the causes where the ered a child of seventeen months, who retained the the tumor so as to cause symptoms of posticus par-ling that and a little talk I had with Dr. Bartlett on goitre has been made to relieve respiratory difficul- O'Dwyer, and placed the tube in the other direction, ties. We see that thus the respiratory difficulty re- and that child died. Day before yesterday I was mains in spite of the removal, sometimes for a time, called to place a tube, and I introduced it without sometimes forever; the latter when no repair of the difficulty. I put the tube in about 9 o'clock in the nerve is possible. Besides these two classes of dan-evening, and yesterday, a little less than twenty-four ger to goitre patients, there is a third met with, of hours after putting in the tube according to the course only in severe cases. It consists of a spasm O'Dwyer method, it was coughed up by the patient. of the glottis, severe and continuous enough to ter- I went back last evening with Dr. Cunningham, and minate in sudden death. How this spasm originates said, "Now I am going to put the tube in the other is as yet unknown. The authors having paid most way, and see if the patient coughs it up." I replaced attention to this subject feel inclined to believe that the same tube, facing the other way, and he has had most cases disappears, you cannot feel it with the DR. FERDINAND HENROTIN said: My position is finger, while if it is turned the other way you can

introducing a long tube is concerned, I simply start first introduced. the tube, and as it slips into the laryny withdraw the

perience of the last speaker that these patients do that arises from the endeavor to swallow water. not always swallow readily even when the tube is Dr. Hoadley, in closing the discussion, said: seated deeply in the larynx, and I am inclined to be- As I mentioned in the paper, I started out in this passages.

oyster in pieces and let it slip down; a custard and the tube for me he introduced it the wrong way, and the white of an egg that slip down easily, and that, they swallowed fluids better than I expected they with little pieces of ice to quench the thirst, has would. The next case I had I introduced it myself usually succeeded with me. The disadvantage that the wrong way, the same as he did the others. The I consider attaches to the short tube is that the ex- child had more difficulty in swallowing than the othpulsive effort at coughing would frequently cause it ers had; on the third day he coughed the tube up, to be coughed up. The length and weight of the and when I reintroduced it, it was in the way recomtube must be an element in keeping it in place. It mended by Dr. O'Dwyer, and there was a marked seems to me we are using too small tubes. I am improvement in his ability to take liquids. In fact, using the second size in a child of four years, and he swallowed better than the other two. He sucgetting along quite well. As far as the difficulty of cumbed to the disease six days after the tube was

Dr. F. E. Waxham said: In regard to the rubber obturator, and just as it comes out of the tube my attachment which I have recently devised, I certainly finger slips into its place and pushes the tube home, think it a great improvement. Some may not desire Dr. E. Fletcher Ingals said: I have had no to use the artificial epiglottis attached to the tubber practical experience in putting in the tube the wrong collar, in which case it can be removed and the tube way, and I do not know how well it may turn out, will still be a great improvement, inasmuch as, the but anatomically it is certainly wrong unless the head being small and surrounded by the rubber, it shape of the tube be modified. It may be that with will fit the larynx more perfectly, there will be less the head of the tube modified it would sink into the irritation, and ulceration will be impossible. I have larynx, as recommended by the author of the paper, recently saved two little patients in which this device but with the tube as constructed by Dr. O'Dwyer it was used, and have also employed it in other cases does not seem to me a safe procedure to insert it with advantage. I agree with Dr. Ingals that it is wrong side foremost, for fear of pressure upon the best to keep water from the little patients as far as epiglottis causing ulceration. As to the effects of possible. I usually advise ice-cream, a very little at deglutition, if the tube fitted and would set deep in a time, or that a small piece of ice be placed in a the larynx and remain there, of course the patient cloth and held in the mouth. This relieves the could swallow more readily. It seems to be the ex- urgent thirst without causing the frequent coughing

lieve that unless some device can be invented to matter of intubation really on my judgment as to the prevent the entrance of fluid it is better that the paposition the tube was designed to take in the larynx, tient should take none. Where I have introduced for I had not given the subject sufficient attention to the tube it has been for other physicians, so that I remember that the tube was designed to rest high in was usually unable to watch the subsequent treat the larynx, and my experience has been so very ment, but in those that have recovered I have in pleasant, so far as the non-interference with the funcsisted that they should drink absolutely nothing. In tion of the throat is concerned, that I have decided the last case I insisted upon this so strongly that I in my own mind that deep tubing is preferable to incautioned the parents if they gave the child a tubation. The cases that I have tubed in that manteaspoonful of water they would kill it. The child ner were all bad cases, and not in a single one could will want to drink very badly after the first twenty. I give a favorable prognosis. They were all promptly four hours, but it is not a necessity for a few days, relieved, and that was all I expected to attain from If no fluid is allowed the patient is not nearly as the tubing. I have recommended the short tube; likely to have bronchitis or pneumonia as when it is the only advantage that the long tube can possibly permitted to drink. The child may have ice, it may have over the short one is its weight, except in rare have enemas, and may have soft solids in abundance. cases, and then its length is of advantage. In the As to the length of the tube, I agree with the last majority of cases of laryngeal stenosis the obstrucspeaker that the long tube is the better. One of tion is entirely in the larynx, and when it does extend Bouchot's mistakes was that he made his tube too down into the trachea the probabilities are that the short. But the principal reason for his failure was child will die of continued extension, and in such a that he attacked tracheotomy; he not only wanted case the long tube can be introduced. In the nine to introduce his tube, but he wanted every one else cases I tubed in this manner I used the long tube, so to stop tracheotomy. I would like to know what I cannot say whether the short one would have resuccess Dr. Waxham has had with the rubber collar lieved the stenosis. In one autopsy where there was in preventing the entrance of fluids into the air laryngeal diphtheria there was no diphtheritic exudation in the trachea, so that the extension of the tube Dr. John W. Niles said: My observation so far to the seventh ring was unnecessary. In reference leads me to think that it does not make very much to the position of the tube resting against the epi-difference which way you introduce the tube as re- glottis, as in the O'Dwyer method, I would state that gards the patient's ability to swallow fluids. In the epiglottis folds down and bears first upon the neither way can this be done without exciting cough. shoulder of the tube, then closes its orifice, but it In the two cases in which Dr. Henrotin introduced cannot perfectly close the larynx. Dr. O'Dwyerhas

had ulceration of the epiglottis with perforation, close the tube by its automatic action of folding You might think it would be a great deal worse to down over it, I regard the rubber top as being wholly turn the tube around, that the pressure would be useless. Not only is it useless, but the valve standgreater upon the epiglottis, but when I turn the tube ing up in constant apposition with the epiglottis is a around it goes half an inch lower, and the projection source of additional and continued irritation. of the tube that is supposed to touch the epiglottis does not touch anything, and the mucous membrane | is not pressed upon at all. Introducing the tube in the O'Dwyer method it will not go into the larynx; you can push it down and still it can be felt above the larynx, so when the epiglottis folds over, it must necessarily come against the tube. By turning the tube around, sinking it well into the larynx, it goes down so far that in a small larynx you cannot touch it with the finger, it goes down as far as the attachment of the apex of the epiglottis with the thyroid State of Nebraska a Board to be styled the Nebraska cartilage. The epiglottis folds down over the larynx, State Board of Pharmacy. Said Board shall consist of the laryngeal tube is still free below it, resting on the the Attorney-General, Secretary of State, Auditor, vocal cord, so that it can produce no ulceration of Treasurer and Commissioner of Public Lands and the epiglottis. As to the vocal cords, Dr. O'Dwyer Buildings, and said Board shall appoint five examinsays that ulceration is rare in that situation. That is ers, or secretaries, who shall be skilful retail apothebecause the pressure is slight, and not attended by caries of seven years practical experience, actually friction, as in the epiglottis. Northrup says you engaged in said business in the State of Nebraska; must press the tube well down into the larynx. In and said secretaries shall assist said Board in condoing this it rests against the epiglottic cartilage and ducting all examinations herein provided for, and in its projection presses back against the arytenoid car- the performance of any of its duties. Each of said tilages, pressing them wide apart in the most disa secretaries shall receive a compensation of \$5 per greeable manner. It is like putting the right foot day for each day's service actually and necessarily into the wrong boot. It does not fit or rest easy at performed, and such necessary expenses as shall be any point. Turn the tube around and it rests com- audited and found just and reasonable by said Board fortably in the larynx without one point of pressure, for attending the meetings thereof, said secretaries or the only pressure induced is that of swallowing, which examiners to be selected from ten practical pharmais not sufficient to produce ulceration. I have never cists recommended by the Nebraska State Pharmahad any trouble in introducing the tube except in one ceutical Association; little patient in whom, it seemed to me, the larynx went down to the sternum, and it was with great dif- and all the necessary expenses of said Board, shall ficulty that I reached the orifice of the larynx, but be paid out of the moneys received by said Board for readily. To facilitate extraction I have had con-diem allowance, and other expenses above provided tube being surrounded by the larynx, the extraction and render account to the State Auditor and to the refused to drink. I had one case that did recover, time, and to fill any vacancy in the position of secre-Dr. Waxham performed the operation for me, intro-tary whenever from any cause such vacancy exists. ducing the tube in the O'Dwyer method. That patient wore the tube nearly two weeks, so long that it after its appointment, meet and organize by the eleccould again talk, but it did not wear it long enough members, who shall be elected for the term of one year, to get used to swallowing without coughing. It and until their successors are elected, and shall pertube. The object of the rubber collar with its valve- of said Board, receive a further sum not to exceed like attachment is, as I understand it, to close the \$100 annually for his services as said secretary. It orifice of the tube. Inasmuch as the epiglottis will shall be the duty of the Board to examine all appli-

STATE MEDICINE.

LAW REGULATING THE BUSINESS OF PHARMACY IN THE STATE OF NEBRASKA.

Section 1. That there shall be established in the

Provided, That all such services and expenses, when I did finally engage it the tube was introduced fees. All moneys received in excess of said per structed a cup-shaped depression on the head, in- for, shall be paid into the State treasury at the end of stead of the oval convex surface with the hole directly leach year, and so much thereof as shall be necessary in the summit. With the oval head, unless you strike to met the current expenses of said Board shall be the aperture itself you are not likely to find it, as the subject to the order thereof, if, in any year the reextractor will invariably glide to the outside of the ceipts of said Board shall not be equal to its extube. With the cup-shaped head, partly from the penses. The Board shall make an annual report is greatly facilitated. My patients have all, with the Nebraska State Pharmaceutical Association of all one exception mentioned, been able to drink fluids; moneys received and disbursed by it pursuant to this they have been able to drink two or three swallows act. And the State of Nebraska shall in no case be without coughing. Occasionally there was some irri- liable for any such compensation or expenses. And tation; they would drink a large swallow and cough, provided further, that said Board shall have the immediately drink again and then cough, but not one power to discharge any of said secretaries at any

Sec. 2. The said Board shall, within thirty days took between two and three weeks before the child tion of a President and a Secretary from its own could not swallow fluids at all and was fed with the form the duties prescribed by the Board. Said Secregreatest difficulty, a part of the time by the stomach tary shall, in addition to his compensation as a member

cations for registration submitted in proper form; to Sec. 5. The said Board may grant, under such grant certificates of registration to such persons as rules and regulations as it may deem proper, for a may be entitled to the same under the provisions of fee not exceeding \$1, the certificate of registered this act; to investigate complaints and to cause the assistants to clerks or assistants to pharmacy, not prosecution of all persons violating its provisions; less than 18 years of age, who at the time this act to report annually to the Governor and to the New takes effect, shall be engaged in such service in the braska State Pharmaceutical Association upon the State, and have been employed or engaged two years conditions of pharmacy in the State, which said re- or more in the practice of pharmacy, but such cerport shall also furnish a record of the proceedings of tificate shall not entitle the holder to engage in such the said Board for the year, and also the names of business on his own account, or to take charge of or all pharmacists registered under this act. The Board act as manager of a pharmacy or drug store. shall hold meetings for the examination of applicants: for registration, and the transaction of such other assistant, who desires to continue the practice of his business as shall pertain to its duties, at least once in profession shall annually, after the expiration of the four months, said meetings to be held on the first first year of his registration, during the time he shall Tuesdays of March, July and November in each continue in such practice on such date as the Board year; and shall make by laws for the proper fulfill- may determine, pay to the said Board a registration ment of its duties under this act; and shall keep a fee to be fixed by the Board, but which shall not exbook of registration in which shall be entered the ceed \$1 for a pharmacist or 50 cents for an assistnames and places of business of all persons regis- ant, for which he shall receive a renewal of said regtered under this act, which book shall also specify istration. Every person receiving a certificate under such facts as said persons shall claim to justify their this act shall keep the same conspicuously exposed registration. The record of said Board, or a copy of in his place of business. Every registered pharmaany part thereof, certified by the Secretary to be a cist or assistant shall, after changing his place of true copy, attested by the seal of the Board, shall be business or employment, as designated by his certifiaccepted as competent evidence in all courts of the cate, notify the secretary of the Board of his new State. Three members of said Board shall consti-place of business. If any pharmacist or registered tute a quorum.

count, in this State at the time this act takes effect, mailed to him by the secretary of said Board. in the preparation of physicians' prescriptions, or said time so employed in this State, shall, upon the properly held. payment to the Board of a fee of \$2, be granted herein after described.

time within the year. The said Board may grant or more than \$100, and in default of payment thereof, macy as it may deem proper, upon a payment of a ment, in the discretion of the court. fee of \$2.

Sec. 6. Every registered pharmacist, or registered assistant shall fail or neglect to procure his annual Sec. 3. Every person who shall, within three registration, or to comply with the other provisions months after the passage of this act takes effect, for- of this section, his right to act as such pharmacist or ward to the Board of Pharmacy satisfactory proof, assistant shall cease at the expiration of ten days supported by his affidavit, that he was engaged in the from the time of notice of such failure to comply business of a dispensing pharmacist, on his own ac- with the provisions of this section shall have been

Sec. 7. Any registrations obtained through false that at such time he had been employed or engaged representation shall be void, and the Board of three years or more as a pharmacist in the com- pharmacy may hear complaints and evidence, and pounding of physicians' prescriptions, and was at may revoke such certificates as it may deem im-

Sec. 8. Any proprietor of a pharmacy who, not the certificate of Registered Pharmacist. *Provided*, being a registered pharmacist, shall, ninety days That in case of failure or neglect to register as after this act takes effect, fail or neglect to place in herein provided, such person or persons shall, in charge of such pharmacy a registered pharmacist, or order to be registered, comply with the requirements any such proprietor who shall by himself, or any provided for registration as a licentiate in pharmacy other person, permit the compounding or dispensing of prescriptions, or the vending of drugs, medicines Sec. 4. No person, other than a licentiate in or poisons, in his store or place of business, except, pharmacy, shall be entitled to registration as a by, or in the presence, or in and under the superpharmacist except as provided in section 3. Licen- vision of a registered pharmacist or registered astiates in pharmacy, in the meaning of this act, shall sistant; or any person, not being a registered pharmahe such persons, not less than 18 years of age, who cist, who shall take charge of or act as manager of shall have passed a satisfactory examination touching their competency before the Board of Pharmacy. Every such person shall, before an examination is compound or dispense drugs, poisons or medicines granted, furnish satisfactory evidence that he is of of any kind, or any person violating any other protemperate habits, and pay to the Board a fee of \$3; vision of this act to which no other penalty is herein provided. That in case of the failure of any applicant attached shall be deemed guilty of a misdemeanor, to pass a satisfactory examination, the money shall, and for every such offense, upon conviction thereof, be held to his credit for a second examination at any shall be punished by a fine of not less than \$10, or certificates of registration, without further examina-shall be imprisoned not less than ten days, nor more tion, to the licentiates of such other Board of Phar- than ninety days, or both such fine and imprison-

SEC. 9. Nothing in this act shall apply to the busi-

ness of any retail dealer engaged in business at a posed to give me a secret remedy for cancer, which distance of not less than five miles from the place of he said he had obtained from a brother, who was a business of any registered pharmacist; nor with the graduate of Jefferson Medical College, and then pracexclusive wholesale business of any dealer, except as tising in one of the interior towns of Pennsylvania. provided in section 10, nor with any resident regis- He said it would cure every time without fail, and he tered physician dispensing his own medicines on his brought out an old worn sheet of unruled foolscap own prescriptions.

any drug, medicine, chemical or pharmaceutical horse-sorrel, was to be gathered and prepared. Acpreparation, any ingredient or material for the purcording to the recipe the directions must be followed pose of adulteration or substitution, which shall out most scrupulously or the efficiency of the remedy deteriorate the quality, commercial value or medical would be impaired. The herb was to be gathered effect, or which shall alter the nature or composition- at a certain stage of development, bruised in a wedgeof such drug, medicine, chemical or pharmaceutical wood or glass mortar, the juice expressed out on a preparation, so that it will not correspond to the pewter plate, dried in the shade to the consistence recognized tests of identity or purity. Any person of honey, then spread on chamois skin or buck skin, who shall thus willfully adulterate or alter, or caused and, after abrading slightly the surface of the disto be adulterated or altered, or shall sell or offer for eased part, to be applied daily till the diseased tissue sale any such drug, medicine, chemical or pharma- separated from the sound, when the dead mass could ceutical preparation, or any person who shall substible easily removed. After this the best dressing is a tute or cause to be substituted one material for an- weak solution of the medicine in water. other, with the intention to defraud or deceive the purchaser, shall be guilty of a misdemeanor and be ical constituents, and the broad-leafed sorrel not beliable to a prosecution under this act. If convicted ing easily obtained in the locality where I then was, he shall be liable to all the costs of the action and I gathered a quantity of the small-leafed, or sheepist, whose duty it shall be to examine into the so. I put it up in a gallipot. In the first case of epithereport upon the result of his investigation, and if the successful. I have used it frequently since, both Board shall duly cause the prosecution of the offender, as provided in this act.

Sec. 11. All suits for the recovery of the penalties prescribed in this act shall be prosecuted in the I think it is fair to admit that it is one of the best name of the people of the State of Nebraska, in any the prosecuting attorney of the county where such moval by the knife, when the glands are not inoffense has been committed to prosecute all persons violating the provisions of this act, upon proper complaint being made to them.

SEC. 12. The pharmacist of every house dispensing and compounding medicines, registered under pared to immediate removal by surgical procedure. this act, shall be exempt and free from all jury duty

in the courts of this State.

SEC. 13. This act shall take effect and be in force from and after its passage and publication according to law.

DOMESTIC CORRESPONDENCE

RUMEX ACETOSA IN CANCER.

nications in the journals in regard to the rumex ace- bone, and producing compression of the brain, withtosa or small-leafed sorrel. I have also had some out breaking the skin, but followed by a swelling the experience with the herb that may be of some inter-size of an egg. I saw the child about 4 o'clock in est to the profession.

paper, written over one half of its surface, minutely Sec. 10. No person shall add to or remove from detailing the season in which the broad-leafed, or

The different species of rumex have the same chemfor the first offense be liable to a fine of not less than sorrel, at the proper time, to wit: when the bloom \$10 or more than \$100, and for each subsequent began to drop, and bruised it in an iron mortar and offense a fine of not less than \$25 or more than \$150. expressed the juice out on a common delf-ware plate, On complaint being entered, the Board of Pharmaey as I was not the owner of a pewter one, and when is hereby empowered to employ an analyst or chem- evaporation had brought it to the proper consistence called adulteration, substitution or alteration, and lioma that came under my care I used it, and was said report shall be deemed to justify such action, the successfully and unsuccessfully, and I feel safe in saying that the diagnosis, in some at least, of the successful cases, was correct, as it was confirmed by those high in authority and by the microscope. and safest escharotics we can use in such cases; and court having jurisdiction, and it shall be the duty of when our patients are not willing to submit to revolved, and the disease has not encroached too much on the underlying tissues, we can safely use this in preference to any other escharotic. Of course the use of any of this class of remedies cannot be com-

> Very truly yours, James Lamb, M.D. Aurora, Ind., Feb. 21, 1887.

FUNGUS CEREBRI REDUCED BY PRESSURE.

Dear Sir:—An interesting case of cranial fracture, followed by fungus cerebri, removed by ligature, and reported in THE JOLENAL of February 5, prompts me to report a case somewhat like it, and with a like favorable result from different treatment.

F. M., aged 272 years, was kicked by a horse, on Dear Sir:—I have recently seen several commuthe left superior posterior parietal bone, crushing the the afternoon of the same day, and immediately made In 1849, directly after I began practicing mediation incision the whole length of the tumor; coagulacine, an old gentleman, a very warm friend, pro- ted blood, and quite a considerable amount of brain, following the knife. A conical incision enabled me before the American Medical Association in 1884, dura mater; brought the cut surfaces of the scalp together by sutures; and dressed with the water dressleaden tea-caddy I found in the house—it was in the ing words: country, some fifteen or sixteen miles from my residence—folded the plate to a proper thickness, and, copy of the "Talmudic Medicine" of Dr. von Klein, with a hammer made it concave. I then placed over which shall not exceed \$5.00 in cost for 500 octavo the growth two thicknesses of lint, smeared over pages, or at \$1.00 for each 100 pages, payable on a bandage, which was drawn tighter from day to day, until the entire growth was absorbed. In due time the external wound healed, and the child grew to be review. as bright and intelligent as the other children of the family. Very truly yours,

F. Walton Todd, M.D.

Stockton, Cal., Feb. 14, 1887.

"THE ETIOLOGY AND CURE OF ASTHMA."

Dear Sir:—A paper under the above title recently appeared in The Journal which called out some comment to which the author has objected in the last issue (March 19). In this last note he seems to have gone quite as far as the reviewer in refuting his former claims.

From the comprehensiveness of the title and from the tenor of his paper one would naturally suppose he had some information to impart about asthma, but he now claims that he was not writing about asthma, but about "a rarer form of the disease." Every laryngologist, and probably nearly every general practitioner, knows that cauterization of the Capt. R. W. Johnson, Asst. Surgeon, ordered for temporary turbinated bodies will cure rare cases of asthma.

If the gentleman had entitled his paper "A Case of Asthma Benefited by Treatment," and had confined his subsequent remarks to a statement of facts as pointed out in the review, he would not have been troubled by the irritation into which he has wrought himself; but might have rested content with the knowledge that he had given a most excellent and interesting account of his own sufferings and the manner in which they were relieved. The charge which he makes of misrepresentation will be found wholly gratuitous by those who care to read the review. Very truly yours,

E. Fletcher Ingals.

64 State St., Chicago, March 20, 1887.

MISCELLANEOUS.

THE MEDICINE AND HYGIENE OF THE TALMUD.— Since the publication of my address on "Jewish Hygiene and Diet in the Talmud and various other Jewish Writings heretofore Untranslated," delivered

to see that the bone was comminuted, and the brain at Washington, D. C., I have been constantly urged investments very much torn. I removed eleven by the profession to translate and publish the medical pieces of bone; trimmed off the jagged parts of the and hygienic portion of this "wonderful" compilation, the Talmud. I therefore beg to state to the profession at large that I have concluded to translate and ing. The case progressed favorably for nearly two publish from the Talmud everything relating to mediweeks, when a fungus cerebri appeared and grew to cine, providing that, prior to the undertaking, I can the size of a hen's egg, which I proposed to excise, receive one thousand subscribers for the book. Such but as the mother refused her consent, I took an old subscription may be addressed to me in the follow-

I, the undersigned, agree to take one (or more) with cerate, a linen compress on that, then my lead delivery. Under no other circumstances will I uncompress, and retained all by moderate pressure with dertake this labor. No more copies will be published than the number subscribed, and fifty extra copies for distribution to the principal medical journals for CARL H. VON KLEIN.

110 E. 2d St., Dayton, Ohio.

MISCELLANEOUS.

[Exchanges are requested to publish or notice as soon as possible.]

THE MIAMI MEDICAL COLLEGE has, recently, become the Medical Department of the University of Cincinnati.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM MARCH 12, 1887, TO MARCH 18, 1882

Major C. II. Alden, Surgeon, ordered for duty at the U. S. Military Academy, West Point, N. Y., relieving Lieut.-Col. Andrew K. Smith, Surgeon, who will report by letter to the Surgeon-General. S. O. 52, A. G. O., March 5, 1887.

Capt. Wm. F. Carter, Asst. Surgeon, granted leave of absence for one month, on surgeon's certificate of disability. S. O. 25, Dept. Texas, Feb. 24, 1887.

Capt. Geo. McCrury, Asst. Surgeon, leave of absence extended one month. S. O. 52, A. G. O., March 5, 1887.

duty at U. S. Military Academy, West Point, N. Y. S. O. 51, A. G. O., March 4, 1887.

First Lieut. Guy L. Edie, Asst. Surgeon, granted leave of absence for one month, to take effect about March 1, 1887. S. O. 27, Dept. Texas, Feb. 28, 1887.

Capt. Win. F. Carter, Asst. Surgeon, leave of absence extended four months, on surgeon's certificate of disability. S. O. 57, A. G. O., March 15, 1887.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY, DURING THE WEEK ENDING MARCH 19, 1887.

Bradley, George B., Surgeon, detached from Marine Hospital Philadelphia, Pa., and granted six months' leave.

Steele, Jno. W., P. A. Surgeon, ordered to Marine Hospital, Philadelphia, Pa., without delay.

Parker, J. B., Surgeon, ordered to the U. S. S. "Ossipee."

Siegfried, C. A., Surgeon, ordered to Baltimore, Md., on special duty.

Hugg, Joseph, Surgeon, placed on retired list March 17, 1887.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U, S, MARINE HOSPITAL SERVICE FOR THE WEEK ENDED MARCH

Banks, C. E., P. A. Surgeon, to proceed to Chicago, Ill- and assume temporary charge of the service. March to, 1887.

Journal of the American Medical Association.

EDITED FOR THE ASSOCIATION BY N. S. DAVIS.

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No. 14.

ORIGINAL ARTICLES.

HYSTERO-NEURASTHENIA, OR NERVOUS EXHAUS-TION OF WOMEN, TREATED BY THE S. WEIR MITCHELL METHOD.

Read before the Chicago Medical Society, March 7, 1887. BY FRANKLIN II. MARTIN, M.D.,

PROFESSOR OF GUNROLOGY IN THE CHICAGO POLICLIMIC; FELLOW OF CHICAGO GYNECOLOGICAL SOCIETY

liberty of giving to an often recognized class of female difficulties which has not a well defined place in medical literature.

to enumerate and describe as the individual cases are aches, and are therefore considered unworthy of more difficult to manage to a successful issue. Under the dignified attention than that required to prescribe an term hystero-neurasthenia, I wish to include no sympanodyne, a hypnotic or a blister. These cases are toms which can be traced to a distinct pathological much too interesting, and the credit of effecting a lesion of any one organ, but to a host of symptoms permanent cure of too much gratification, to say that can be accounted for in no other manner than by nothing of duty, for us to be satisfied to listlessly being the result of a partial or general nervous ineffi-alleviate symptoms, when it lies in our power to do ciency, or perversion, of the nerves controlling the more.

organs peculiar to women.

rarely, masturbation.

has its own peculiarities, I will remain content to re- pressure. A slight mucus discharge from the cervix, cite a few of the most prominent and common symp- of a milky character, is rarely absent. The cervix is toms. General anæmia, or deficiency of red corpus-usually pale in color. Pressure in the ovarian region cles, is a very common, but not universal symptom, causes pain, or at least a feeling of sensitiveness; the The aniemic cases usually complain of loss of flesh, ovaries can be frequently engaged between the hand although it is well known some anæmic patients gain placed over the relaxed, thin abdominal walls, and flesh; and where this state of affairs exists the func- the index finger in the vagina, and will often be tions of the generative organs usually suffer, as is found considerably enlarged. The rectum is rarely often manifested by coincident amenorrhoea and ster found in other than a relaxed condition. There is ility. Upon questioning these patients the key-note frequently much tenderness about the anus, with of a general outpouring of subjective symptoms is slight nodular enlargement of the external hæmor-

struck, when the womb is reached in the list of interrogations—bearing down pains, backache, leucorrheea, neuralgia in ovarian region, painful menstruation (pain before menstruation, during the flow, and for days following), frequent urination, constipation— "bowels never move without medicine"-painful defecation, neuralgia in all parts of pelvis at regular or irregular intervals, in the ovarian region, one or both sides, uterus, vagina, bladder, perineum, rectum, and even the urethra. Standing and walking is accomplished very seldom without fatigue, and scarcely Hystero neurasthenia is a name that I will take the less rarely without pain in the loins and lower pelvic region.

These sufferers usually have worn out the patience of one or two physicians; many times are pronounced The symptoms of this class of cases are as difficult hysterical incurables, who imagine many of their

Upon physical examination this class of patients The first of these conditions, nervous inefficiency, present few well-marked subjective symptoms. There may be congenital, or the result of excessive exercise is no evidence of hereditary taints. As this trouble of the functions of the organs of the pelvis, from a is referred to the uterus, the first local examination long and prolific child-bearing season, excessive co- is made of the pelvic organs. The vulva is often habitation, or undue treatment of a local variety. pale in color from general anæmia. The mucous The second condition, nervous perversion, will be membrane within the vagina presents a faded, lax found the result of excessive brain work, either as a appearance. The external genitals are sometimes consequence of early study, or from literary excess, bathed with mucus secretion from the relaxed vulvo teaching, and clerical work common to women of maturer life, the worries of motherhood, anxieties of impending or actual misfortune, prolonged lactation, free from secretion. The uterus is normally provided to the circle approximately plants and the common of the circle approximately plants. nursing of the sick, excessive physical labor, and, location, with perhaps the exception of slight prolapsus from the general relaxation of all the surround-The symptoms of this class of cases are too numing parts. It is very movable, as a rule. The organ erous to mention in detail, and inasmuch as each case is very liable to be marked by hypersensitiveness on

rhoidal veins. Faces are often found in the lower bowel. The bladder is often sensitive to slight press over drugging our patients? We must introduce sure, and not rarely, where the patient is anæmic, some means by which an irritable body, that is unwill there be a pouching of its neck. The urine is able to assume the recumbent position without restpale, and commonly filled with phosphates and musting upon some painful spot, may lie down without cus. Upon manipulating the abdominal wall there is pain. We must feed properly a patient whose appescarcely a point that does not seem most sensitive, tite is capricious, whose stomach may be irritable and except, perhaps, the ovarian region. The muscles rebellious, whose bowels will not "agree" with anyare flabby and relaxed upon the limbs, although occasionally covered with soft fat.

The heart action in these cases, while not strong, is usually regular. The exception to this is in very nervous patients where, through sympathy of a rebellious or weak stomach, palpitation and heart-burn pressure of the finger.

The digestion is often fair, but rarely very good. coming on without any warning and disappearing in indigestion are experienced, which may not be con-success than Playfair, of London. fined to the stomach, but affect the whole digestive marked in the lower dorsal or first lumbar region.

we may have, in addition, all the symptoms that are obtained through the use of massage and electricity. common to general neurasthenia, the special sympand demand in the nutrition of several. And while preparing tempting sick-room deheacies. it is rare for a single case to present all the symptoms most aggravating form in one suffering individual.

Though no exact pathology of these cases has been a definitely demonstrated, except through the deduct class of society, without children, had been treated generally conceded to lie in a weakened or incom-two St. Louis physicians, from which city she had plete state of that part of the nervous system which recently moved to Chicago. She had gradually bepresides over the nutrition of the organs involved, come worn out from unsuccessful local treatment, is that towards which we must direct our treatment, extreme state of anæmia; had been gradually reduced a fourth indication.

The prominent requirements, then, in these cases with persistent insomnia. are: 1. Rest. 2. Proper Feeding. 3. Seclusion. 4. Sleep.

How can we obtain these four requisites without thing that is suitable to sustain life. We must put into seclusion patients who imagine they require the sustaining sympathy of innumerable dear ones. We must produce sleep in a class of patients who have long ago worn out all the safe and efficient hypnotics.

I have had experience enough with these cases to will be a complication. The capillary circulation is satisfy myself that permanent cures can very often frequently slow, as evidenced by the slow return of be effected by a line of treatment that has been praethe circulation to a part deprived of its blood by tised so successfully in general neurasthenia by that eminent Philadelphian, S. Weir Mitchell. While Dr. Mitchell was the originator of this systematic line of Attacks of nansea are frequently complained of, treatment, of which I can only hope to give merely an outline this evening, it has been adopted with the same way. Occasionally downright attacks of great success by others, and by none with greater

Dr. Mitchell seeks to meet the four requirements. These attacks may be accompanied with in the treatment of these cases by first getting full headache. Spinal tenderness in one or more regions control and confidence of the patient. Without this is often present; this will frequently be found quite first requisite, the case is a failure. After this is accomplished he makes the remaining part of the prob-Besides the symptoms enumerated, which can be tem teasible by a combination of entire rest and of said to rank under the head of hystero-neurasthenia, excessive feeding made possible by passive exercise-

A physician, to treat these cases successfully, must toms about the pelvis determining the disease, be have an eye to detail, possess at least the ordinary cause of their greater prominence and severity, amount of tact, perseverance, firmness, and good While we have found by general examination of these executive ability. The nurses employed should be cases, both subjective and objective, not one organ educated, intelligent, strong young persons, who are in the pelvis or abdomen in vigorous health, and not able and willing to work, and who can make themone free from weakness and tenderness, we have not selves very agreeable; who possess tact and firmness, found an actually diseased member—that is, diseased the latter without sternness. They should understand from any pathological condition peculiar to itself, but and be capable of performing thorough massage, adrather from a general lack of balance between supply minister a vaginal douche properly, and be adepts at

In further describing this system of treatment I above noted, occasionally, as many of us can testify, will give, for the sake of brevity, the details of treatall these and others will manifest themselves in their ment of a typical case of the kind that recently came under my observation:

The patient, a young married lady in the better tions drawn from successful treatment, the fault is for "womb difficulties" for three years by at least A general malnutrition, then, of the parts implicated and was about to give up in despair. She was in an As these patients always complain of being tired, the in flesh from 120 to 100 lbs. Menstruation irregular first indication for treatment is rest. As they are and painful throughout. Bowels never moved withalmost invariably anæmic, properfeeding is the second-out-assistance. Appetite-gone, and what little food indication. As a case is rarely found in which nerve is she could be induced to take remained like a load ous debility is not the rule, seclusion from annoying on her stomach and gave her considerable pain. surroundings is a third indication. Sleeplessness, Besides the loss of appetite and indigestion, she had which is frequently a conspicuous symptom, gives us; considerable ovarian neuralgia, general pelvic hyperæsthesia, and intense sacralgia. She was also troubled

Physical examination elicited no localized patho-

was normal.

explained to the patient, and she immediately acqui- administered. This was not found necessary after a esced when advised to make a trial of it. Contrary few days' treatment. At 11 A.M. or thereabouts the to Dr. Mitchell's advice, she was not separated from patient was given general faradization with an idea her family, there being but her husband, and he at of reaching all the motor points of the superficial home but a small portion of the day. Be it remem- muscles. The region of the colon, especially of the bered, she was unable to retain even a very little of transverse and descending colon, with special efforts the blandest food without distress.

three ounces of milk every three hours. She took at after this treatment. About 1 o'clock she was inthis rate, in the first twenty-four hours, twenty-one duced to take a light dinner, or, more properly, lunch. ounces of milk. The second day the amount was increased to twenty-eight ounces by increasing each lest the patient by light reading for an hour, if she were allowance to four ounces,

meal times.

two hours, with double the amount of toast that was tered at regular intervals throughout the day. After given the day before. All the dyspeptic symptoms the dinner or supper the patient was read to or had at this time disappeared, and the patient, not- amused in some way, or, if she was so inclined, alwithstanding the amount of milk taken, commenced lowed to sleep. Nothing, except the amount they to ask for her meals.

The fifth day she was allowed in addition to the some of these patients seem to require. milk, for breakfast, about one and one half ounces of finely chopped steak of beef rarely broiled; this, commenced. This began with a systematic massage with about one ounce of stale bread with butter, was which included all parts of the external muscular taken with great relish, and without subsequent dis- system, and occupied about one hour. The patient tress. At noon, on account of a little feeling of nau- was then moved to a couch, given a large vaginal sea, she had nothing except her regular milk diet. douche of hot water while in the recumbent position; An afternoon sleep left her with an appetite for her her bed in the meantime was changed, and she was at supper. She was then given three or four raw oysters. last, after a hard day's work in which she had been but with toast and a small cup of tea. This was taken a passive laborer, deposited in it for the night. with relish, and there was a disposition to take more.

more nutritious by making it one-third cream. Be expressed a very strong desire to go with her hus sides the twenty eight ounces of milk and cream, she band, who was about to make a business trip South. was given this day the juice from one pound of beef. Inasmuch as she was, to all appearances, now perin three doses, at 10 A.M. and 3 and 8 P.M. Besides feetly well, I gave my consent to this arrangement. chop for her dinner, with bread and butter, and raw her menstrual period had passed without a pain; the

care in its selection, in retaining and relishing an incredibly large amount of food. She would take, becream, and the juice from one-half to one pound of health, and she certainly appears so. beef.

logical condition. Uterus natural in size and loca- made possible by systematic passive exercise. The tion, and movable. Ovaries not enlarged, but very routine of treatment for the day in this case was tender. While there was general hypersesthesia in as follows: At 8:30 A.M., or as soon as the patient every direction from the vagina, there evidently was had awakened, she was given a light sponge bath, her no cellulitis or peritoneal inflammation. The urine hair was arranged, and her milk and breakfast taken. At 9:30 A.M., if the bowels had not moved spontane-The scheme of treatment mentioned above was ously, a small rectal injection of soap and water was at stimulating the rectum, was systematically sought. She was immediately put upon an exclusive milk. This treatment required from three-fourths to one diet. The diet for the first day was laid down as hour's time. The patient usually took a short nap

In the afternoon, if necessary, the nurse would internot inclined to sleep, which was frequently the case. The third day, as the patient was doing remarkably. At 5 o'clock a light, rapid sponge bath was adminiswell and the stomach was free from pain, one ounce tered, followed by gentle rubbing of skin with a dry of thinly cut stale bread, well toasted, was given in bath glove. This proceeding occupied thirty minaddition to the milk that was due at the three regular lutes, after which the patient was again allowed to rest for an hour. At 6:30 or 7 P.M. she was given her din-The fourth day six ounces of milk were taken every ner. The milk, in the meantime, had been adminiseat, will astonish one more than the amount of sleep

At 8:30 or 9 P.M. the regular preparation for bed

This patient remained under this systematic treat-The sixth day, on account of the patient exhibiting ment for about eighteen days only, at the end of a slight disgust for the large doses of milk, the allow-twhich time it did not seem necessary that she should ance was reduced to four ounces, it being rendered be kept under such close observation longer. She this, the patient took part of a cup of coffee and an She could take and digest more food than she had ounce of bread with butter for her breakfast, a lamb been able to for years, without a dyspeptic symptom; oysters with toasted crackers and butter for 6 o'clock pelvic hyperaesthesia, while not entirely subdued, was much improved; the vaginal leucorrhœa was entirely From this time on while the patient remained under checked. The patient had gained ten pounds in treatment with me, she had no trouble, with judicious weight. Her skin was now ruddy and healthy in appearance, and she felt strong, well, and in the best of spirits when she left the city. I have since seen sides three large meals a day, a quart of milk and the patient, and she assures me that she is in the best

All cases, however, in which the treatment de-The digestion and assimilation of this large quan-scribed here seems applicable, will not give the bril-tity of food by an irritable alimentary canal was liant results that twenty days' treatment accomplished for me in the above case. Every symptom of impor- the triple valerianate pill of quinine, zinc and iron, as tance here disappeared after four days' treatment, and manufactured by W. H. Schieffelin & Co., valuable subsequently there was nothing left to accomplish in cases in this condition. Asafeetida pills are somebut to increase the flesh and strength of the patient, times valuable at this point. The pills manufactured The getting-up was gradual; at the end of about the by Eli Lilli & Co., of Indiana, conceal the taste and ninth day she was allowed to sit up in a large uphols- odor of this drug perfectly. tered armchair for one hour in the forenoon. This was followed rapidly with greater liberty, and at the these cases to guard against harm arising from the end of the fifteenth day she was about the room fully excessive feeding. dressed; and at the end of the twentieth day was ready to travel.

treatment of these cases. Occasionally a patient has tion in malt citrate of iron, quinia, and strychnine in been thoroughly disgusted with milk on account of 1-grain doses make an elegant preparation. excessive use of it in previous treatments. Others rience of the physician are heavily taxed.

Occasionally among these patients will be found a pleasant hypnotic in these cases.

similar, should be administered at bedtime.

In spite of feeding, rubbing, and faradization, pa-1 tients are occasionally found whose insomnia will persist. These cases I endeavor to control by giving them a hypnotic in such a way that they are not aware of the fact, and are led to attribute the sleep to the treatment. A favorite method is to saturate a Abstract of a paper read before the Ohio State Sanitary Asloose vaginal tampon with a solution of chloral in glycerine and insert it the last thing at night. Sufficient chloral is absorbed to produce sleep, and the local anodyne effect upon the surrounding organs is MEMBER OF OHIO STATE SANITARY ASSOCIATION, MEMBER OF THE not unpleasant. This can gradually be reduced in strength as the effect of the general treatment is;

The urine should be examined occasionally in

If iron is indicated it can be given in small doses advantageously, in the fluid malt, or, in case malt is Frequently grave complications are met in the not an article of diet, in a capsule. For administra-

Success, however, depends much more upon the have the impression that it "makes them bilious," and attendance the patient receives than upon the selecit is not taken on that account. By taking pains to tion of drugs. Massage is given here with the idea explain that milk is one of the most perfect forms of of producing as much tissue change as possible, and food, and that it is an important factor in the successful the nurse who can accomplish the best results in this treatment, most patients will be induced to try it in direction, as indicated by the amount of food taken small, often repeated doses. There is occasionally a and assimilated, is the greatest success. The faradizpatient found, however, who cannot take milk in the ation I do not usually intrust to a nurse, although an raw state; the taste is objectionable, and the stomach intelligent trained nurse can soon be taught to manrejects it. In such cases milk will often be well re- ipulate the faradic machine. The end sought here is ceived if prepared with Fairchild Bros. & Foster's simply to cause contraction of all the muscles of the peptogenic milk powder. This is often also a valu- body that can be brought under its influence, and to able addition when the patient becomes tired of milk stimulate the circulation. For this purpose I place late in the treatment. Beef juice prepared after a large electroile under the two feet of the patient as Weir Mitchell's formula, either raw or cooked, is she lies in bed with knees flexed; this electrode is sometimes a good substitute. Patients are frequently; attached to one pole of an ordinary interrupted farafound who can take scalded milk who cannot bear it die battery. At the other pole I attach a bifurcated in the raw state; and, again, frequently if mixed with cord terminating in two small hand electrodes, made cream, when milk alone nauseates. Where this im to fit the palm of the hand in such a manner as not portant article of diet is not tolerated under any to interfere with the flexion of the fingers. A process disguise, other food must be adopted which will ac- of kneading or petrivage is performed over the surcomplish the same end. Here, in selecting a suita- face of the body, dwelling particularly upon the motor ble substitute for milk from the long list of natural points of the muscles, while the current is simply and artificial foods, is where the ingenuity and expensioning enough to produce an agreeable prickling sensation.

In this paper I have not been able to do more than one who requires an alcoholic stimulant. This is to give the merest outline of a treatment of a condioften indicated where there are sudden attacks of tion which we all often meet in practice. In citnausea. Hoff's fluid malt often arouses a desire for ing the particular case I have, I did so because of food, if given three or four times a day in small its being a typical one of the kind, and one in which doses; the hop principle often acting, in addition, as the complete treatment in its most uncomplicated form could be demonstrated as a success. From this Where the bowels are not sufficiently stimulated any intelligent physician can readily comprehend the by the manipulation and faradization to cause an scheme of treatment, and can as readily understand evacuation daily, a capsule containing ext. nux vom- how many difficulties might arise that would compliica 1/4 gr., ox. gall. gr. ij, aloin 1/6 gr., or something cate the treatment, at the same time not necessarily proving insurmountable barriers to its ultimate success.

163 State St.

WATER CLOSETS AND PRIVY VAULTS.

sociation, February 10, 1887.

BY JOHN McCURDY, M.D.,

OF YOUNGSTOWN, OHIO,

YOUNGSTOWN BOARD OF HEALTH, ETC.

To those who have given study to the above subsufficient to make it unnecessary. I have found also jects they rank them first in importance. They

know that to construct a perfect water closet or venteth. Of course these bends are placed there privy vault, the complete mastery of the laws gov- that the most depressed portion will at all times be erning gases and organic germs must first be made. filled with water. The water thus retained is called both of these appliances of the most recent pattern, all that stands between us and death. but a modified "Black Hole of Calcutta?" It is but a place of confinement where malaise, headache, de- use with us. I cannot speak of all of them, or even bility, and low vitality dwell, and where the organic of all the leading kinds, or perhaps, not even of the germs of fever, diphtheria, scarlatina, measles, chol- very best kinds.—The first I shall notice is the "Hilera and small-pox find their habitat.

be familiar with all that chemistry can teach, me-inch soil pipe with a three quarter "S" trap. A tank chanics demonstrate and engineering plan. So vast, is used for the water supply, and is self-acting, that intricate and numerous are the laws of sanitation. is, pressure upon the seat causes a dash of water to we can, at present, no more make them all subservi- wet the bowl, and upon removing the pressure an ent to our wills, than we can make a plain of the additional dash of water completes the action. The vast rock-ribbed mountain of our far west. But if last gush is supposed to carry the deposit through we are incessant, earnest, and honest in our struggles the trap and also leave the trap full of pure water as for facts, we can pierce these laws as the mountain a protection. For places where the closet is in ranges are pierced, and utilize the materials found almost constant use it answers fairly well; but for for the lengthening of life, and the perfecting of health. occasional use, I do not approve of it. In the first

closets? We can say that the three classes of men. In the second place, while in use the gases from the who prosecute both the science and art of sanitation, deposit are constantly passing off into the room. the physician, the plumber and the engineer, have And thirdly, the rush of water is not always sufficient attacked this problem together and singly, month to carry the deposit well through the trap and into after month, year after year, each marked by unre- the soil pipe. Indeed, in certain cases, quite a pormitting thought, and plan, and experiment, until a tion is left to decompose and poison continuously substantial, if not a triumphant victory has rewarded the atmosphere. The next is the "Zane Sanitary their perseverance. These workers have brought Closet." This is much more complicated and in forth closets, numerous and various in style as leaves some respects a better closet. It has a double proof autumn, that not only squarely meet all foul and tection in the form of two water seals; one in the fatal eminations from all forms of human excreta, pipe and one in the bowl, and it uses more water, but flank, surround and compel to surrender all the Very similar in construction is the "Demorest." forms of bacteria, bacilli, micrococci and their vast. They are both plungers, and both leave flushing

progeny. The essential parts of all these closets are the bowl, the container, the trap, with water seal or seals, are generally very satisfactory to those who use supply soil and vent pipes. Some makes contain all them. My objections to them are that nothing the above parts in their construction, some only a leaves the bowl when in use, and will not leave it portion. The thought that has filled the minds of except when the handle is pulled up, so that they are all closet makers is how to control the gases—the not well suited for children, imbeciles and careless odors--and especially the death laden germs. With people. But in the opinion of Dr. Tracy, of New every form of closet, save one, the trap is relied on Vork, and others, the most threatening defect is in in the soil pipe, whether leading from closet, bath the plunging chamber, which, in time, is coated with tub or kitchen sink. Without this imperious neces- a very foul organic matter that is a favorable bed for sity called a trap, the more sewers, soil pipes, waste the rapid culture of disease producers. In many of pipes, and even ventilating pipes we put into our the most carefully plumbed houses of our town conhouses the more surely will they be dens for thieves taining these closets, diphtheria has again and again to steal our health, and threaten, and eventually take visited different members of the family, and the our lives. Our houses are but expensively con-supicions were centered on the foul flushing chamber structed receivers of foulness, and festering filth, as the cause. I only note this suspicion. My own containing "pestilence that walk in darkness and de-knowledge does not verify it. While there is no structions that walketh at noonday." What then, is trap closet I would recommend, that I know, I am the nature of this seemingly imperative necessity? very favorably impressed with a closet made by the It is simply a bend in the pipe leading from the closet, a half "S," three-quarter "S," "S" or "D," a bag shape, a bottle shape or a bell shape. But they are all but different kinds of bends. As the art of I would consider the time well spent, had I a house half or three-quarter "S" is preferred. I can say, with it. then, the trap "is only that and nothing more."

What is any house, however elegant in appearance, the water seal. And this little pool of water, often or expensive in construction, without either one or very impure, very offensive, and very foul, may be

Now, a word about some of the closets in daily flard Hopper." This is one of the most simple in The sanitarian of to day, to be at his best, should construction, having but a bowl attached to a four First, then, what can be said regarding water place, as now made, it does not use enough water. chambers.

These closets have many excellent qualities and plumbing is more and more advanced, the simple to furnish, in making myself thoroughly acquainted

The question is often asked, can we get something Behold then how great a matter a little trap pre- better than the common "S," or at least something which will assist in making the seal more per- copper cup, with or without a rubber ring that comes fect? Many efforts have been made and appliances up and surrounds the lower end of the bowl and adopted. Notably among them is the Bowers contains water on both sides of the end. The op-Trap." This is a rubber ball that floats upon the eration of this closet is as follows: Pressure being water seal, and being made very carefully, as is also made upon the seat, the cup is at once carried to the the trap, it fits accurately against the bottom of the side, the valves of both supply pipes open at the gipe and so remains while the closet is at rest, and is same moment, and two strong streams of water intended to assist the seal in effectually preventing flow, one around the rim, and the other dashing in a the escape of sewer gas. My experience with this thick sheet of spray across the lower end of the trap is favorable, but those who perhaps know much bowl before falling into the straight soil pipe. The more than I, object to it on the ground that gases action of these currents produces a rapid suction form a stratum immediately under the ball, and when into the soil pipe carrying with them instantly all deit is displaced by sewage, this stratum passes at once posits and gases. These currents are continuous, into the apartment. I have been much interested in and cease only when the weight is off the seat, at the study of another ball trap on a wholly different which instant the cup again takes its place and is plan. It is an invention of H. C. Lowrie, a member rapidly filled by the last proportions of water of both of the Denver Society of Civil Engineers. It is a supply pipes. Here we have an odorless closet, and rubber ball filled with shot, and for a four inch pipe, one that neither allows gases nor deposits to remain weight four and a half pounds, and so firmly is it an instant in the bowl, a quality no other closet has, seated that it takes twenty five pounds of pressure to of which I have ever read or seen. It was put to displace it. The trap used with this ball has a sort a crucial test in one of our plumbing shops. Three of elbow, or "race way" the inventor calls it, through of the approved closets were placed in a row with it which the ball rolls when displaced by the proper over the same soil pipe, a four inch, and filled for use. weight of sewage, only to at once take its place This soil pipe was heavily charged with illuminating again when the pressure has passed, and firmly keep gas, and although used repeatedly, not the slightest it, thus forming a perfect seal in all respects and do-lodor could be detected either during use or at rest. ing away with vent pipes of all descriptions. Of I have no hesitation in pronouncing it by far the best course, in the construction of these balls and traps, closet with which I am acquainted; and I say this in everything must be of the most accurate make, and the exact language required by the Government of the best materials, which must add considerably Pension office, viz: I hereby vertify that I have no to the expense of furnishing a house. This is to me interest either direct or indirect in this closet. It a great recommendation, as the most expensive ma- is called "The McAndrews Spray Seal Trapless terials of all kinds only should be chosen if they are Closet." of intrinsic value; for plumbing should be done regardless of cost.

be practiced, let it be done by doing without some with bended backs and sweating faces, are adding to of the multiplied gables, projections and oppressive the number by tens of thousands. It is but a quesion ragliness of the so-called Queen Anne's and Mansard of time when all our surroundings will be fully satulike Pumpilly, Wernich, and many others, have found death. But the greed and disregard many have for that a good water seal with the usual surroundings, the life, feelings and health of others, render it neceswill prevent all organic particles from passing back, sary for every health board to bow before their and nearly all of the different sewer gases.

for one with which I am familiar. The inventor is a sides will be." Brick, or stone and cement are resident of Youngstown, Ohio. So confident is he chosen. Each brick will soak up at least one pint of its unequaled qualities, that he has placed them in of liquid excrement; each stone absorbs the same as some of the hotels and resorts, where they would get if a sponge. the most trying tests, agreeing to remove them at his

Now, a word as to privy vaults. I have nothing to say in their favor. They are to-day, the most un-In my opinion, there is not a more senseless pract/mitigated, and unpardonable nuisance that infests tice than that of hawking a plan for plumbing from the face of the earth. The idea of digging a hole in shop to shop, for the lowest bid. The builder of a the ground for a permanent receptacle of human exhouse is as helpless in the hands of the plumber as creta, is the most depraved conception of civilization he is, when sick, in the hands of the doctor. All ever found in the desolate wilderness of man's brains. kinds of frauds, experiments, and mal-practice can Sanitarians must face the subject squarely, for there be heaped upon him, while he, all the time, is utterly is not a city, town, village, or country that is not unable to detect the impositions. If economy must honey-combed by them; and at this hour, the diggers additions. In the midst of all these subtile agents, rated; the ground-air charged with virulent poisons, it is a comfort to know that experienced chemists and the ground-water saturated with the germs of strength and compromise by mournfully saying, "dig, I close what I have to say on closets with a word but the board will determine of what the bottom and

Now with a vault walled with several hundreds of expense if not fully approved. This inventor throws bricks, or many tons of porous stones, either or both aside traps and vents of every kind, and places the of which are fully saturated with vault contents, closets upon a straight soil pipe. This closet con-which in turn, are surcharged with baccilli, micrococci, sists of a seat, with air space in front between it and and all the other germs possible to convey or generbowl, two supply pipes, one for the flushing rim and ate disease, and as these press into the air or ground, one for a spray seal near the bottom of the bowl, a instantly the same pores are again filled, this time,

demics while this order of things lasts?

This box can be furnished water-tight, thoroughly of death was peritonitis. coated inside and out with hot coal tar and placed of same, at the rate of \$4 per annum. The ashes itself, I would attempt it. are saved and thrown into this box instead of upon and dry, it can be removed at any time without giv- ness, nausea, and hæmorrhagic tendencies.

of God.

when thou wilt ease thyself abroad thou shalt dig nant. therewith and shalt turn back and covereth that which cometh from thee. For the Lord thy God "come at once." During this visit I mer her attendwalketh in the midst of thy Camp to deliver thee ing physician, and from him I learned that she gave and to give up thine enemies before thee, therefore birth to a living child three weeks before. Upon shall thy Camp be holy: that he see no unclean making an examination I discovered that the tumor thing in thee and turn away from thee."

suited to the isolated cottage, or elegant country and three sinuses existed, communicating with the house, but also to the mighty city, as year after year abscess. The discharges were offensive, almost indemonstrates in the case of Manchester, with her tolerable. She was emaciated, had chills with prohalf million of people; or Glasgow, with her hundreds fuse perspiration at night, and great loss of appetite.

tens of thousands.

SPLENECTOMY FOR WANDERING SPLEEN.

BY WM. H. MYERS, M.D.,

OF FORT WAYNE, IND.

MEMBER OF THE BRITISH MEDICAL ASSOCIATION, OF THE LONGON PATHOLOGICAL SOCIETY, ETC. In 1877 I was called to treat Mrs. H., æt. 32, liv- was held with Drs. B. S. Woodworth, H. McCul-

may be, with the discharges of cholera, typhoid, ing in the western part of Ohio, a malarial district. scarlet or yellow fever, diphtheria, dysentery, small. She was received into the St. Joseph's Hospital, at pox or measles. How long can we be without epi- Fort Wayne, Ind., where I treated her for an enlarged spleen. In six weeks she left for her home, The question now presents itself, is there any other very much improved, the spleen being reduced algood way of disposing of excreta save by closet and most to its normal size. In March, 1885, I was again water carriage? I say most confidently, yes. In called to visit her, in consultation. I found a large city, town, village and country, let every hole, vault tumor occupying the lower portion of the abdominal and receptacle be cleaned, and filled with fresh and cavity; it was believed to be an extra uterine fibropure material, and having placed the privy upon a ma. During the consultation I mentioned the presolid and well-aired foundation, convenient to the vious history of the case, and the possibility of the house, and somewhat secluded, and if this privy is tumor being a misplaced and enlarged spleen. She six by four feet, place under it a box seven by four, died July 20, 1885. I made the autopsy and discovthis being kept off the ground by substantial stone ered that the tumor was the spleen. It had gravicorners, and this whole problem is solved, white tated downward until its lower portion occupied a purity, health, decency, and comfort are secured. portion of the pelvic cavity. The immediate cause

After reviewing the history of this case and noting in position for \$2.25. The projecting foot is cov-carefully the condition of the blood-vessels and the ered with a neatly fitting plank, which is all that is extent of the adhesions, I was strongly impressed displaced and set aside in the removal of contents, with the idea that, in this case at least, the enlarged The scavengers of our town are anxious to contract and displaced spleen could have been removed with for their proper care, removing contents without the success. So strongly impressed was I, that I deterknowledge or supervision of the owner, and dispos-mined, if in the future a similar case should present

In November, 1885, I was called to La Grange to the ash heap. Use lime, or earth or copperas if visit Mrs. McKinley. She had a tumor in the left there is supposed to be occasion, but which, with my hypochondrium and complained of pain and a sense daily experience of ten years is, in my opinion, not of weight in the same region. Her symptoms and necessary, the ashes alone from an ordinary house the history of the case pointed clearly to splenic disbeing amply sufficient. Another great advantage is, order of malarial origin. Tertian intermittents filled that the mass to be removed is so nearly odorless an important chapter in the case. She had tender-

The tumor, at my first visit, occupied the umbili-To those unacquainted with the absorbing and deceal region. The diagnosis being well defined, I preodorizing powers of earth, ashes or lime, I would scribed quinine in large doses, with iodide of potassay that they are marvelous. Those of us who study sium occasionally; this treatment was to be pursued our Bibles as well as sanitation, find that this subject persistently. In February, 1886, I visited England, was dignified and emphasized by the direct command and knew nothing of the progress of the case until after my return in May, 1886. About this time I "Thou shalt have a place also without the Camp, received a letter from her husband, in which he inwhither thou shalt go forth abroad. And thou shalt formed me that the tumor had increased in size, was have a paddle upon thy weapon: and it shalt be much lower in the abdomen, and that she was preg-

On October 2, 1886, I received a telegram to was then resting on the brim of the pelvis, and ex-The system I advocate so earnestly is not only tending above the umbilicus. It had suppurated, of thousands; or Rochdale or Heidelberg with their She did not attempt to nurse the child. Her surroundings deterred me from venturing to relieve her by any surgical procedure at her home. By agreement she was brought to Fort Wayne and placed in the St. Joseph's Hospital.

Upon her arrival her condition was one of extreme exhaustion, and grave fears were expressed that she would not survive the operation. A consultation

lough and H. S. Myers. The removal of the tumor

some distance around was carried out by washing it omy," describes three cases. In the first case he with a carbolic acid solution, 1-20, after which stim- found the spleen upon the right ilium, attached to a ulants were administered, when she was placed up twisted pedicle, containing the vessels. In the secder the influence of ether and removed to the oper- ond it was in the left iliac region, being joined to a ating table. The line of incision was six inches in long pedicle. M. Kurns related a remarkable case, length, extending two inches above the umbilicus and in which the spleen was mistaken for a strangulated made in the linea alba. During the progress of the hernia in the left inguinal region; the tumor was the operation the strictest antiseptic precautions were size of the fist, and the splenic vessels formed a large observed. Silk ligatures, previously carbolized, were cord leading to the left hypochondriac region. applied to the bleeding vessels and then cut short; the hemorrhage was thus arrested completely before the ligaments, and in many of them the spleen has dividing the peritoneum. The peritoneum was caught undergone great changes in form, being sometimes up with forceps and incised with a knife sufficiently thick and round, with the edge ill defined, increased to admit the completion of the incision with seissors. In size and weight. This was followed by a free discharge of sero-purulent fluid, received upon the towels and sponges con- is decidedly opposed to splenectomy, yet in a case veniently placed for this purpose. The tumor was in which the diagnosis is clearly made out, the spleen now freely exposed, and proved to be a displaced isolated and suppurating, or lying in a peritoneal aband wandering spleen, indurated and greatly en-scess and death imminent, I believe, with John larged lying in a peritoneal abscess. I succeeded in Knowlesly Thornton, that where it can be clearly lifting the spleen from its resting place, the brim of shown that the condition is causing immediate danthe pelvis, and in securing the pedicle, composed of ger to the life of the patient, the attempt to save life the vessels and fibrous tissue, much elongated. While by the extirpation of the spleen is justifiable. the tumor was partially lifted from its bed, I suc ceeded in transfixing the pedicle with a needle, armed with a double thread of silk, and ligated it in two por-The pedicle was then cut short and dropped back into the cavity occupied by the spleen; so also were the ligatures. Into the cavity occupied by the spleen carbolized sponges were introduced repeatedly until the hæmorrhage was entirely arrested.

This was followed by the insertion into the lower This was followed by the insertion into the lower angle of the wound of a large size glass drainagetube, and I proceeded to close the wound with stitches of silk thread, including the peritoneum. After the edges of the wound were carefully approximated and the surface washed with carbolized water, protective gauze was placed over the line of incision and over it a layer of carbolized cotton and antisepized gauze. The spleen weighed 7 pounds.

wrapped in warm blankets and bottles of hot water placed about her. The evidence of shock disappeared in a few hours. The after treatment consisted in the administration of tonics, stimulants and food, washing out the abscess cavity daily with carbolized water, 1-20, until the removal of the drainage-tube;

this occurred on the twelfth day.

and union was found to be almost complete; the deep stitches were removed, and the superficial stitches allowed to remain until the fourteenth day.

Her pulse never exceeded 110, and her temperarapidly, and her previous bad symptoms disappeared, visit, and found no change in the vessels. so that in twenty-one days she was enabled to leave complete.

While dislocations of the spleen are unusual, yet was decided upon as the only expedient to be we find cases recorded by Haller, Dessault, Dunglison, Cragie, Riolanses, Wilks and Moxon, and Küch-The cleansing of the skin over the tumor and for enmeister. Rokitansky, in his "Pathological Anat-

The cause of these displacements is elongation of

Conclusion.—While the weight of surgical authority

FIVE CASES OF LARGE VISIBLE PULSATING ARTERY ON THE POSTERIOR WALL OF THE PHAR-YNX. WITH REMARKS.

BY J. W. FARLOW, M.D., OF BOSTON.

Case 1.—E. N., a girl 13 years old, came to me at the Boston Dispensary, complaining of nasal catarrh and enlarged cervical glands; she had also an atrophic pharyngitis My attention was immediately drawn to two large, pulsating vessels on the back of tic gauze; and over these a firm snug-fitting flannel the pharynx, about quarter of an inch inside the bandage; over the mouth of the glass tube, carbol-posterior pillar of the fauces, and lying directly beneath the mucous membrane. By slightly depress-The patient was now removed and placed in bed, ing the tongue the lowest point of the pulsation was easily seen, the upper limit was a little higher than the base of the uvula. The vessels were nearly vertical, and the left one had a more marked pulsation than the right. To the finger the impression was given of an artery fully as large as the radial. The patient knew nothing of this condition of her pharynx. Thinking that the large cervical glands might, On the ninth day the first dressing was removed by pressure, be the cause of this pulsation, I watched carefully to see if the vessels diminished in size as the glands grew smaller. But such was not the case. The glands entirely disappeared and the nose much improved, but the pulsation continued as before. I ture 1 ever exceeded 102. Her appetite improved saw her the other day, eighteen months after her first

Case 2.—Mary C., 18 years old, came to me comthe hospital, and her recovery at the present time is plaining of nasal catarrh and some atrophic pharvngitis. There was a large, pulsating vessel on the posterior wall of the pharynx on the left side, as in pharyngeus to the outer side of the pharynx. After Case 1, but none was seen on the right. There were supplying these muscles, the tonsils and Eustachian no large cervical glands.

for post-nasal catarrh. On the back of her pharynx and supplies the soft palate and palatine glands. The were two large, pulsating arteries, almost an exact other passes to the tonsil which it supplies, anasto-

counterpart of Case 1.

and was seen at the Massachusetts General Hospital, by Drs. F. I. Knight and F. H. Hooper. No notes of the case are at hand, but Dr. Hooper thinks the large vessel was on the back of the pharynx, in my cases, the vessels were the ascending pharynabout halfway between the uvula and the posterior pillar of the fauces on the right side.

nasal catarrh. On the posterior wall of her pharynx on the right side was a large pulsating vessel, as in the other cases. The glands of the neck were small. The atrophy of the mucous membrane slightly enlarged. A sister, 5½ years old, has begin-the pulsating vessel to be seen more readily. ning atrophic pharyngitis and rhinitis, but no artery

visible.

mention of it in text-books or in the literature of the ating, to see whether an artery of abnormal size or subject. In my service of five years in the throat- situation is present. room of the Boston Dispensary, I had never met with 1 rarities.

the normal blood-supply of the pharynx. The phar-ably from the same vessels. ynx receives its blood principally from the ascending ascending palatine, a branch of the facial. Cruveil lowing Uvulotomy," writes me as follows: "Obstinate hier says: "The ascending pharyngeal is the small-bleeding following uvulotomy is, in my opinion, often inverse proportion to that of the palatine branch of Literary research has surprised me, I confess, and I the facial. I have seen it as large as the occipital, have now collected seventeen cases of dangerous skull into several branches which penetrate the very of these have never been published and were obdense fibrous tissue at the insertion of the pharynx tained by personal letters. Strange as it appears, the to the occiput. These then turn downward, and ter-possibility of an anomalous artery being a factor in minate in the walls of the Eustachian tube and the the dangerous hæmorrhages which have followed muscles of the pharynx. In a case of absence of uvulotomy has never been mentioned in connection the palatine branch of the facial I have seen the with reported instances." pharyngeal branch, very large, supply the tonsil and ramify and lose itself on the veil of the palate."

carotid by its small size and vertical direction."

Gray⁸ says: branches of the ascending pharyngeal passes inward, revealed this condition in some of the hitherto unexrunning upon the superior constrictor, and sends plained cases of hæmorrhage. ramifications to the soft palate, Eustachian tube and tonsil, which take the place of the ascending branch vessels in the immediate neighborhood, the ascendof the palatine when that vessel is of small size." With regard to the ascending palatine Gray says: "It passes up between the stylo-glossus and stylo-into the tonsils, never in excision." Billroth removed

tube, it divides near the levator palati into two Case 3.—Annie M., 23 years of age, came to me branches; one follows the course of the tensor palati mosing with the tonsillar artery. The tonsillar branch Case 4.—This was a woman about 30 years old, passes up alongside of the pharynx and, perforating the superior constrictor, ramifies in the substance of the tonsil and the root of the tongue."

According to the above descriptions it seems as if, geal arteries, from their situation on the superior constrictor and their vertical direction, and, inasmuch as Case 5.—A little girl, 4 years old, came to me for mention is made of the increased size of the vessel when the ascending palatine is small, it is possible that the latter vessels in my cases were unusually The glands of the neck were small. The atrophy of the mucous membrane allowed

The surgical importance of these cases is sufficiently apparent. In case it were necessary to make an in-All the other cases seen by me were women, and cision in the back of the pharynx, as in retro-pharynin all the pharynx was atrophic, in two markedly so, geal abscess, we see how great the risk of an alarming the mucous membrane being thin, dry and shining, harmorrlage might be. In all cases, where possible, This condition must be very rare, for I find no it is advisable to examine with the finger before oper-

Dr. Porter⁶ relates a case of recurrent hæmorrhage a case, and yet my three cases were seen within a from behind the left tonsil, which he thought came week or two of each other, as is often the case with from the tonsillar artery or from a branch of the ascending pharyngeal; also a case of hæmorrhage from In regard to what vessels these are, let us look at an ulcer on the posterior part of the soft palate, prob-

Dr. E. Carroll Morgan, of Washington, D. C., who pharyngeal, a branch of the external carotid, and the has recently written a paper on "Hæmorrhage folest branch of the external carotid. Its calibre is in due to the condition your cases so well illustrate. Its pharyngeal branch subdivides at the base of the hæmmorrhage after this simple operation. Twelve

These arteries must also be taken into consideration in cases of surgical treatment of the tonsils. Sappey² says: "The ascending pharyngeal is dis Many cases of hamorrhage following tonsillotomy tinguished from the other branches of the external are reported. In most of them no mention is made of the finding of an artery of unusual size, but it "The largest of the pharyngeal seems to me that a careful examination would have

Downie, speaking of tonsillotomy, says: "Of the ing pharyngeal is the only one which might be damaged, and this only in unwarrantably free incision the left tonsil of an hysterical lady. The organ was

¹ Anat., vol. iii, p. 86, 2 Anat Descrip., vol. ii, p. 575.

⁸ Amat., p. 454. ⁴ Anat , p. 451.

<sup>Trans. Am. Med. Ass'n, 1882, p. 511.
Edinburgh Medical Journal.
Lancet, 1870, vol. 11.</sup>

yngeal mucous membrane was probably drawn out pital. and cut with the tonsil. A fearful hemorrhage occurred, which Billroth thought came from some large N. Bullard, he reappeared, and a diagnosis of probbranch of the ascending pharyngeal.

case of severe hemorrhage after cutting off the left known of his condition until May 17, when I was tonsil. Various hæmostatics were tried unsuccess-| called to attend him. I then learned that during the fully, and in three hours the common carotid was interval between March 10 and May 13, no evident tied. In this case the cause of the hæmorrhage was change in the patient's condition had taken place, thought to be some abnormal ramification of the though he had been subject to attacks of dizziness vessels.

Other similar cases might be cited, but these will serve to show the importance of bearing in mind the possibility of having to do with a condition such as I have described, and also the need of making a thorough examination before operating on the throat.

A CASE OF EMBOLISM OF THE LEFT VERTEBRAL ARTERY, WITH AUTOPSY.

Read before the Section for Clinical Medicine, Pathology and Hygiene, of the Suffolk District Medical Society, February 9th, 1887.

> BY F. W. STUART, M.D., OF BOSTON.

three years his health had been poor, loss of strength, marked constipation. weight, and appetite being the most prominent symp toms, added to which for the last few months there had been attacks of severe pain in the stomach, and vomiting, which lasted for from twenty four to fortyeight hours and always began at night, when they were also most severe. The patient was positive that the attacks began about midnight, and the ingestion of food seemed to bear no relation to them. The vomitus was as a rule, of a black or dark brown grounds in appearance. The patient admitted having used alcohol rather freely during his younger days, though for ten years past he had been a total abamination failed to reveal anything except a decrease ered to be the probable cause of the trouble. in the area of liver dulness. Careful examination expectant treatment was entered upon, under which appeared to be ataxic in character, but when

pulled toward the middle line, and a fold of the phar-the patient improved, and ceased visiting the hos-

On March 10, 1886, during the service of Dr. W. able cirrhosis of the liver was made. This was his In Schmidt's "Jahrbücher," vol. 186, is related a last visit to the hospital, and nothing further was and dyspnæa, so that he desired to have the windows opened, and these attacks had always been accompanied by profuse sweating. He had on that day, March 13, answered the door bell several times, but on returning the last time, he said that he had come near falling, and laid himself on the sofa. He answered several questions put to him by his wife, and nothing further was thought about his condition until an hour later, when it was noticed that he failed to recognize a friend who had entered the room. All attempts to rouse him were in vain, and finally he was put to bed, where after a few hours he became brighter, and it was not until May 17, four days later, that I was sent for. I found the patient lying apparently comatose, though he could be aroused to answer questions, which he did slowly but intelli-G. W., aged 62, came to the Carney Hospital on gently. He moved all of his extremities promptly December 31, 1885, with the following history: His as requested, and continued to repeat the motion, as grandfather, tather, two brothers and one sister had, it were automatically, not even ceasing always when died of what he called "softening of the brain," and requested to do so. None the less there was distinct the account given of the disease, rendered it prob- paresis. The patient recognized all visitors, and conable that they had had general paresis. In other versed with them intelligently as far as they noticed. respects the family history was negative. The patient. It is certain that he recognized them sufficiently to . considered himself well until three years ago, though greet them by name, and properly according to their he had for years been very corpulent, weighing at relationship, but a few minutes after they had gone one time 250 pounds. In the fall of 1882, he fell he did not know of their visit, and often asked why and injured his knee, but attached no importance to they had not called. Difficulty in swallowing, indisthe injury, though it obliged him to limp about for a tinetness of articulation, and incontinence of urine time. Soon after he began to have trouble with his eyes completed the manifest symptoms. When asked if and was operated on for cataract at the eye and ear he wished to urinate he would pass considerable infirmary, where he learned incidentally that he had quantities of urine at a time, though repeated sugfractured the patella of the left knee. For the last gestions failed to relieve the dribbling. There was The patient himself complained only of weakness.

I then called Dr. W. N. Bullard in consultation. The patient's condition was noted to be as above. Physical examination showed the patient to be pale and cachectic in appearance, temperature normal, pulse 80. There was a cataract in the right eye, and ridectomy had been performed on the left, so that both pupils were dilated. The left reacted to light. The reflexes were normal, and no anomaly of sensacolor, and once or twice was distinctly like coffee tion could be detected beyond that due to mental obtuseness. Further examination revealed pothing pathological except the small liver. Though the cause of the existing condition was recognized as distinctly stainer. When at the hospital he was cachectic and cerebral, the exact nature of the lesion could not be some chronic affection was suspected. Physical ex- determined upon, though a harmorrhage was consid-

From this time, May 19, until his death, the paof the tirine, chemically and microscopically, showed tient lay in bed in a semicomatose condition, replying nothing pathological. No diagnosis being made, an to questions intelligently, in spite of some aphasia, not addressed or otherwise roused, apparently un-cepting some dulness over the right apex, pointing conscious of his surroundings. There was no aphasia, to the remains of the former trouble, examination of properly so called, that is he always used the proper the patient revealed nothing abnormal. Steel and word when he spoke at all, although his speech was easily digested food was prescribed. Her condition hesitating and indistinct. The paresis, which no- became worse from week to week; the want of appewhere amounted to absolute paralysis, continued un-tite increased to a positive dislike for all food; she abated. There were no convulsions and the patient complained of pyrosis, frequent eructations; now gradually sank away, becoming constantly weaker and then she vomited shortly after eating; her bowels and weaker, and died May 27, ten days after I first moved but once in eight to ten days, and then only

death. The body was of medium development, some-tient pointed against cancer, and the symptoms what emaciated. The relations of the cranium to the against round ulcer. head, and of the head to the face, were normal. The cranium alone was opened. The bone was normal caine, nux vomica and opium being useless, and the in thickness, the dura, everywhere strongly adherent, eructations and the vomiting continuing to increase, could not be removed except with great difficulty. the question, if this was not a case of nervous dys-The longitudinal and transverse sinuses were empty. pepsia, came up for consideration. To determine The pia mater was much injected, the vessels being this point the stomach tube was introduced seven dark and swollen. There was no fluid in the meshes hours after a meal had been taken, according to of or under the pia which was neither adherent nor Leube's directions. The stomach was found empty thickened. The brain was of normal size and con- and free from acid, and hence an organic disease of sistency, its bloodvessels everywhere dilated and very the gastro mucous membrane could be excluded. prominent. They all contained numerous atheroma. The patient now for the first-time admitted that she tous patches, yellow, hard, and not contracting on had been troubled for a long time back with pain section of the vessel. These patches occupied one- and heaviness in the lower part of the abdomen, and third to one-quarter of the whole extent of the larger that she had leucorrheea, which had grown much worse arteries from the vertebral upwards. Between these of late. Hip baths and vaginal injections of carbolic hardened yellow patches the arteries were dark blue acid solution were added to the previous line of treatand dilated, though little or no blood was found in ment. No improvement followed; on the contrary, Puncta cruenta were very few and not well-marked, became so severe that no food at all could be re-The choroid plexuses were dilated and enlarged. No tained, so that the patient emaciated to the last possigns of hemorrhage or softening were found in the sible degree. The case now presented much simisubstance of the cerebrum, cerebellum, pons or me-larity to obstinate vomiting of pregnancy. She now dulla oblongata. A grayish body the size of a pea submitted to a vaginal examination. This was perwas found at the anterior portion of the falx, there formed with patient under chloroform, and disclosed adherent. A small white thrombus was found oc an enlarged womb, in anterlexion, with virginal cercluding the left vertebral artery and extending into vix, and thick cream-like pus pouring from the os. the basilar, which it partly occluded.

MEDICAL PROGRESS.

lately observed by himself, JAFFÉ, of Frankfort on- the use of the catheter for several weeks. After this Main, calls attention to the affection which Kisch operation the gastric symptoms and the vomiting has named dispepsia uterina, meaning thereby a disappeared as if by magic, appetite and digestion dyspeptic condition that has its origin and cause in became normal, and the patient gained rapidly in a diseased condition of the female sexual organs, flesh. But with the appearance of the menses there Although it is well known to medical men, that dur- was a partial relapse of the local symptoms, and with ing the course of diseases of the female sexual organs, them there again came on dyspeptic signs, though of there may arise various dyspeptic symptoms, as dis- a very mild degree, and without any vomiting. Irriordered digestion, eructations and constipation, there gation of the uterine cavity with carbolic solution alhas been no clear conception of the significance of ways brought relief. There can be no question that these symptoms.

had been affected two years before coming under condition of the sexual organs. Kisch cites a num-Jaffe's observation, with a suspicious apex catarrh. ber of cases in which gastric and digestive complaints She now sought relief for various nervous complaints, of many years standing would yield to energetic gyneand more especially for an obstinate want of appe-cological treatment. His two most marked cases tite. She had no fever, the color was remarkably are the following: pale, the courses were regular, quite painful. Ex. Mrs. N., act. 25, was sent to Muricubad for a gas-

w him. after all kinds of purgations. Jaffé diagnosticated a Autopsy was made May 29, thirty-six hours after chronic gastro enteric catarrh, as the age of the pa-

All treatment by muriatic acid, Carlsbad salts, co-There was no fluid in the lateral ventricles, the gastric symptoms increased greatly, and vomiting The ovaries seemed to be normal. The uterus was dilated, and the mucous membrane of the body and neck thoroughly scraped, and then washed out with a three per cent, carbolic acid solution by means of a Fritsch Bozeman uterine catheter. There was no hæmorrhage, and but slight febrile reaction; paresis UTERINE DYSPERSIA.—In connection with a case of the bladder, however, developed, and necessitated the above was a case of uterine dyspepsia, in which His case was the following: Miss S. at. 23 years, the dyspeptic symptoms originated in the diseased

tric trouble of four years standing; she has been while experimenting with a girl with gastric fistule, for these violent symptoms. The uterus was found slowing of digestion during menstruation. retro-flexed. Kisch replaced the womb, and fortupregnant, and carried her child to full term. Since stomach and the generative organs in woman. then she has given birth to three children, and has never had any relapse of the old trouble.

examination disclosed chronic metritis and endometritis, retroflexion, and a small perimetritic exudation ble, as an organic disease of the stomach may be, at on the left side. After proper gynecological treat- the same time, present. Only when an organic disment had been instituted, all the gastro-intestinal case of the stomach can be positively excluded, would symptoms, for which the patient had for years visited we be justified in making the diagnosis. Frequently various springs, disappeared completely, and patient it will have to be made ex juvantibus. The progno-

endometritis, expresses himself as follows: "Only the ent retroflexion will give a good prognosis, and a cardisease of the uterus, has washed out the cavity of able one. The treatment also depends upon the the womb, after previous dilatation, and has observed nature of the affection of the generative organs. An how, in consequence of this treatment, long-lasting energetic local treatment frequently yields an immedigestive disorders, dyspepsia of many years stand- diate success, as it did in the above case. ing, are wont to disappear, can form an idea to what! evil symptoms, beside the local ones, stagnation of nervous dyspepsia of Leube? Clinically they do the catarrhal secretions in the uterine cavity may not differ. Leube finds the nature of nervous dysgive rise."

common to many diseases of the stomach, and exstomach, and such symptoms are a change in appe in prous dyspepsia.—Memorabilien, 1886, Hft. 4. tite, eructations, nausea, vomiting, constipation, oppression and fullness, etc. In uterine dyspepsia this cording to Kisch, chronic metritis, endometritis, every six hours.—British Med. Jour., March 5, 1887. myoma, large pelvic exudations, follicular and carcinomatous ulcers and ovarian tumors. Retroflexion intestines, and to the centre of vomiting.

on this affection, are known, though Kretschy found, ica, October, 1886.

married six years, and is sterile. Her appetite is that during menstruation the stomach was never free good, but after every meal intense gastric pain sets from acid, a neutral reaction was never present, and in, with pyrosis and acid eructations; she is obsti- he had to wait until the cessation of the menses benately costive, and much troubled with gaseous dis- fore the cause he had previously found for the acid tension. She has never vomited blood. She has secretion was resumed. This observation was conlost flesh and feels depressed in spirits. Neither the firmed by Fleischer, who could demonstrate by the lungs nor the digestive organs presented any cause frequent introduction of the stomach tube a distinct

In Jaffè's own case the dyspeptic symptoms also nately it retained its position without a pessary. The suffered during menstruation. Though these obserdigestion, symptoms and the vomiting were at once vations and experiments are incomplete, they seem relieved. Shortly afterwards the woman became to show a correlation between the functions of the

The diagnosis of uterine dyspepsia must often be very difficult, for though digestive disturbances may The second case showed similar symptoms. An be present during disease of the sexual organs, still a diagnosis of uterine dyspepsia may not be admissigained six pounds in weight during her six weeks stay. sis of this affection is very uncertain, and depends B. Schultze, in speaking of the treatment of chronic entirely on the fundamental disease. A non-adherpractitioner who, in a number of cases of catarrhal cinomatous infiltration of the womb, a very unfavor-

In what relation does the affection stand to the pepsia in a perverted action of the gastric nerves. What is uterine dyspepsia? By dyspepsia we and of the entire nervous system, on the processes mean no disease, but only a complexus of symptoms of digestion. Hence it may originate in all manner of causes of a central and peripheral nature. In this pressive of an abnormally conducted digestion in the sense dyspepsia uterine is a particular form of ner-

APOCYNUM CANNABINUM.—The apocynum cannacomplexus of symptoms arises from an abnormal ir binum is a herbacious and perennial plant, belonging ritation of the gastric nerves, and this irritation is re- to the family of the apocynaceae. The root contains flected from the diseased sexual apparatus. The tannin, resin, and two substances—apocynine and principal effect of the reflected irritation consists in tapocynum—having the same properties as digitalis. an alteration of the secretion of the stomach, increas. Dr. Rusch's attention was attracted to this plant by ed acid secretion, in a checking of peristaltic act its valuable properties as a hydragogue in arresting tion of the intestines, and in an irritation of the center of vomiting. Diseases of the womb that are attraction of the plenra and peritoneum. It is both tonic and diuretic, and is valuable in general tended with increased size of this organ, and malpo- anasarca. A decoction is made of 4 grams of the sition of the uterus, give rise to these symptoms, ac-bark to 250 of water, and a dose of 30 grams is given

Treatment of Blennorrhagia.—-Dr. Awssiis the most common cause. Diseases of the vagina, TIDJISKI records forty cases treated as follows: For erosions and ulcers of the os, if of small extent, small four or five days he prescribes a potion containing 5 peri- and parametritic exudations, do not give rise to grams of salicylate of soda in 180 of infusion of lindyspeptic symptoms. Jaffè next describes at length seed. In case the sensation of ardor urine disapthe nerve paths by which reflex irritations are con pears, he orders injections of boric acid in two per veyed from the sexual organs to the stomach, to the cent. solution to the number of from 4 to 6 a day for 4 days, ending finally with an injection of bichloride, Not many physiological data that could throw light 1 to 6,000, until the cure is complete.—União Med-

Iournal of the American Medical Association. PUBLISHED WEEKLY.

THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters, that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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SATURDAY, APRIL 2, 1887.

OF NITROGLYCERINE.

constitute the most important substratum.

charges with blood parts whose vessels have been in irritability will yield promptly to the remedy. a contracted condition, and relieves other parts in But Trussewitsch's observations have taught him

which they have been unduly dilated; thus performing, so to speak, transfusion of blood into an anæmic part, and abstraction of blood from an engorged part. In this way may be explained the action of the drug in megrim and sea-sickness: the contracted cerebral arterioles are dilated, and more blood flows to the brain, being abstracted from the over-distended abdominal vessels. In this way also it relieves the heart work when contracted peripheral vessels retard the circulation by causing increased arterial pressure. The symptoms, therefore, that point to the selection of nitroglycerine in the treatment of diseases, belong to the sphere of the vaso-motor nerves.

Now, what are these symptoms? The paroxysmal nature of the attacks is characteristic of many of the diseases for which nitroglycerine is useful, this paroxysmal character indicating to a certain extent the absence of organic lesions and the frequent recurrence of exciting causes. Angina pectoris, megrim THE CONDITIONS FOR THE ADMINISTRATION and neuralgia represent this class of diseases for which the drug is suited. Sea sickness, certain forms In a most interesting paper in the St. Petersburger of anaemia, fainting fits, palpitatio cordis, etc., are Medicinische Wochenschrift, No. 1, 1887, TRUSSE- some of the acute angioneuroses for which it may be witscu recommends that in prescribing nitroglycerine employed. But nitroglycerine is also used successthe terms angioneurosin or aneurosin be substituted fully in diseases of a well-marked chronic character, for the name which is so objectionable in some cases, as in Bright's disease, flabby and fatty heart, aposince these terms clearly indicate the class of dis- plexy, in which, of course, the treatment must be eases in which the drug has been found most service- continued for a long time. In all suitable cases we able—diseases in which the vaso motor disturbances may expect benefit from it if symptoms of unequal distribution of the blood be present, which are usu-A deviation of the arterial lumen from the normal ally shown by pallor, especially of the face, and atvascular tone is a condition sine qua non to a success-tended by a weak pulse in a contracted, rigid, deeplyful employment of the drug, the dilating effect of placed radial artery. Trussewitsch makes it a rule which extends to the arterioles and the capillaries, to avoid the use of the drug in cases of headache or But while the primary effect of the vaso constrictor neuralgia in persons whose faces show the signs of nerves is the main indication, another of equal im- chronic engorgement of the superficial veins; and portance is found in the ischamia, which secondarily in asthma, even if it is paroxysmal in character, this follows upon an unequal distribution of the blood remedy is useless if the patient's face be more or less either from determination to or dilatation of certain reddened from emphysema. On the other hand, a vascular territories. A tonic vaso motor spasm seems pale skin during an attack of angina pectoris, meto be added to the merely mechanical change in the grim, vertigo, shock, toothache, and most forms of calibre of the dilated vessels. It would be difficult sea-sickness, furnishes the best prognosis toward reto explain in any other way the therapeutic action of covery. Dr. O. T. Schultz, of Mt. Vernon, Ind., the drug in certain forms of local congestions to in- says that in full-blooded girls of phlegmatic temperaternal organs; for by dilating the remaining some- ment, whose menstrual function has not yet been what contracted vessels, it draws the blood from the established, who suffer from constant and long-condilated parts, relieves the congestion, and may thus tinued headache of a dull kind, greatly increased by possibly abort inflammatory processes. When, there-mental or bodily exertion, from vertigo, and whose fore, an irregular distribution of the blood in the ves- pulse the least excitement runs up 30 to 40, an altersels is present in disease nitroglycerine is indicated. nate flushing and paling of the face does not form a By suddenly dilating extensive vascular territories it contraindication, for vertigo, headache, and cardiac

of internal organs; it is in these conditions that the remedy seems to act as a direct abstracter of blood from the vascular system of the congested organ. He considers these observations of especial importance, because we have nothing similar to them in medical literature, and because they raise the hope that in future it may be possible, by means of this agent, to check the progress of acute hyperæmia of an organ, in diseases of this kind, into inflammation, extravasation and other processes. In this way retrogression of acute pulmonary hyperæmia from inhalation of cold air or irritating substances—variously styled acute congestion, engorgement, pulmonary apoplexy—may take place; extravasation of blood into the brain after apoplexy from circulatory disturbances may be prevented; overfilling of parenchymatous organs-especially the kidneys-may be dissipated; violent symptoms of congestion to the heart or brain in climacteric or hæmorrhoidal cases may be lessened; and profuse menstruation may be controlled. It is evident that in this class of cases the congestion must not be a permanent condition, for attention has already been called to the fact that nitroglycerine does not exert any influence when the arterial tone has been permanently lowered by long continued engorgement or passive hyperæmia Trussewitsch remarks that in these cases of acute congestion he has found, coexistent with the congestion, a remarkably low and slow pulse—a condition which is generally recognized to be present in the non febrile period of acute pulmonary and renal hyperæmia. It is to be hoped that this new indication for the use of nitroglycerine will be confirmed by the further experience.

In the angioneurotic as well as in the congestive forms of disease, good results can be expected from nitroglycerine only if the vaso-motor system of nerves is normally developed, i. e., with normal function of medicine be continued for several weeks. its presiding centre in the medulla and its terminal purely neurotic attack—the symptoms completely apparatus in the arterial walls. Before prescribing disappearing before and after the paroxysms—it is Trussewitsch examines the pulse, as he considers its advisable to give 2 drops at once, or else to repeat character the best guide to the use of the drug and a drop doses every five, fifteen or twenty minutes. the size of the initial dose. His experience is that the To prevent a new attack and to cure the affection more contracted the radial artery the more rapidly the dose is repeated three or four times a day, and will it become dilated, and the less pronounced will an extra dose is given when the premonitory sympbe the secondary effects of the drug; the fuller the toms of the paroxysm are manifested. The fulness, pulse with a tense artery the less will nitroglycerine oppression, and pulsation in the head disappear more act upon it; and the softer the artery with a weak rapidly if the patient remains seated in a chair, in a pulse the greater will be the secondary effects, and well-aired room, and avoids everything that could the more readily will excessive general symptoms give rise to a flow of blood to the brain. When the appear. For this reason he dispenses in cases of the physiological effects of a dose cease to appear, the

that the equalizing effect of nitroglycerine on the first class only the normal dose-1 drop of a 1 per circulation can be utilized in congestive conditions cent. solution, in those of the second two drops after a trial dose of 1 drop, while in those of the third class he begins with a subnormal dose, 1/4 to 1/2 of a drop, so as to avoid the severe drug-symptoms. It is advisable to give women, children, and aged persons smaller doses, and he has made it a rule to give anæmic, weak, nervous, fatigued and frightened persons an initial dose of $\frac{1}{200}$, and to advance to the normal dose only after three to seven days. Organic heart disease is no contraindication. He has given it in cases of angina pectoris with insufficiency of the aortic valves, and dilated aorta, and with flabby, dilated heart without bad effect. Those addicted to the abuse of alcohol seem to suffer more severely from violent and long-lasting headache. In persons who seem not easily impressed by the drug, and to whom, on this account, large doses have been given, this violent headache may not make its appearance for several hours. Caution must be exercised in general atheromatosis of the arteries.

> By his trial dose Trussewitsch attempts to find the capacity of the patient for the remedy, and it serves to acquaint the patient with the manner of taking it. In his opinion, the good action of a dose of nitroglycerine is in proportion to the subjective symptoms to which it gives rise. These subjective symptoms are cerebral congestion, dulness, moderate pain, and pulsation, and their onset is an indication that a favorable effect will follow the given dose. The objective sign that the drug will act favorably is a change in the pulse, consisting in an increased frequency, increased duration, and increased softness of the radial artery. If no cerebral symptoms are complained of, and if the pulse does not weaken and become excessively soft, the dose is increased to 2 drops of a 1 per cent. solution. Usually the treatment may be begun with a single drop, and the peculiar physiological effect is experienced even if the

has also ceased, and the dose must be increased; When he finds that nitroglycerine does its work, only by a single drop, however. Now both objective dilates the vessels, and reduces their tension and the and subjective drug-symptoms are again promptly blood-pressure in chronic diseases, Trussewitsch is manifested, and the disease symptoms again vanish, accustomed to gradually advance to the maximum the patient in a short time learning what to look for, dose, say to doses, and then as gradually go back to if it should do him good. In diseases of long durathe original dose. He then interrupts the use of the tion, as in angina pectoris due to organic causes, in drug, or drops it altogether. This plan has been found which nitroglycerine can only serve as a palliative, of especial advantage in Bright's disease. He somegreat care must be taken in increasing the original times find it advisable in chronic diseases to comdose. It is better in such cases to give an extra drop, bine with the nitroglycerine treatment, the use of only just before a paroxysm, and the smaller doses other drugs, as digitalis in weak, irregular heart-action, in the intervals, or else to stop the medicine entirely cocaine or morphine in neuralgia, and amyl nitrite in during the latter and only give a full dose before and violent attacks of angina pectoris, when it is not deduring an attack. For patients who have become sirable to augment the dose of the leading remedy. accustomed to nitroglycerine, the dose may be gradu- It is of course very necessary to combat any constially raised even to 10 drops. Trussewitsch has found 'pation present, and for this purpose uses an aloes and that if the use of the drug be interrupted for ten or podophyllin pill, or an emulsion of castor-oil with fourteen days, on recommencing the treatment the glycerine. A strict dietetic regime is to be insisted original, smaller dose will again give rise to pro- on in the treatment of diseases with nitroglycerine; nounced physiological symptoms with their coinci- bodily and mental quiet is necessary; change of dent prompt controlling action on the paroxysms; temperature, excessive exercise, long-continued brain and this peculiarity of the drug makes it unnecessary to unduly increase the dose simply on account of the patient's having become accustomed to the dose.

The best method of administering nitroglycerine, says Trussewitsch, is to drop the dose on the tongue, or to dissolve a chocolate tablet of nitroglycerine in glass-stoppered vial. Many patients always carry a the mouth, so as to bring the medicine into most in- vial of nitroglycerine and a pipette with them, so as timate contact with the mucous membrane of the to be able to take their dose at a moment's warning. upper digestive tract. Other methods are unsatis- There is no danger of carrying a 1 per cent. or even factory, and that of introducing it into the stomach a 10 per cent. solution, as Trussewitsch has proved diluted with water gives the poorest therapeutic re- by numerous experiments. The preparation does sults; as little water as possible should be given with not deteriorate with time, for he has carried the same it. He is certain that, if given by the stomach, an supply around with him for over four years without augmentation of the dose will be much sooner called noticing any change. for and far larger doses will be necessary; and he is not at all surprised that Murrell should have been compelled to rapidly advance to enormous doses in angina pectoris, and that Cantilena, after rapidly tempt to keep themselves posted in the advances raising the dose to 40 drops, should have thrown made outside of our own country, and who are able the drug aside as useless. He can recall no cases to read some of the European languages, fully apin which in a beginner more than 2 or 3 drops, and preciate the injustice (apparent certainly, if not real) in one habituated to the medicine more than 5 to 10 of the present high duty on all foreign works. As drops were necessary to relieve the paroxysm. Dr. medical men we are not interested particularly in Schultz reports that in a case lately under observa knowing how such duty protects any home interest; tion 1 drop of a 1 per cent. solution, given with a though as a matter of fact the keeping of books in few drops of water and retained in the mouth, gave foreign languages out of the country can protect no rise almost instantaneously to the usual drug-symp home interest. Further than this, we must regard at toms with violent lightning-like twitches of pain least 95 per cent. of such books purchased by medthrough the brain; while, when the dose was given ical men in this country as necessities, not as luxurwith water and swallowed, the sharp twitches of pain ies. These books are necessities in the same way were absent, and the fulness and throbbing in the that agricultural implements are necessities to the

time has come when its good effect on the disease head were much milder and appeared much later. work, mental worry and care must be avoided.

> Care must be taken that the preparation of the drug used is a reliable one. The dose should be applied to the tongue by means of a pipette that drops The preparation should be kept in a uniformly.

THE DUTY ON FOREIGN BOOKS.

Those members of the medical profession who at-

speak cannot be made here.

reading, studying members of the profession; it does in the Jefferson Medical Collge in 1827. not affect those who do not attempt to make progress after leaving the medical colleges; it does not affect the drones in the profession. We think it will be agreed that such works are as much a necessity for the State at large as for the profession, since it is now well recognized that the highest aim of the profession is preventive medicine. Would it not be well for the American Medical Association to take some action in regard to this matter at its next meeting, and memorialize the General Government, setting forth the injustice of this tax.

COLLECTIVE INVESTIGATION OF DISEASE.

Only a very limited number of the blanks prepared and distributed to members of the profession in this country by the American members of the International Committee for Collective Investigation, organized at Copenhagen, 1884, have been returned as re-lative body. quested, on or before January 1, 1887. The blanks related to rickets, acute rheumatism, chorea, cancer, and urinary calculus. As the time is near when the several members of the Committee are expected to make their returns to the Secretary-General of the International Committee, it is very much desired that all who have received copies of the blanks alluded to and have filled any of them, would return the same without further delay to Dr. N. S. Davis, 65 Randolph Street, Chicago, 111.

CHOLERA IN SOUTH AMERICA.—From the Weekly Abstract of Sanitary Reports, from the office of the Supervising Surgeon-General of Marine Hospital Service, dated March 24, we learn that the latest dates from Buenos Ayres, Feb. 5, represent the prevalence of the cholera as decidedly diminishing throughout the Argentine Republic, with a prospect of its early disappearance from that country. But in Santiago and the departments of Aconcagua, Andes and Quillota of Chili the disease continues active and fatal, particularly among the poorer classes of the people.

farmer; but all good agricultural implements may be Died, at Mt. Vernon, Ohio, March 22, 1887, John made in this country, while the works of which we W. Russell, M.D., one of the oldest and most highly respected physicians of that part of the State. Suppose, for example, a medical man in this He had been an honored member of the American country wishes to buy a English, French or German Medical Association since £860, and was one of those work which costs \$1; he must pay 25 cents duty, or who crossed the mountains to attend the annual at this rate, on a book which costs \$20 he must pay meeting of the Association in San Francisco in 1871. \$5 duty. How many reading, studying medical He was born in Caanan, Litchfield Co., Conn., June men can afford to pay one-fourth more for an article 28, 1804, acquired a good general education, comthan it is worth? This tax falls exclusively on the menced the study of medicine in 1823, and graduated

> DIED, at Atlanta, Ill., March 25, 1887, WILLIAM T. KIRK, M.D., from disease of the heart. Dr. Kirk was well known as an active and honorable member of the profession, and was President of the Illinois State Medical Society at the time of his death. He had been a member of the American Medical Association since 1882; and commanded the respect and esteem of a large circle of friends.

> SIR B. WALTER FOSTER, of Birmingham, Eng., President of the Council of the British Medical Association, has been recently elected to the House of Commons for the Western division of Derbyshire. Dr. Foster has previously done good service in Parliament, and we congratulate him on again being honored with a seat in that most important legis-

> THE death of ARTHUR FARRE, M.D., F.R.S., of London, Eng., a celebrated surgeon and writer, and physician extraordinary to the Queen, has just been announced as having taken place in the seventyseventh year of his age.

> THE SANITARY RECORD, London, Eng., for Dec. 15, 1886, contained two important communications concerning the health of London, alluded to by our regular London correspondent in this journal for Feb. 26, 1887.

> Professor Borodin, of St. Petersburg, known as a warm supporter of female medical students in Russia, died suddenly of heart disease in February. He was an eminent chemist, and worked out a valuable process for the estimation of nitrogen.

> PROFESSOR HIRSCHBERG, of the Berlin University. has accepted the Vice-Presidency of the Ophthalmological Section of the Ninth International Medical Congress, to be held in September at Washington.

SOCIETY PROCEEDINGS.

CHICAGO GYNÆCOLOGICAL SOCIETY.

Regular Meeting, Friday, January 21, 1887. The President, Chas. Warrington Earle, M.D., IN THE CHAIR.

W. W. Jaggard, M.D., Editor.

Dr. Charles T. Parkes reported a case of

INTERSTITIAL PREGNANCY, WITH REMOVAL OF THE PRODUCT OF CONCEPTION THROUGH THE UTERINE CAVITY,

with the exhibition of the specimen.

this mass down so that it could be removed.

December, when her husband came into my office ceeded in bringing away a large mass of flesh, which

and showed me a little piece of bone, or a piece of hard substance that looked like bone, which he said his wife had picked off the napkin. It had the appearance of fetal cranial bone. He asked me what it meant, and I told him I could not say but would see his wife. On inquiry, I found that the flow of blood had ceased, but the flow of pus had increased, and occasionally there was extruded a piece of this bony substance. On digital examination, I discovered the os and cervix filled with particles of this bony substance, and after removing them I found it impossible to introduce my finger into the cervix. The external tumor was reduced considerably in size, and was low down in the pelvis, and could be felt projecting through the anterior vaginal wall. I then decided to dilate the cervix. I introduced as many The specimen, which I exhibit to night, comes tupelo tents as I could get into the cervix—at first from a case, which has been of extreme interest to but two of fair size—to their full length, and allowed me, and is, I think, the remains of a conception, them to remain there over night, when I removed which was certainly outside of the uterine cavity, them and introduced four more. That evening I reand which I succeeded finally in delivering through moved them, and the cervix was dilated so that I the womb. It was taken from a lady, 33 years of could easily introduce my finger. As I had examined age, who, seven years ago, was delivered of a child the uterus with the sound at my first visit, and it at full term. The child is now living. A year after went around this mass to its full length, I supposed that, she was taken with hamorrhage and had quite. I had nothing but a fibroid to deal with. When I a severe bleeding, every month or second month, for had dilated the cervix with these tupelo tents, I two years. Some time after her pregnancy she was found I could not get at the mass of the growth, my operated upon for laceration of the cervix, but the finger going into the cavity of the uterus. At the operation had little effect upon the hæmorrhage, distance of one joint and a half inside the cervix, I Two years ago she again became pregnant, and was found a little opening, and projecting through this delivered at the proper time. This child is still liv- opening—about as large as the end of a pencil ing. The lady came under my charge last Septem- were some of these particles of bone. Then the ber for hæmorrhage from the uterus. On examination, query arose, how was 1 to get into this cavity, and I found a globular mass in the lower portion of the what was it? a double uterus, with multiple pregabdomen, as large as two fists, very hard and tense. nancy at the last conception—one delivered and the When I felt it through the abdominal walls, my im- other retained? I was at a loss to know what it was. pression was that it was a fibroid growth. Upon (But finally concluded it to be an intra-mural pregdigital examination, I found the cervix dilated suffici- nancy.) I had the particles examined under the ently to admit the finger very readily, which went microscope, and they showed the structure of over the surface of a smooth mass in the uterine a fetal bone. Then I thought of using the tents, cavity. This led me to think that it was a fibroid to increase the dilatation, but was troubled with the tumor with a broad base, probably a submucous fear that I should have a severe scepticemia come on tumor, which gave rise to the hæmorrhage. On that as soon as this outside cavity was opened to air. supposition I placed her on the ergot treatment and But I was convinced that unless I tried to do somekept it up for a week. 20 drops of the fluid extract thing, the patient would pass out of my hands; so I every six hours. This gave rise to such severe at decided to keep on with dilatation. On the 20th of tacks of pain that the patient could not bear the December, I began introducing the tents, and within treatment any longer, but it had the effect of dimin- two or three days after their removal, the cervix was ishing the flow of blood and increasing the dilatation again contracted so that it would not admit the of the cervix. I took pity upon her on account of finger. I introduced the tents again, and met the the pain and gave two hypodermic injections of mor same difficulty in exposing the mass. The thought phine, when the pain ceased, the cervix began to struck me that if I could not get the large body out contract again and soon reached its normal size, and of the small opening, I could diminish the size of the the patient recovered from the acuteness of the dis- mass; so I introduced small forceps into this openturbance; but the hæmorrhage still continued, ac- ing, and took it away piecemeal. All this time I had companied with a flow of muco-pus. I attended her the entire uterus under my command, because it was from the 16th of September until the 14th of Oc- an easy matter to bring the cervix down to the vulvar tober; as she was getting along pretty well, I sup- orifice. On the 24th I introduced tents and dilated posed the action of the ergot would gradually force it, so that I could introduce two fingers very readily, and finally got one of my fingers into the opening in My visits ceased and I heard nothing more from which this body (indicating the specimen) was found. the patient, except an occasional report that she was. I then began to separate it and pull it away, getting getting along in the same way, until the 10th of hold of it with strong forceps. Sometimes I suclooked exactly like that from a macerated feetus, the doctor attempted to use Elliot's forceps, but, because skin macerated and parchment like. This was con- of the high and abnormal position of the head above tinued up to the 30th. Passing over the New Year, the pelvic brim, he had desisted from his purpose. and allowing the patient to rest without interference, Upon examination, I found the os widely dilated, the on January 9, I introduced four tupelo tents, a little crown of the head presenting. By introducing the longer than the ordinary, and fortunately succeeded hand into the vagina, my fingers directed toward the in getting one or two into the opening in which the left sacro-iliac synchondrosis, encountered and passed body was found; so when I removed them that slightly beyond an extremity of the head ovoid which evening, I was enabled to bring away the entire I supposed to be the occipital protuberance, but mass and pass the finger into the eavity afterwards, near it was so distinct a fontanelle as to lead me to It was very irregular, as though the uterine tissues examine the opposite extremity of the head. Passhad been forced into the irregularities of the foreign ing the hand deeply behind the left foramen ovale body. Since that time the patient has improved, the and well above the pubes, the fingers embraced the bleeding has ceased, the uterus has diminished in occiput; sweeping well backward again over the size, and she is up and about the house. I have had side of the head they traversed the temporal region all parts of this specimen examined under the micro-till the ear was reached and carefully outlined. Still scope. The fleshy mass shows connective tissue, further backward the fingers passed over the frontal muscular fibres, blood-vessels and hairs. The osseous material shows all the characteristics of feetal

THE PRESIDENT, asked if there was a history that would lead one to suppose that at any time during her invalidism there was a pregnancy, or a pelvic hematocele, or anything of that kind?

Dr. Parkes said, that at the time of her last pregnancy, she was very large and yet was delivered of a child that weighed but six pounds. Her abdomen was very large for some time after the delivery of this child. Again, there is a history several years back, of a period when menstruation ceased, and she supposed she was pregnant, but nothing came of it.

DR. W. W. JAGGARD said that the interesting specimen presented by Dr. Parkes was a typical lithopædion—a calcareous capsule, containing the fœtal structures infiltrated with lime salts. He thought the diagnosis of interstitial pregnancy highly probable. It was impossible to make a positive diagnosis without a post-mortem examination of the maternal organs. Carl Braun (Lehrb. d. g. Gynäk, 1881, p. 128) was responsible for the statement that the formation of a lithopædion occurred only in case of tion of a *uterine lithopadion* occurs infrequently in had risen above it, so that the power of the vectis as the human female, but is not unusual in ewes, a tractor would not be available, seeing that the fore-Koeberlé (Gaz. Hebd., No. 34, 1866) extracted by head, the opposite end of the lever I proposed to abdominal section a lithogradion from the rudiment- move, was not fixed but floating, the feetus yet restary horn of a uterus bicornis. The formation of a ing with the equators of the head well above the lithopædion, therefore, was not a reliable sign in the brim. As a lever to keep the occiput in proper redifferential diagnosis between uterine and extra-lation to the inlet, the "Roonhuysen" would have uterine pregnancy.

Dr. John Bartlett read a paper on

DYSTOCIA; A CASE OF MALPOSITION OF CORD.

eminences which had at first been mistaken for the occipital protuberance. The head was floating above the pelvic brim; the frontal region sinking somewhat below the plane of the superior strait. The crown of the head rested gently upon the pubes, while the occiput rested so far forward over the pubic bones as to be distinctly appreciable to sight and touch from without. Having determined the position of the head, I proceeded to inquire the cause of its detention; for it did not impinge with force upon any portion of the circumference of the brim. Passing the fingers along the side of the head I felt for the cord around the neck. A coil of cord was immediately encountered, and pressing a little farther upward a second, third and fourth coil were detected. I felt authorized to announce to Dr. H., as the cause of the dystocia, the suspension of the head above the brim by the cord shortened by four coils about the neck. The fingers were passed about the occiput and it was pressed downward and backward, throwing the forehead backward and upward above the brim and bringing the occiput slightly into the pelvis, the pains meanwhile having a decided effect in assisting the manœuvre. I now intended to seize the ocextra uterine pregnancy. Spiegelberg (*Lehrb. d.* ciput with the vectis, and so deliver. Upon trial *Geburtshülfe*, 1882, p. 342) however, indicates with the fingers, however, I appreciated that, as the that this proposition is too general. The formation occiput had descended into the pelvis, the forehead served admirably; but in order to make available traction upon the head it would be necessary to lay hold of it with the forceps. Accordingly, with very little trouble, though locking was effected within the Recently I was requested to assist a younger phy- vagina, the head was seized with a well curved Simpsician in a case of midwifery. Dr. H. had been son's forceps, and readily brought down. The excalled some hours before my coming. He found a pectation was, as soon as the head was delivered, to healthy, well built woman in labor with her eighth place quickly two clamp forceps on the cord and cut child, hitherto she had had no difficulty in her con- it between these, in order to escape the embarfinements. She had been in labor some hours, and, rassment which the several coils about the neck although the pains were very strong, the os fully dimight occasion. The first loop, however, was easily lated, and the head presenting, no progress had been -drawn over the head, the other coils were then readily made. A midwife had been in attendance. The released. The child which weighed eleven pounds

breathed at once, seeming but little affected by the only when circumstances prevent the head being

some comments upon the mode of determining the the vaginal examination was made after Smellie's position of the head in labor. From time immemo method. The steps of the procedure have been rial, it has been the custom of teachers to describe given in detail with the purpose of illustrating his with particularity how the position of the head may teachings. be determined by the tips of the fingers by means of the sutures and fontanelles. Whatever skill or tact the position of the child in head presentations by others may be endowed with, or may have acquired means of sutures and fontanelles is not as difficult to in such methods, for myself I wish emphatically to the physician, who has been in attendance during a declare that such examinations are often entirely case of labor as has been stated this evening. The insufficient to furnish me with the desired formation; gradual descent of the head into the pelvis will perand that now, after years of careful observation, I mit the recognition of the landmarks by repeated exam not unfrequently at a loss to determine the posi- amination with the finger. In diagnostic obstetric tion of the head after the usual examination per investigations, palpation of the abdomen, the examvaginam, and that I am occasionally led into an ination of the child's head and the pelvis of the error in this regard only to be dissipated by the mother by bi manual palpation, should be conducted birth of the head. Nor am I alone in this want of on the same principles as in gynecological cases. capacity; a number of experienced obstetricians, with An empty bladder is also essential to a successful whom I have conversed on this subject, have ex-diagnosis. Such an examination will insure the recpressed like uncertainty in determining the position ognition of the position of the child's head, and other of the head by the means mentioned.

position, is such information to be obtained? I parts and a swelled scalp in an exhausted patient, know no better way of answering this question than has a far more difficult task. The same rules, toby making reference to the practice of Smellie, gether with the introduction of the hand as far up as satisfied himself of the size or position of the head necessary information. in the several cases here cited. "I knew the child A refinement of diagnosis is not absolutely essenwas small because I passed my finger all around tial. Many cases of labor are completed, in which the head." And, "I perceived that the head was the diagnosis of the position of the head has not not large, because I could easily introduce my finger been ascertained by its sutures and fontanelles. all around the lower part of it." Desiring to ascer Moreover, cases which require delivery by forceps tain the position he says, "I scooped up the head are frequently skilfully handled when the operator above the brim of the pelvis, and as I slipped my has not been enabled to ascertain the position of hand flattened between the sacrum and the child's the head. We explain this by stating that the mehead, I felt with my fingers on the back part of the chanical adaptation of the child's head to the bones neck" (determining the position of the occiput), of the pelvis is perfect; sooner or later the child's And again, "I turned the back of my hand down head, if not disproportionate in size to the pelvis, will towards the sacrum and raised or scooped the head accommodate itself to its configuration, provided other gently to the upper part of the pelvis; and now with obstacles in its path have been removed by the atmy fingers I felt the posterior part of the neck, and tendant. We state, also, that the position of the distinguished that the pelvis was not distorted, head does not determine the position of the blades Thus informed, Lintroduced the blade of the forceps, of the forceps, but the position of the blades is etc. In reference to another case he says, "Being always determined by the anatomy of the mother, foiled in delivering the head, which was not large. Therefore, the forceps should be applied along the after having properly applied the forceps 1 disensides of the pelvis, and its pelvic cures should corregaged the instrument, and raising the head again spond to the curved axis of the pelvis. Its intro-(out of the pelvis) and found the difficulty was owing duction is governed by the direction of the obstetric to the left shoulder being over the pubes. I got canal, the globular head of the child, and the cranial hold of the arm, brought it down, and again fixed and pelvic curves of the instrument. The direction the forceps and delivered, pulling gently at the hand." of the obstetric canal in a woman in labor is not the From these extracts it will be seen that Dr. Smellie osseous pelvis merely; but the pelvis covered with did not content himself with vaguely touching such soft parts, whose terminal outlet is not at the point portions of the presenting part as might be reached of the coccyx, but at the anterior commissure of a by the introduction of one or two fingers, but that greatly distended perineum, a distance of ten to he introduced deeply the half hand, or the whole twelve inches during labor. The blade of a long hand, and passed the fingers into every available doubled curved forceps-having both the cephalic space; not hesitating, when necessary and practica- and the pelvic curves—is guided into the pelvis by ble to lift the head above the brim that he might get the fingers and insinuates itself between the head and his fingers about its salient points as the ear, the face, the soft parts of the mother. To facilitate the inthe back of the neck. It is noteworthy that it is troduction of the second blade the first blade is

unnatural position of the funis. The length of the thus "traced," that Smellie recommends that "the cord was forty-six inches. In connection with this case, I propose to make sutures. In the case which is the basis of this paper,

Dr. PHILIP ADOLPHUS said: The diagnosis of necessary information. The consulting physician, How, in eases requiring a knowledge of the head's who encounters a tender abdomen, tumified soft Please note the thorough methods by which he is required, under ancesthesia, will give him the

gently elevated and rotated as much in a lateral (1878), Credé (Gesunde und kranke Wöchnerinnen, for the purpose of locking them, adjust the blades per vaginam for months at a time, with most gratifyand now traction, some compression, and slight nosis of presentation and position. leverage (if necessary) complete the delivery of the during traction, owing to the anterior and posterior of tactile sensibility and even moderate experience, ance of the floor of the pelvis.

should be known, but such knowledge is not essential caput succedaneum—the os externum being dilated or to its safe extraction; on the contrary, it is not cor-dilatable, the bags of water, intact or ruptured. I rect to apply the forceps to the sides of the feetal am under the impression that failure to make an achead when its position is oblique or transverse, for if curate diagnosis, by examination per vaginam, under its pelvic curves are twisted, injury must be inflicted the conditions specified, is due in very many cases on the mother.

stitutes a mechanical hindrance only where the pre-traction. senting part reaches the lower portion of the parturipelvis, the pains meanwhile having a decided effect exact position of the head. in assisting the manceuvre."

Bartlett does not mention the signs derived from in- confess failure if 1 rely only on digital touch. I spection, auscultation, and particularly abdominal have no doubt if the practitioner is called early to a palpation. I am induced to call attention to this case of labor before the uterus has become contopic for the reason that, notwithstanding the writ-tracted, and the bag of waters has been ruptured, ings of Kucher, Mundé, Richardson, the recognition that it is possible by abdominal palpation to make of the value of abdominal palpation in obstetrical out the position of the fœtus. When, however, diagnosis in the best recent text books, and the labor has gone on for several hours the uterus be-translation of Pinard's Treatise, by Dr. L. E. Neal, comes irritable, contraction and retraction taken of Baltimore, still many practitioners affect to disre-gard the paramount importance of the method. I am satisfied that it is often impossible to make out Litzmann (1865), Halbertsma (1870), Winckel a diagnosis of the position of the feetus by digital

direction as possible. The same manipulation is re- Leipsig, 1886, p. 80. et seq., in order to prevent the peated with the second blade. In many cases the infection of parturient women in their respective elevation of the blades and their gradual rotations lying in hospitals, having omitted all examinations of the forceps to the head of the feetus, as they have ing results. Under these conditions, external examalready adjusted themselves to the mother's pelvis; inations has proved perfectly adequate in the diag-

I confess to a feeling of decided surprise upon child, which will rotate spontaneously within its blades hearing that a medical man, with the average degree planes on either side of the cavity, and the resist-should necessarily have difficulty in the diagnosis of position, by indagation, in normal, vertex presenta-It is best that the exact position of the head tions, after engagement, before the formation of the to inattention. It is an obstetrical maxim of im-DR. W. W. JAGGARD wished to make one or two portance that both fontanelles and their sntures criticisms. The diagnosis of dystocia, by reason of should be felt before making a diagnosis, when vaga short cord, is not adequately established by the inal touch is exclusively employed. When an exclinical history of the case. The ease with which tensive caput succedaneum has formed, or ossification the vertex engaged, after manipulation, and de-of the feetal skull is advanced, or in case of subscended, after application of the forceps, the abso-normal tactile sensibility on the part of the acconchlute length of the cord, forty-six inches—even with eur, no absolute contra-indication to the introduction four loose coils around the neck, not relatively short of the half-hand exists. In forceps cases, a correct —the condition of the child when born, these are diagnosis of the position of the vertex must be made, facts which do not indicate that the length of the since that instrument ought to be applied first with cord constituted a mechanical hindrance to the pro- reference to the pelvic walls, and then adapted to gress of labor. The author has quoted Spiegelberg, the child's head, before the exercise of its most imwho is of the opinion that shortness of the cord con- portant—and as I believe, exclusive—function of

Dr. Edward Warren Sawyer: I wish to speak ent canal. The only method of determining with of an interesting experience. A gentleman who had certainty, in the concrete case, that shortness of the carefully translated the book alluded to called me in cord is acting as a mechanical obstacle, consists in consultation to assist him. He had, by means of bithe introduction of the fingers, direct contact with manual palpation, diagnosticated a presentation of the cord, and the detection of the abnormal tension. the vertex, but on my examination I found the but-If the case related by Bartlett was one of dystocia, tocks were presenting. I think in most cases abdomand if the "occiput projected so far forward over the inal palpation is of no service whatever to the mapublic bones as to be distinctly appreciable to sight jority of practitioners. I have experienced the same and touch from without," does it not seem a plausi-difficulty that Bartlett has so graphically described in ble hypothesis that the child was presenting slightly recognizing the position of the head by the introducobliquely, and that the operator performed cephalic tion of the finger into the vagina. And after a long version? "The fingers were passed about the oc- practice, so uncertain am I concerning the position ciput and it was pressed downward and backward, that I never think of applying forceps until I have throwing the forehead backward and upward above introduced enough of my hand to recognize some the brim, and bringing the occiput slightly into the part of the face or head, in order to determine the

Dr. J. Scydam Knox said: In regard to making In treating of obstetrical diagnosis, in general, Dr. an exact diagnosis of vertex positions, I must often examination. Even if you can determine that the menced. When I saw the patient in the first stage vertex is presenting, you cannot then make out the of labor, she remarked that she had felt no moveposition exactly. I have no doubt that Dr. Jaggard ment of the child for a considerable time, but this is correct about those large obstetrical hospitals in produced no impression on my mind, for it is a com-Europe. The diagnosis is made because the patient mon thing for patients to say, and I paid no attention is under observation from the time tabor begins, to it. The labor proceeded, and as the head was But the busy practitioner is called after labor has expelled from the vulva, I did as I always do, pass progressed some hours, and the uterus is so irritable the finger instantly to the neck with the view of that as soon as he begins to make any abdominal searching for the cord, and if it is found there liberexamination it contracts, and it is impossible easily ate it. I found two or three coils of the cord around to make a diagnosis. I do not introduce the hand the neck, and they were so tightly drawn that it was into the vagina in many cases, but when the labor is impossible to disengage them. In order to deliver protracted, and I think the use of forceps necessary, the child readily, I severed the cord. I noticed there and I cannot make out the exact position of the was no circulation, and the child was still-born, past head, I give the patient an anæsthetic, and introduce all possibility of resuscitation, and it had been dead the hand sufficiently to find out how the head lies. a long time, for I found a knot in the cord drawn so I cannot see how sepsis can occur by the introduc- tightly that the circulation was entirely cut off. In tion of that portion of the hand necessary to make addition to the coils around the neck the cord passed a diagnosis, and I think the diagnosis should be over the shoulder, under the opposite arm, around made before instruments are applied. I have several the body and under the knee, possibly there were times tried the oblique introduction of the long other coils. It appeared very much like the statue forceps, but doubt the wisdom of introducing them we see of Laócoon. I infer that the movements of obliquely without reference to the shape of the feetus at the time labor commenced or shortly before mother's pelvis and attempting traction. It is much had tightened the cord, causing its death. This is better to apply the forceps to bring down the head, the only case I have met in my practice in which I with reference only to the maternal passages, and could satisfactorily trace the death to the closing of when the head has been brought through the superior the knot. In regard to diagnosis of position, I was strait, to unlock the forceps and allow rotation be- not aware that it is so difficult to make the diagnosis fore effecting delivery. At times it is better to re- of position. I believe the practitioner should make move the forceps entirely, and to re-apply them after out a diagnosis by abdominal palpation, which can rotation has occurred.

the paper. It is true that there were many state- be made with one fontanelle and the sutures. We ments that seemed strange. The paper was on the can certainly discriminate between the anterior and treatment of complications resulting from short cord, posterior fontanelles. and the illustration was a case in which the cord was forty-seven inches long with only four coils around prise that as a means of diagnosis I have not made the neck. This should not, it seems to me, be a reference to abdominal palpation. I purposely limcause of dystocia; but admitting that it was, we come ited my remarks to the ordinary methods of vaginal to cases of actually short cord causing dystocia. examination. I may, however, give it as my opinion Take a cord that measures only four inches in length, that the method of determining the position of the or a case of labor which has occurred in which there head by abdominal palpation will probably prove is no cord, of course there must be a placenta, and available to those only who are capable of diagnosthe feetus is attached through this directly to the ing head positions by the ordinary examinations per wall of the uterus. In such a case how can delivery vaginam. take place without applying traction force sufficient to sever the placenta? Physiologically the contract the assigned cause of dystocia. To them it does not tion of the uterus, especially after dilation is com- seem probable that the shortened cord was the cause pleted, is attended with a muscular retraction of the of delay. Their objections are well taken. In this fibers of the body and fundus, which diminishes the case there are two facts which give rise to the quescavity of the uterus and has the effect of severing its tion whether the cause of the dystocia was really the relation with the placenta. It is therefore possible shortening of the cord, the one in itself offering at for the placenta to be severed from its attachment to first glance a sufficient cause for delayed labor, viz., the uterus, by this retraction, and moreover there that the head was projecting decidedly forward over can be no injury to the uterus from the short cord if the pubic bones; the other seeming to guarantee and delivery result.

nothing abnormal until about the time labor com- of the forehead; and yet this descent did not occur.

he done with great facility if he is accustomed to the Dr. De Laskie Miller was much interested in practice; but I also believe that the diagnosis can

Dr. Bartlett said: A fellow has expressed sur-

Drs. Jaggard and Miller have called in question the contractions are normal, for while the organ is freedom from restraining tension on the part of the contracted the relation between the attachment of cord, namely, its unusual length; so that after delivthe cord and the uterus, or the placenta and its at- ery of the head the funis, though shortened, was not tachment to the feetus, is not extended, rather short- too tense to admit of its coils being released in the ened, so that the advance of the child can take place usual way. It must be considered, in reference to the abnormal position of the head at the superior strait, A case is recalled which occurred in my own pract that while its attitude presented an impediment to tice, of a primipara who was perfectly healthy, with the descent of the occiput, it invited a facile descent

Besides, the head could be swayed to and fro in the median plane of the occipito frontal diameter so usual interest to ophthalmologists and to medical easily and freely as to give the impression that it men in general. The patient has in his right eye swung on a pivot at the neck. In fact, it was this what is known as a "persistent pupillary membrane." sensation imparted to the hand that suggested the This is a remnant of fœtal life, but its exact structure probable suspension of the child by the cord; and has not been ascertained. Some consider it to be this suggestion was strengthened by the apparent ab- made up of atrophied blood vessels, which have sence of any natural tendency of the head to settle served their purpose. Other authorities hold that it into the excavation, either in the first instance as a consists of the remains of connective tissue through brow and face presentation, or subsequently, as a which blood-vessels pass. In this man's right eye right occipito anterior position.

after the birth of the head, it is to be considered that the anterior surface of the iris, and interfere in nowithout calling in question the possible detachment! of the after-birth, surging of the coils about the neck, ctc., the well-known mechanical principles by which 1735, and on an average about one case has been the attached placenta in such cases in some measure reported every five years since that time. I am inkeeps pace, so to speak, with the descending head, debted to Dr. P. H. Bailhache, of the U. S. Marine so clearly described by Dr. Miller just now, may Hospital Service, for the opportunity of exhibiting themselves offer an answer to the objection that the this patient. cord was not found more tense after the head was delivered.' No argument, however, can place the case certainly within the category of those which dystocia is due to shortening of the cord. It will be perceived that I have regarded the case as interesting rather than because of the unusual diagnosis of the malposition of the funis than as one in which this abnormity produced dystocia; and that I have availed myself of the free exploration of the presenting part by which the diagnosis was made an opportunity to present what I regard as the more important part of this paper. I refer to my views as to the insufficiency of ordinary vaginal examinations as means of determining presentations and positions in labor. Upon the discovery of the four coils of cord about the neck, in association with other circumstances and condidelivery in accordance with that idea.

very unusual length. This surplus in the cord's the iris; and similar to it in structure. length threw a new and unexpected light upon the before visible distinctly to appear. In this new light these fibres. It is distinctly seen that the sphincter ference was unnecessary. And yet I incline to the pupillary margin. opinion that the ante partum view of the case through the dark glass of the clinical obstetrician was the correct one.

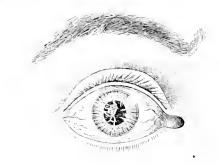
PHILADELPHIA COUNTY MEDICAL SOCIETY.

Stated Meeting, February 23, 1887.

- THE PRESIDENT, J. SOLIS-COHEN, M.D., IN THE Chair.
- Dr. Charles S. Turnbull exhibited a patient presenting a

PERSISTENT PUPILLARY MEMBRANE.

I have brought before you to night a case of unthere is a network of hair-like fibres occupying the In regard to absence of great tension of the cord outer half of the pupil. These fibres originate from way with the constrictor muscle of the pupil. Thisform of congenital anomaly was first observed about



Dr. E. Jackson said: This case is notable for tions mentioned, I conceived the circling of the funis the clearness with which it shows the relation beto be the cause of the dystocia, and conducted the tween the membrane and the iris. In all the cases I have seen heretofore, as in this, the pupillary mem-Criticisms on the plan adopted should be made in brane has seemed to arise from the anterior surface this case, as in others, from the ante-partum stand- of the iris; but in no other instance has the connecpoint of information. They should not be based, for tion been so obvious, the membrane here appearing instance, upon the knowledge that the cord was of to be simply an extension of the anterior layer of

DR. TURNBULL said that the point referred to by case, casting difficulties, before prominent in the Dr. Jackson is well illustrated in this case, and it foreground, into shade, and causing possibilities not settles the disputed question as regards the origin of an opinion might be formed that the case left to namuscle is in no way involved. The membrane has tine would have terminated well, and that all inter- no connection with the muscle nor with the inner

Stated Meeting, March 9, 1887.

THE PRESIDENT IN THE CHAIR.

Dr. J. Solis-Cohen read a paper on

ADMINISTRATION OF GASEOUS ENEMATA.

He desired to exhibit Morel's apparatus for administering gaseous rectal injections, according to the method of Professor Bergeon,1 in diseases of the

¹For details, see Nouveau Traitment des affections des Voies respiratoires et des intoxications du sang par les injectiors rectales gazeuses, d'apres la méthode du Dr. L. Bergeon. Par V. Morel. Paris, 1886.

it had not been forwarded from the Custom House, night sweats within two or three days. Neverthehe exhibited a substitute made in imitation. The less, the trifling expectorations of those apparently suffocate the patient; taken by the stomach, it would eral healthiness of the tissues is sufficiently restored bowels, however, and entering the venous current the bacillus tuberculosis. already deteriorated by organic refuse, it is quickly eliminated by the respiratory tract, which thus be- University Hospital, a patient very nearly expired comes subjected to its beneficial local antiseptic after an injection of a mixture of carbon dioxide effects without subjecting the system at large to in- and sulphuretted hydrogen. He was not aware at jury, as when thrown into the arterial current. In the time that sulphuretted hydrogen, if given in sufficiother words, the parasite is killed, without killing the ent quantities, is capable of producing poisonous individual.

the action of the gas on the suppurative and septic. Evidently, the amount of sulphuretted hydrogen surfaces, and not by any influence on the bacillus which is given must be small. At the Biological Sotuberculosis; the consumption proper, the exhaus- ciety, at Paris, some experiments were related, which tion, being due to the suppuration and to the conse-showed that even a few cubic centimetres are sufficiquent septicæmia, and not immediately to the ba- ent to poison a good sized dog. In the experiences cillus, which, while it produces the destruction of which are related in French journals, the odor of tissue, does not produce the morbid phenomena. sulphuretted hydrogen is readily observed in the The method of administration utilizes the discovery breath, but this has not been noticed in any of the announced by Bernard in 1857, that toxic materials Blockley patients. This is an exceedingly interesting, introduced into the economy through an organ at a not to say comical, method of treating phthisis, but distance from the arterial system could not penetrate it is too early to say what the results are likely to be. into the arterial system because it is eliminated be- Certainly, however, in Dr. Bruen's hands, at the fore that system can be reached. stances are eliminated by the pulmonary alveoli.

The antiseptic substance employed is preferably sulphuretted hydrogen. This is propelled by means of a current of carbonic acid. It is important that the carbonic acid be freshly made, and that the injection be made without any admixture of atmospheric air, the presence of which will cause griping. The carbonic acid gas as evolved from the action of the dilute sulphuric acid upon sodium carbonate is collected in a rubber bag previously emptied of air by rolling it. This bag is then connected with a HYSTERO NEURASTHENIA, OR NERVOUS EXHAUSTION hand-ball compresser, by means of which the gas is propelled through natural sulphurous water in a sort of Wolfe bottle, driving off the sulphurous gas with detected in the breath.

had acquired. In most patients, it is said, there is a better system can be given than that which has been

respiratory passages, and in blood-poisoning; but as marked diminution of cough, expectoration and object in view is to supply to the venous circulation practically cured, continued to contain bacilli. This an antiseptic, such as sulphuretted hydrogen, in fact may be taken both for an indication that the sufficient doses to be effective; a result impossible immediate danger in phthisis is less from the bacilli when supplied directly to the arterial current, a plan than from the septicæmia which they set up, and as which would poison the patient. Sulphuretted hydro- an indication that this protective treatment, when gen inhaled in far less than sufficient doses would successful, should not be discontinued until the genproduce other serious results. Administered by the to resist the further development and sustenance of

DR. WILLIAM OSLER said, that recently at the effects even when taken by the rectum. This acci-Its beneficial effects in phthisis are explained by dent was mentioned lest similar mistakes may arise. Volatile sub Philadelphia Hospital, they have been extremely good.

CHICAGO MEDICAL SOCIETY.

Stated Meeting, March 7, 1887.

THE PRESIDENT, EDMUND J. DOERING, M.D., IN THE CHAIR.

Dr. Franklin H. Martin read a paper entitled OF WOMEN,

(See page 365.)

DR. J. G. KIERNAN said: 1 might quarrel a little it through a tube, the terminal extremity of which with the name adopted, as a somewhat useless addihas been passed into the rectum. Within less than tion to disease nomenclature, for it seems to me that a minute the escape of the gas by the lungs can be most of the symptoms given are not characteristic of any particular disease other than the common form The beneficial results obtained in pulmonary of nervous prostration occurring in women. Most phthisis by Dr. Bergeon, and reported last July to of the symptoms given as regards the vagina, uterus, the Académie des Sciences, have been confirmed by etc., are such as we would expect to find secondary Professor Cornil, in a communication last October, to nervous exhaustion in females. Dr. Martin has to the Académie de Médecine, by numbers of French not outlined the difference between a condition of physicians, and by Dr. Hughes Bennett, of Mentone. neurasthenia, which occurs in a female of previously Bergeon stated that the patients he considered prac-sound constitution both from heredity and other tically cured, had no more expectoration, and only standpoints, and the condition of the woman whose dry auscultatory signs of cicatrizing cavities, or other ancestors have been the victims of neurosis or hercicatricial results of old lesions. Some of them had editary disease, or who has acquired a neurotic conbecome able to resume tolerable laborious employ- stitution. In the first of these forms a great deal ment, with full maintenance of the amelioration they can be done by combating the exhaustion, and no ment is worse than uscless. I remember that a num- out their use. ber of patients whom S. Weir Mitchell had treated afterwards came to the private insane hospital to been using antiseptics, and with what result? which I was at one time physician. With this class of patients the trouble is with the brain, and in most such statistics, and to Dr. Mackall, that he had been it is congenital. In them the ego is of superlative using them two and one half years and with the most development; they are perfectly willing to be petted gratifying results. During the first year he used antiand fussed over, but that simply tends to develop septics only on every other case of midwifery. He, the egotism in certain directions. In this class of however, visited all his obstetric cases once, somecases massage is peculiarly noxious, since in many times twice a day, and took the temperature and of them there is a sexual element which is likely to other notes at each visit. At the end of the year he be increased by massage, as has been pointed out by compared notes, and found that the average tempera-Murrell and others. In regard to medicinal treat-ture in the cases in which antiseptics had been used, ment, Dr. Martin has not indicated the danger of was lower than in the others; in fact, the cases had inducing habits in some of these cases by the pre- not had the usual rise, the so-called "milk fever," scription of morphine and alcohol, as Dr. Mary H. and they had in every way a much better "getting Thompson some years ago pointed out in this Soci- up." In forceps cases, even with a lacerated perety. Many a neurasthenic person has become the regular inmate of an inchriate asylum or home for opium habitues, because some physician has prescribed opium or alcohol for the treatment of insomnia.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Stated Meeting, February 9, 1887.

The President, Jos. Taber Johnson, M.D., IN THE CHAIR.

Dr. H. D. Fry read a paper entitled,

THE VALUE OF THE ANTISEPTIC METHOD IN OB-STETRIC PRACTICE AND ITS APPLICATION TO THE FORCEPS OPERATION,

and exhibited Breus' modification of Tarnier's forceps. He spoke of the advances which had been made in recent years in the practice of obstetrics, and of the reduction of childbed mortality that had followed these improvements. He directed attention more particularly to the germ theory of disease in relation to the pathogenesis of puerperal fever, and to the adoption of antiseptic precautions for the prevention of the affection. The brilliant result that had besides "germs" kill? He said that he never had a followed the application of this line of treatment in serious case of puerperal fever after the use of formaternity institutions was mentioned, and the anti- ceps. He recalled one case of a primipara whom he septic precautions demanded in the forceps opera-delivered with forceps, and in ten days she was well. tion were then dwelt upon. These precautions differ but little in detail for the various obstetrical opera-sistance and she was six weeks in getting up. Another tions, and those applicable to this one may be employed for others when modified by changes to meet the exigencies of particular cases.

The objects sought are three fold:

 Preventing the transport of germs to the genital. canal of the woman.

2. Killing those which clude our vigilance, and

3. Limiting the production of traumatic injuries as much as possible.

Dr. Fry then applied these principles to the forceps operation, and stated the rules to be observed in such. practice.

Dr. S. C. Busev asked Dr. Fry if he had any sta-chance of infection.

outlined by Dr. Martin. In the last type this treat-puerperal fever following the use of forceps and with-

Dr. L. Mackall asked how long Dr. Fry had

Dr. Fry replied to Dr. Busey, that he had no ineum, there was usually no rise of temperature above 100°. In but a single case has he seen, in two years, "milk fever," and that was when he had forgotten to bring his tablets with him. He did what he could in the way of washing his hands, but the temperature reached 102 on the second day.

In reply to Dr. T. C. Smith as to what he thought the mortality of private obstetric practice ought to

be. Dr. Fry replied, about 25 per cent.

Dr. T. C. Smrth, quoting from the Health Report of Washington, for the year ending June 30, 1885, said that twenty-nine deaths were put down to puerperal fever. There were also 3334 births reported. which makes the mortality less than .9 per cent. The births probably reached 4,000, as all of them are never reported, which makes the per cent. even lower. The twenty-nine deaths were from various causes, all being put down under the general term "puerperal fever." When we recollect that a large majority of the births are in charge of midwives and in colored women in the worst possible hygienic surroundings, is there any wonder that there should be twenty nine fatal cases? Moreover there were 393. illegitimate children and 391 stillbirths, both conditions bearing directly upon maternal mortality. Are there not sufficient causes to indicate that something

At her next labor, he arrived too late to be of aswoman he had delivered three times with forceps, but on the fourth he used neither ether nor forceps, and both he and she were sorry for it. He mentioned two other cases in which he had used the forceps, in spite of torn perincums, both made a rapid recovery.

He thought that douches during labor remove the mucus, the natural lubricant of the vagina, and that after labor they are worse than useless, for if nature had intended the parts to be antiseptic she would have made them so. In his opinion the lochia are antiseptic, for they plug the open absorbents, and if they are removed by douches there is an increased If we expect to keep out tistics showing the relative proportion of cases of germs, we must go back of the vagina into the uterus,

where there is a large surface of open mouthed veins ready to absorb them. Yet he ventures to assert tioned with surprise the fact that only twenty-nine that there are not a half-dozen doctors in Washing- women a year died of puerperal fever, when we conthere were "only" twenty-nine deaths from puer-flammatory diseases which are destructive to the

antiseptics, and has never had a case of puerperal but one case of pyosalpinx. fever in these sixty-two cases. He thought that the

method of treatment believed it would or ought to epidemics of what was then called "metritis," the mortality of the lying-in. The statistics Dr. of antiseptic he used. He contends that if such a causes of death. Maternity hospitals supplied the preventive of the ingress of the poison. most reliable statistics, and they exhibited a greatly Dr. Smith said that the hospitals of the present diminished mortality since the introduction of anti-day were not as they were—say sixty years ago. In septic midwifery. In his opinion, absolute cleanli- those days there was faulty drainage, and as likely as ness was the essential part of antisepsis. He fre- not cess-pools were just under the windows. One quently relied upon cleanliness and hot water vaginal could not expect such results as we get now a days, injections. In all cases of post partum homorrhage under those conditions. Dr. Busey had referred to and adherent placenta, and in some cases of instru- the use of antiseptics in post mortem hamourhage. mental labor, he employed intra-uterine hot water. In one of the cases he had just alluded to there had irrigation with the most satisfactory results. He been tremendous hamorrhage which he had stopped would not advise intra-uterine irrigation as a routine by packing with ice. No antiseptic had been used. practice, but whenever he had employed this method and still there was a good recovery. In another case he had a rapid and complete convalescence. He her in which he had applied the forceps to the after comlieved the lochial discharge was a pathological rather ing head, there had been no fever, though without than a physiological discharge. The statement that the use of antiseptics. Dr. Busey says that he may one may have had 100 cases of obstetrics without a have septica mia at any time unless he uses antisepsingle death, though not using antiseptics proves ties. He would say to Dr. Busey that he may at any nothing. The next 100 cases may show a very dif-time meet a case which antiseptics would not save. ferent result. It is only in dealing with larger num- He did not believe that a germicide strong enough to bers that the value of antisepsis can be shown. The kill the germ would be tolerated in the uterus. One results in large maternity hospitals where it has been of the most poisonous of gases, sulphuretted hydroemployed demonstrate its value. In private practice gen, is common enough in the intestine, and yet and in the country where the cases are isolated its nearly every child has had intestinal worms of some value is not so apparent. He did not consider all sort, upon which the poisonous gas failed to act. the minute details of the antiseptic method essential less serious illness and fewer deaths since their in the use of antiseptics is preventive of abscess. The troduction.

Dr. C. W. Johnston said that Dr. Smith menton, who wash out the uterus in all cases, or even sider the fact that a great number are "colored" three who use intra-uterine injections after the women with the worst hygienic surroundings, etc. So forceps. He thought that in a population where far as his observation goes, and he believes the exthere was so much bad hygiene, illegitimate preg-perience of the President agrees with his, he finds the nancies and abortions, that it was surprising that colored race peculiarly insusceptible to certain inwhites. In his service at the Central Dispensary, in Dr. A. Y. P. Garnett said, that now a days when about 500 colored and white women, equally exposed any man opposed antiseptics, he laid himself open to to disease, he found relatively fewer colored women criticism. He thought that individual experience suffering from pelvic inflammation than he did white was worth more than all the hospital statistics put women. Among the colored there are frequent cases together. He has a pair of forceps with which he of venereal disease, but even in those with the sohas delivered sixty-two women; he has never used called "latent gonorrheea" he has been able to find

Dr. Mackall said the statements made by Dr. great value of Listerism was in the systematic clean- Fry had made more impression upon him than all the liness which it introduced into medicine and surgery; statistics. It is true that he thought he had seen but this, with better hygienic surroundings, was more one fatal case of puerperal fever, and that in consulpotent for good than the killing of germs by anti-tation, he had always considered himself lucky to get septics. He expressed little faith in the germ theory, off without trouble after forceps delivery. In his Dr. S. C. Busey has more than once committed experience there has usually been more or less offenhimself to antiseptic obstetrics. He may not follow sive discharge in these cases. He does not believe the details of some of its most enthusiastic followers, that there is a specific germ for puerperal fever, but but he always, to a greater or less degree, follows the some malign influence conveyed to the woman, from antiseptic treatment in puerperal cases. Dr. Smith either a cadaver, a case of erysipelas, or something was wrong if he thought that those who adopted this of that sort. Formerly we were unable to stop the save every puerperal woman. They claimed, and it calomel, etc., but lately he has seen severe cases had been proven, that antisepsis had greatly reduced checked by bromo chloralum, which was the form Smith had quoted were only accurate in showing the result can be obtained from antiseptics in an infected number of deaths, but were valueless in regard to the system they must be infinitely more valuable as a

Dr. Mackall asked Dr. Fry if he has had any to success in every case. They may be sometimes cases of mammary abscess since using antiseptics. overdone, but we cannot tell in which they may be He has had several cases, all following fissures of or safely dispensed with. We do know there is vastly about the nipples. He understands it is claimed that

is going to have a short labor, but the pains gradually rything is dangerous that is not absolutely necessary. diminish in intensity and the head stops in its descent. The dangers of prophylactic intra uterine injections creased by their use, we must find some means to ber of cases, he omitted the injections. The morlessen the mortality, and this we seem to have in bidity was fifty per cent, greater in the cases that antiseptics.

the class of patients which Drs. Smith and Gleeson lay, however, must not be permitted many hours. speak of as being attended by these women. It was after the use of forceps; without them he has had cannot be used for intra-uterine injection without ingoes on to argue the question in such manner as to mercury 1 to 20,000 is strong enough to destroy the make one believe that the universal application of vitality of micro-organisms, and yet it is used for forceps would be desirable. In the case which Dr. intra uterine injection in the proportion of t to but not in the fourth, and the patient did well after treatment are not attributable, as Dr. Smith sugall the labors except the last. Dr. Fry supposes that gests, to the use of modern and well-built hosthe same indications for the use of instruments expitals. The success is equally great in the older inisted in the last labor as in the others, and they should stitutions, which formerly were scourged by puerperal have been used.

Dr. Smith's objection to the use of vaginal douches pital illustrate this fact. during labor, and his theoretical ideas regarding the unless it is protracted. He does, however, without exception, employ them before and after the use of forceps or any instrumental interference. He does not approve of antiseptic vaginal injections during the puerperium unless demanded by some complica- gland lobules through fissures of the nipple. tion—fetid lochia, fever, etc. He quoted from an article by Dr. Baruch, of New York, the results of a number of maternity hospitals, all of which employed antiseptic precautions. These precautions were much the same in all of the hospitals except one class used vaginal douches during the lying in, while the other only made use of them when specially indicated. The advantage, as demonstrated by percentage of recoveries, was strongly in favor of the latter.

According to Dr. Smith, if prophylactic douches

need of forceps is increasing. One supposes that he rule of antiseptic treatment, which teaches that eve-Ergot has no effect or is dangerous; it may be such ave been demonstrated by Hoffmeier. In a series cessful in starting up pains or it may fail, chloral has of cases, over 200 in number, he administered an failed; and finally resort to the forceps is necessary, intra uterine injection as soon as labor was com-If, as seems probable, the danger to the mother is in-pleted, and in another series of about the same numwere treated by the injections. Even when fever Dr. Fry, in closing, said that puerperal fever does exists, intra-uterine injections should not be used not occur often in the practice of midwives and in until vaginal douches have failed to give relief. De-

Dr. Garnett attributed to cleanliness the success this fact, among others, that led Semmelweiss to make of the antiseptic system. It is, indeed, the basis of the investigations that subsequently laid the founda- that system, but epidemics of childbed fever were tion for antiseptic treatment. The disease is far more not arrested until antiseptics were employed. When prevalent among the patients attended by practicing. Semmelweiss began his labors at the Vienna Obphysicians, and the infection is probably conveyed stetric Clinic, he found a maternal mortality of more by the examining finger of the obstetrician. Parvin than 5 per cent. cleanliness, ventilation, and isolarelates the case of a French surgeon who, after hav-lation were brought to bear against the disease, and ing visited a patient suffering with phlegmonous in- it went up in spite of all to a 10 per cent, death rate. flammation of the thigh, made a vaginal examination. A solution of chloride of lime was employed to wash of his wife. The lady had been delivered seventeen the hands, instruments, etc., and the performance of days before, and up to that time was doing well, operations prohibited, and the mortality immediately She contracted septicemia and died. Dr. Smith dropped to 1.25 per cent. Dr. Smith asserted that says he has never had a serious case of any nature an antiseptic solution strong enough to kill germs four cases of puerperal fever and two deaths. He jury to the woman. A solution of bichloride of Smith relates where forceps was used in three labors 2000. The excellent results that follow antiseptic fever. The Paris Maternity and the Vienna Hos-

Dr. Fry had met with but two cases of mammary value of the vaginal mucus, cannot have much weight abscesses in his practice, and suppuration had ocwhen opposed to the combined experience of ob- curred in these before they came under observation. stetricians who have all the opportunities of perfect. Dr. Alloway, of Montreal, says he has not had a case ing antiseptic precautions by observation in mater- of suppurative mastitis since he has been employing nity institutions. As a matter of fact Dr. Fry does antiseptic vaginal douches during and after labor, not himself employ vaginal injections during labor while before that practice was adopted it was not uncommon. According to the observations of Behm, the staphylococcus and streptococcus are found in the pus of mammary abscesses, and he offers the more plausible theory that they gain access to the

DOMESTIC CORRESPONDENCE

LETTER FROM NEW YORK,

(FROM OUR OWN CORRESPONDENT.)

Diabetes— Large Ventral Hernia—The Aneurismal Diathesis—Glycozone.

At the last meeting of the County Medical Assobe given at all, they should be applied into the uter-ciation Dr. Austin Flint made some very interesting ine cavity. This is directly contrary to the chief remarks concerning diabetes, of which, as is well study. The case which suggested them was one patient finally died or whatst one. In this case, also, which was related by Dr. Gouley. The patient was the patient's min! remained perfectly clear to the a lady 72 years of age, who suffered from ventral last, and there was not the slightest approach to anyhernia for more than twenty years, and Dr. Gouley thing like diabetic coma. said it was the largest ventral hernia that he had ever . Dr. Hint wert on to say that during the last two seen. She had also been diabetic for at least thir- or three years he had accumulated records of almost teen years, and the form of glycosuria with which ninety cases of diabetes, and that he had taken unshe was affected was that which the French term in- usual care to follow them up. Some of the patients termittent glycosuria. She finally died of exhaustion had died under his of servation, but he had never yet present.

disease which he had seldom observed, and in regard hopeless condition. to which he said he had formerly been somewhat. The idea had been expressed in certain quarters skeptical. There could be no doubt, however, that that the restriction to anti-diabetic diet tended to this was an instance of true intermittent diabetes, produce diabetic coma; but Dr. Flint's experience and not one of those cases, of which he had seen was directly opposed to any such theory. So far quite a number, in which the sugar disappears from from its leading to this condition, he was convinced the urine for a time after the patient undergoes a that it was extremely rare for patient's to die of diamoderate restriction of diet. The case was of great betic coma while they were living on a strict antiinterest, again, as regards the matter of diabetic diabetic diet, and he believed that this restricted coma. This patient had at no time exhibited the diet actually prevented, or tended to prevent, diaslightest tendency to coma, but retained conscious fietic coma. This condition was apparently flue to ness perfectly up to the last. In her enfeebled con- the presence in the blood of some obscure poison dition she was unable to dislodge the mucus accumus which the kidneys were unable to throw off, and it

exhaustion.

which he had recently seen in consultation with Dr. important subject, and he ped that at no distant date Frederic Dennis. The patient was a lady 70 years he should be able to ascertain certain facts which of age, who for seven or eight years had had diabetes might perhaps throw some light upon it. In concluwhich was by no means of an intermittent character, sion, he made some remarks upon the neglect of pa-On the contrary, it was persistent in character, and tients to faithfully carry out the anti-diabetic regimen, was attended with nearly all the typical symptoms of It was this which had brought the method into bad the disease. For some time the case had been under repute, and he thought that physicians, as a rule, did the care of Dr. Lusk, but on account of the fact that not pay sufficient personal attention to the diet of gangrene attacked one of the patient's feet it was their cases. It was very important that this should transferred by him to Dr. Dennis. She had I een be made as pleasant as possible for the patient, and taking very large quantities of milk daily, and this that no efforts should be spared to constantly tempt was stopped by Drs. Dennis and Flint, who also his appetite with nevel articles and dishes belonging placed her upon a very strict anti-diabetic diet and to the allowable class. gave her Clemens' solution of arsenite of bromine. The paper of the evening was by the President of in 3-drop doses. Under this treatment the improve-the Association, Dr. John Shrady, and was on the ment in her condition was very marked. The quansubject of The Ancurisma, Disthesis. He said that to 50 ounces, and sugar was entirely eliminated from formulate any law comprehensive enough to embrace

known, he has of late years seen making a special time, but the gangress atterwards extended and the

in an attack of acute bronchitis, and at the autopsy met with a single instance of diabetic coma. He the hernial sac was found to consist of nothing but had, however, records of cases, seen by him at skin, and that very thin. Dr. Gouley said he had one time or another, which had terminated fatally always advised against operative interference in the under other physicians, and in which the patients case, and the condition of affairs found after death were reported by them to have been the subjects of showed how unavailing any operation would have diabetic coma. In this connection he related the been. The sac contained the entire intestinal canal, case of a very wealthy lady to whom the restraint of with the exception of the duodenum, the caput coli, the restricted anti-diabetic diet became intolerable and the rectum; so that it could not possibly have and who, on leaving for the country, announced her become any larger than it was. The diameter of the intention of trying the effect of a return to general neck of the sac was no less than nine inches. There diet for a time. He afterwards learned that she had was marked sclerosis of both the kidneys and of the died in a state of coma. He also knew of another spleen, and this condition was no doubt attributable case in which the patient died of diabetic coma after to an old mitral stenosis which was found to be indulging in a protracted "sugar debauch." In still another case the patient had died in the same way In commenting upon the case, which he had seen after travelling to Carlsbad. During the journey to in consultation with Dr. Gouley, Dr. Flint remarked that resort she had lived upon an unrestricted diet. that it presented some points of extreme interest to and he had been informed by her physician that by him. This intermittent diabetes was a variety of the the time she arrived there she was in a practically

lated in the bronchial tubes, and died simply of was noticeable that when the coma came on, the sugar disappeared from the urine. He was at pres-Dr. Flint then referred to another case of diabetes, ent engage i in a series of investigations upon this

tity of urine passed fer diem was reduced from 110 he was not sufficiently settled in his convictions to it. The condition of the foot also improved for a all cases, but thought he was warranted in making the statement that a tendency to aneurism might be recognized in the following instances:

- 1. In individuals possessing a large, not necessarily hypertrophied, heart, the pulsations of which are SECTION OF OBSTETRICS AND DISEASES OF WOMAN. quick and forcible; this condition generally being The following papers, in addition to those men-present in the long-bodied and short-limbed. These tioned in The JOURNAL, January 15, 1887, are anindividuals are necessarily muscular, to compensate nounced for the June meeting in Chicago: for a relatively poorly developed osseous system.
- fatty degenerations are prominent, as, for example, among the Teutons, and exceptionally among the
- 3. There may be an induced or cultivated diathesis, as among those addicted to athletic sports, who Placenta Prævia." primarily over-tax the heart, and secondarily the
- 4. Obesity, as presenting an enfeebled resistance condition of things.
- 5. The diathesis may be latent from lack of circumstances awakening it into existence, as in the case of those leading lives of luxury and ease.

In conclusion, he remarked that the absence or suppression of the emotional temperament may retard or altogether avert the final catastrophe.

On this occasion he introduced to the notice of the Association two new antiseptics and disinfectants, which he had tested with very satisfactory results in his own practice. These are glycozone, consisting of chemically pure glycerine with four volumes of ozone, and solution of peroxide of hydro-gen, and they both possess the advantages of being DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM MARCH 19, 1887, TO colorless fluids.

As Mayor Hewitt was prohibited by the law from appointing a physician successor to General Shaler, as President of the Board of Health, he did the next best thing by giving the position to an expert in sanitary science outside the profession. Mr. James C. Bayles, the Mayor's selection, for the past sixteen years has been editor of the Iron Age and Metal years has been editor of the *Bron Age and Metal* (Ft. Adams, R. I.). S. O. 62; A. G. O., March 17, 1887. *Worker*, and has long been considered an authority Capt. Frank Reynolds, Asst. Surgeon (retired), died March 4, on drainage and sanitary engineering. In addition, he is a gentleman of much public spirit, and while his appointment has been a source of chagrin to the politicians, the community in general has every reason to be satisfied with it.

At the commencement of the University Medical School this year there were 151 graduates; at that of the Bellevne School 134; and that of the Long Island College Hospital, in Brooklyn, 30. tieth annual commencement of the New York College of Veterinary Surgeons and School of Comparative Medicine, was held at the Carnegie Laboratory March 16th when the address to the graduates was made by Prof. Joseph H. Raymond, of Brooklyn, and the diplomas were presented by the President, Dr. Wm. T. White. This is the oldest veterinary school in the country, having been chartered in 1857, and its friends have of late been interesting themselves greatly in its behalf; so that it is now provided with a most excellent Faculty, and with every needed facility for the successful scientific and practical study of this department of medicine. P. B. P.

ASSOCIATION ITEMS.

AMERICAN MEDICAL ASSOCIATION.

- 1. Ely Van de Warker, Syracuse, N. Y., "Lapar-2. There are certain racial configurations in which otomy as a Cure for Tuberculosis of the Peritoneum."
- 2. John A Miller, San Francisco, Cal., "Erosions vice Ulcerations of the Vaginal Portion and their Celts, in which the aneurismal tendency is a marked Relation to Lacerations of the Cervix, with Practical Hints when not to Perform Emmet's Operation."
 - 3. John Morris, Baltimore, Md., "Treatment of
 - 4. Wm. M. Findley, Altoona, Pa., "Ante-partum Hæmorrhage."

The following gentlemen have signified their into forces which have been adjusted to a different tention of contributing papers, but have not yet announced the topics:

H. F. Campbell, Augusta, Ga.

L. Ch. Boislinière, St. Louis, Mo.

S. S. Todd, Kansas City, Mo.

E. H. Trenholme, Montreal, Can.

F. M. Johnson, M.D., Chairman, [Signed]

Kansas City, Mo.

W. W. Jaggard, M.D., Secretary, 2330 Indiana Ave., Chicago.

MISCELLANEOUS.

- MARCH 25, 1887.
- Capt. Wm. W. Gray, Asst. Surgeon, leave of absence further extended two months. S. O. 62, A. G. O., March 17, 1887.
- First Lieut. Guy L. Edie, Asst. Surgeon, leave of absence extended three months. S. O. 67, A. G. O., March 23, 1887. First Lieut, Jefferson D. Poindexter, Asst. Surgeon (recently appointed), ordered for temporary duty at U. S. Military Academy, West Point, N. Y., relieving Capt. Richard W. Johnson, Asst. Surgeon, who will return to his proper station

1887, at Oakland, Cal.

- OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY, DURING THE WEEK ENDING MARCH 26, 1887
- Cordeiro, F. J. B., Asst. Surgeon, detached from the Navy Yard, Boston, and placed on waiting orders.
- OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U.S. MARINE HOSPITAL. SERVICE FOR THE TWO WEEKS ENDED MARCH 26, 1887
 Bailhache, P. 11., Surgeon, to proceed to Mobile, Ala., Pensacola, Fla., Ship Island, Miss., and New Orleans, La., as inspector. March 14, 282

inspector. March 14, 1887.

Long, W. H., Surgeon, granted leave of absence for seven days.

March 16, 1887.
Gold-borough, C. B., Surgeon, granted leave of absence for

thirty days. March 14, 1887.

Devan, S. C., P. A. Surgeon, to proceed to Tacoma, Washington Territory, as inspector. March 19, 1887.

Long, W. H., Surgeon, leave of absence extended five days.

March 23, 1887. Urquhart, F. M., P. A. Surgeon, relieved from duty at Norfolk, Va; ordered to Washington, D. C., on special duty. March

22, 1887. Pettus, W. J., Asst. Surgeon, when relieved by P. A. Surgeon Guitéras, to remain at Charleston, S. C., "waiting orders." March 24, 1887.

ournal of the American Medical Association.

EDITED FOR THE ASSOCIATION BY N. S. DAVIS.

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No. 15.

ORIGINAL ARTICLES.

OR_RELIEF OF SOME NERVOUS AND OTHER SYMPTOMS.

Read before the Washington Obstetrical and Gynecological Society, June 15, 1883.

BY G. L. MAGRUDER, M.D.,

OF WASHINGTON, D. C.

PROFESSOR OF MATERIA MEDICA AND THERAPEUTICS, MEDICAL DEPART-MENT GEORGETOWN COLLEGE: IN CHARGE OF DISEASES OF CHILDREN, CENTRAL DISPENSARY, LTC.

and other troubles by the operation of circumcision amount of smegma was removed from around the and breaking down of the adhesions sometimes found corona glandis. This accumulated rapidly, and was existing between the prepuce and the glans penis, has daily removed by the mother. Gaiffe's battery was induced me to submit the report of some cases, with used on the muscles of the leg twice a week for four a few remarks thereon. Since the date of the publi- weeks; by the end of this time the improvement was cation of Di. Sayre's operations in 1870-upon reflex very marked. Recovery was perfect. nervous disturbances—much has been written both seem either to ignore or, at least, to overlook the the child was able to use his legs. value of the statements that have been published.

thology of the troubles attending congenital phimo- formed me that this was a nightly occurrence. Cirsis, with or without elongation and adhesion of the cumcision was performed. During the process of prepuce, but will be content with a bare narration of healing urine was passed involuntarily once or twice. facts as they have appeared to me. Research into In this case, the cicatrization caused the glans to be pathological conditions can never be very satisfac- compressed. The trouble returned occasionally. A tory, for the want of opportunity to investigate the pair of dressing forceps inserted under the prepuce same, since the relief of symptoms almost always and forcibly opened broke up the adhesions and reensues upon the removal of the exciting cause, and, lieved the contraction. There was no return of the should death occur from other causes whilst one was incontinence. suffering from these troubles, the immediate cause of death would probably mask the condition derived my service at the Central Dispensary complaining of from preputial irritation.

rience has been derived from largely over a hundred and frequently were more severe at this time. There cases. In nearly all there was either phimosis, elon- was decided atrophy of the muscles of the back and gated prepnee or adhesions, sometimes both. Ame- of the inside of the thigh. The left leg was much lioration, and more frequently perfect success, rapidly weaker than the right; frequently it would give way followed the removal of the abnormal conditions— under him, thereby causing him to fall. The least occasionally no relief was obtained. The improve- unevenness in the roadway would cause him to stumment, more often than not, was obtained without the ble. He had been under the care of two physicians assistance of any medication. In some cases tonics at different times during the preceding two years. or sedatives were required for awhile. At times the One pronounced the patient as suffering from hiprelief given has been beyond expectation.

Case 1.-F., from the day of his birth, had to have a catheter passed night and morning to empty the bladder. All other means failed to give relief. The OPERATIONS FOR PHIMOSIS AS A MEANS OF CURE orifice of the prepute was so small that it was with difficulty I could force the instrument. Upon the fifth day I circumcised the child. Relief was immediate and permanent.

Case 2.-W. L., aged 2 years, was very backward in walking. After he did commence to walk, his gait was very uncertain, and he stumbled at the slightest irregularity in the floor. Slight talipes valgus was appearing in both feet. Examination showed adhesions of prepuce extending almost to orifice of Recent continued success in the relief of nervous urethra. These were broken down and a large

Case 3.-P., aged 2. had not walked; was able to pro and con. The mass of testimony derived from stand for a brief while by the side of a chair. Loactual experience has been steadily accumulating to comotion was accomplished upon his buttocks by prove the value and truth of his announcement. But thrusting his feet first on one side and then on the notwithstanding this, there are some persons who still other. Adhesions were broken down. Very soon

Case 4.—Willie G., aged 4, had suffered continu-I shall not attempt to enter deeply into the pa- ally with incontinence of urine. The mother in-

Case 5.—Francis McN., aged 11, was brought to pain in the left hip joint, outer side of thigh and knee This subject has interested me greatly. My expe-joint. These pains continued at night when in bed, joint disease and so treated him for awhile. I did

perfect relief both from the pain and the impaired 1880. On 28th much stronger, walks better. Aulocomotion. Recovery was complete. This case gust 16, improvement continues. There is slight inmight readily have been mistaken for one of hip-clination to talipes valgus. This case has required joint disease. A number of months have now constant care up to the present time. His condition elapsed since the date of the operation, and there now is very favorable.

the agony is terrible and that it requires some time smegma. October 18, no return of incontinence; for him to empty the bladder. Examination dis- walks much better. closed an irritated prepuce. Adhesions existed almost to the orifice of urethra. Upon breaking these was very backward in walking; is now weak in lower down marked relief was obtained, and entire relief extremities, has incontinence of urine and inguinal was given as soon as the laceration of the ruptured hernia. August 5, 1880, bloke down adhesions and adhesions was healed.

tals in all my cases of hernia in children. I have turn of incontinence. only seen one case of talipes in girls. In all of New York. Having been requested by Dr. Seguin, tober 31, 1881. To day the child runs around readily. through my friend Dr. Burnett, to send him a sumin the report of the proceedings in the Medical Recthey were credited to Dr. McGuire, of Washington, instead of myself. I will here give them:

Case 1.— J. M., aged 18 months, had been troubled to be beneficial. with incontinence of urine for several months. Prerelief obtained. No return of trouble to this date. broke down adhesions. Marked improvement.

Case 2.—J. W., aged 8 years. This boy had con at night since the operation. Small doses of strych- provement was continuous and rapid. nia were given. There was marked improvement, At present he is well.

complained of constant pain in popliteal space of Circumcised and broke down adhesions. Three left leg; great weakness of the legs, headache, palpi- weeks later the child had much better use of his extation on the least exertion. Broke down adhesions tremities. The improvement continued. Electricity which extended to orifice of urethra; gave no medicine. June 22, 1880, perfect relief; no return of

symptoms.

Case 4.—January 15, 1880, John D., aged 19 months, cannot walk, stands with difficulty, head is severe case of talipes equino-varus. The tendothrown back; is peevish, restless and bow-legged; Achilles was cut and the foot brought into position. whines continually. Ordered malt, cod-liver oil and About four months afterward I noticed the prepuce hypophosphites. May 6, the child is stronger, but much elongated. Circumcised and broke down adthe above symptoms still persist. Examined penis, hesions. Brace was applied and electricity used. Adhesions broken down and smegma removed; medi- The improvement was rapid and excellent. cine continued. May 20, marked improvement. Adchild walks readily.

not hear the other diagnosis. Circumcision gave ficult, Prepuce elongated. Circumcised June 21,

has been no return of the unpleasant symptoms. Case 6.—July 29, 1880, W., aged 3 years, cannot Case 6.—Wm. D., aged 10, has always suffered walk readily. Has incontinence of urine. Broke greatly when he urinated. The father tells me that down adhesions and removed a large amount of

Case 7.—Charles H., aged 6 years. This child removed a quantity of smegma. August 19, marked I have found this abnormal condition of the geni improvement. September 6, much stronger; no re-

Case 8.—C. R., September 23, aged $2\frac{1}{2}$ years, is those in boys, I have noticed phimosis, adherent or unable to stand; very little power in legs, muscles of elongated prepuce. In November, 1881, this sub-thigh loose and flabby. Circumcised and broke down ject was discussed by the Neurological Society of adhesions. Ordered malt and hypophosphites. Oc-

Case 9.—Jos. W., aged 2 years, August 16, 1880, mary of my experience, I forwarded him the follow walks with great difficulty, drags his legs and is easily ing account of some of my cases. This was printed pushed down. Adhesions were broken down August 23. Walks without dragging his legs. September 27 ord of November 19, 1881. Through some mistake circumcised him. October 4, marked improvement. The progress in this case was not so decided as in others. Gaiffe's battery was applied. This seemed

Case 10.—Pierce W., aged 2 years, stumbles on puce much elongated. Performed circumcision coming in contact with the least elevation; walks very January 15, 1876. No medicine was given. Perfect awkwardly. Slight talipes valgus. Circumcised and

Case 11.—Wm. F., aged 2 years, is unable to stand, tinual incontinence of urine for several years; drawers has laryngismus stridulus. Muscles of thighs and legs were always wet. Prepuce much elongated and ad-very poorly developed. The laryngismus was treated Performed circumcision April 16, 1880. for one week without any improvement, then he was May 13, 1880, the dribbling during the day had al circumcised and the treatment continued. One week most ceased. He has passed water in bed four times later he was better and could stand by a chair. Im

Case 12.—Willie B., aged 1 year, is very weak but not perfect success. Medication was continued throughout the whole left side. This side is not so well developed as the right. He drags the left foot Case 3 -G. T., aged to years, April 15, 1880, when he crawls, and has had frequent convulsions. was used in this case.

> Case 13.—E. L., aged 11 years. Incontinence of urine. Broke down adhesions. No improvement.

> Case 14.—W. E., aged 4 years. This child had a

Case 15.-Richard G., aged 4 years. Incontihesions had reunited; again broke them down. August nence of urine. Circumcised and broke down adhesions. Perfect relief.

Case 5.—John B., aged 2 years, has great muscu- Case 16.—W. B., aged 13 years. This boy had lar debility of the lower extremities; locomotion dif-convulsive seizures almost continually, sometimes and scream out during the night. Easily excited, tions of this region. and would at times be almost uncontrollable. Prebehavior and progress in his studies.

Case 17.—Joseph L., aged 6 weeks. This was one off branches to communicate with the sympathetic. of the most interesting and pronounced cases that had a particle of trouble with her boy.

The urine would accumulate under the prepuce and intimate. dribble out through a very small orifice. The head the least evidence of return.

than ever before.

forty or fifty in the twenty-four hours; would awake hurriedly consider the nervous supply and connec-

 The nervous supply to the genital organs is derived puce-elongated and adherent. Broke down adhe- from the pudic nerve of the cerebro-spinal system and sions December 15, 1880. Ordered no medicine, the pelvic plexus of the sympathetic system. The l saw him again January 11. 1881. He had not pudic nerve is a large branch of the sacral plexus and taken any medicine since I broke down the adhe- gives off in its course, the inferior hemorrhoidal nerve sions one month ago. The attacks during the day which supplies the external sphincter, integument had recurred very rarely and the nights were very around the anus and terminates in the perincal and much less severe. Circumcised him October 23, the dorsal nerve of the penis. The perineal nerve is 1881. The improvement has been decided and con-distributed by the cutaneous and muscular branches tinuous. For awhile after the circumcision there to the integument in front of the anus, the sphincterwas immunity from the convulsive seizures for a ani, the scrotum and under part of the penis, the week or more at a time. Then they would return levator ani, transversus perinci, accelerator urinæ occasionally at night. To control this I gave bro-refector penis, and compressor urethric. The dorsal mide of potassium. Now he goes to school regu- nerve of the penis accompanies the dorsal artery of larly. His teacher gives excellent reports of his the penis, and is distributed to the glans, prepuce, the upper surface and sides of the organ, and sends

In the female, the pudic nerve terminates in the have ever come under my observation. He had clitoris, labia majora and perineum. The other never had a good night's rest since his birth, and had branches of the sacral plexus are the muscular, the suto be drugged to have the least rest. He cried al- perior gluteal, and the great and small sciatic. These most incessantly night and day. The legs were in supply the integument of the perineum and the back constant motion, sometimes striking the abdomen. part of the thigh and the whole of the leg, the pyri-The penis was in a state of priapism. As soon as it formis, obturator internus, the two gemelli, the quadwas touched the convulsive movements were aug-ratus femoris, the glutei, the tensor vaginae femoris mented in severity and rapidity. In each inguinal and the adductor magnus muscles. Branches from region small tumors appeared when the child cried, this plexus supply the hip joint, perforating the cap-I circumcised him March 28, 1881. As there had sule, and also the knee joint. Connection with the been such severe muscular action, I ordered ½-grain sympathetic nerve is had immediately through the doses of chloral every hour until quieted. During large cavernous nerve, which after joining with the the ensuing four days he took 8 grains of chloral, dorsal branch of the pudic nerve passes forward to then medicine was discontinued. All the nervous supply the corpus cavernosum and spongiosum. symptoms have disappeared. The child slept readily. This larger cavernous nerve is derived from the in-Three months after the operation, the mother told ferior hypogastric or pelvic plexus. This plexus me that from the second day thereafter, she had not distributes branches to all the pelvic viscera, viz., rectum, bladder, and the vagina in the female. Fila-Case 18.—B. P., aged 10 weeks. Had not had a ments pass to the vas deferens, vesicule seminales and good night's rest since his birth. Cried and fretted prostate gland in the male. The connection with the almost continually. Was in constant jactitation, rest of the cerebro-spinal and sympathetic systems is

Reflex spasm and paralysis from diseases of the was thrown back on the spinal column. The mother digestive canal, the ovaries, uterus and urinary orsaid that she used to pass a handkerchief around the gans have been frequently observed. Why cannot head and fasten the ends of it to the belly band to the same phenomena arise from genital irritations? keep it erect. Performed circumcision—did not A. Mel., Hamilton, in his "Diseases of the Nervous order any medicine. Every symptom of irritation System" assigns phimosis as one of the causes of disappeared. Three months later there had not been spasm. Henoch, in his lectures on "Diseases of Children" attributes incontinence of urine to a spasm Case 19 .- A. F., aged 13 years. Had shown great of the detrusor urine which acts more vigorously muscular debility in the lower extremities from birth. because the action of the will on the sphincter vesicæ especially in the left leg. This leg would give way is diminished during sleep. He says that the urine under him. He would fall on the street and around is always passed in a stream during sleep or in a half the house. He complained of dizziness and pain in waking condition. Amongst various causes for this the lumbar region, also had nocturnal incontinence reflexirritation he mentions first congenital phimosis. of urine. Prepuce firmly adherent, almost to the The removal of this condition has cured the enuresis. orifice of urethra. I broke these down Jan. 19, 1880. The same author, in speaking of spasm of the glottis, No medicine was employed. There was no return calls attention to the fact that it occurs more freof a single symptom except upon one occasion, there quently in boys than in girls and almost exclusively was incontinence of urme. He has continued to between the sixth and twenty fourth month. I think grow stronger, and is to-day, Oct. 15, 1881, brighter that every case that I have seen of this trouble, except one, has occurred in boys. In all that I have To better understand this subject it will be well to examined I have found either congenital phimosis or adherent prepuce. Removal of these brought relief. Might we not consider that there was some connecting diseases of the bladder, which commenced by tion between the two conditions?

various affections of the genito-urinary organs of child-that a sacro-lumbar neuritis may be progagated to ren, such as incontinence of urine, intermittent flow, the cord in diseases of the bladder. hæmaturia, priapism, etc., were due to phimosis, and that Sayre had pointed out the important fact that lieved immediately after the removal of genital irrireflex paralysis in various forms of spastic contractation and believed that this was more than coincitions, chiefly of the lower limbs are due to the same dent; moreover, he was firmly convinced that reflex cause, being readily curable by circumcision, says: paralysis was possible. Dr. Hammond also admits "In addition to these I have seen general spasmodic the possibility of preputial irritation giving rise to affections in children resembling chorea, resulting paraplegia. Dr. Seguin has never seen reflex paralfrom congenital phimosis." He also states that he ysis from irritation of the genitals of the male, but has known it to be a cause of impotence in the adult. had seen reflex nervous troubles, and believed that Further on he says: "Every child who has congenital the genital irritation should be relieved. He had phimosis ought to be circumcised, and even those met with paralysis from irritation of the deep urethra who, without having phimosis, have an abnormally and uterine disease. Cure of the uterine disease was long and lax prepuce would be improved greatly in followed by rapid recovery from the paralytic sympcleanliness, health and morals by being subjected to toms. Dr. Campbell Black has seen hæmaturia, the same operation; and it would be well if the cus-dysuria, incontinence, retention of urine, reflex partom of Eastern nations, whether it be regarded as a alysis, epilepsy, chorea, as well as spermatorrhea, religious rite or only a time-honored custom were in- prolapsus ani, and other troubles from genital irritatroduced amongst us."

are motor spinal paralyses. Brown Sequard attri-indications of nervous disturbance in childhood. butes the origin to chronic irritation of the genitoparts. Levisson experimented by compressing the uterus, kidneys, intestine, or bladder of rabbits, and

varnish, tremor, hyperæthesia, partial anæsthesia, increased reflex action, spasms and paralysis. Examination disclosed a dilatation of the cutaneous vessels, of the capillaries of the lung and the ramifications of the vena porta, hyperaemia of the meninges and a dusky redness of the cervical cord. If the animals survive a certain length of time, proliferation of the neuroglia occurs with atrophy of the nerve tubes from compression. Rosenthal, quoting these observations, says: "Thus the irritation of the cutaneous nerves produces a reflex paralysis of the pin hole, so that on retraction no part of the glans centres of vascular innervation in the cord." Now, or only a minute portion of the uretheral lips could if this follows from irritation of the cutaneous nerves, be seen. Second degree, in which all or a considcan we not expect as much from irritation of the erable part of, but nothing beyond the utheral orifice of the nerve trunks or of the genital organs. He that only six have normally formed prepuces, and cites a case of a girl, aged 23 years, who was relieved that from complete or the first degree of phimosis to of a paresis of three week's standing, by the removal which class more than one-third of the cases belong, of a needle deeply imbedded in the vagina.

Leyden reported three cases of paraplegia followsymptoms of motor and sensory irritation. He found Erichsen, after stating that Bryant had shown that diffuse softening of the cord in two cases. He thinks

Dr. Otis has seen many nervous disturbances retion. He, as well as Barwell give the priority of Reflex paralysis is due, according to Romberg, calling attention to these troubles to Dr. Sayre. Stanley, and Graves to a suspension of the sensory Black attaches immense importance to genital irritainfluence of the fibres of the sympathetic system and tion as a source of infantile paralysis and many other

Barwell, ("Diseases of the Joints." Wood's Liurinary organs with secondary contraction of the brary, pp. 289 and 290) says: "A good many years vessels of the cord and atrophy of the corresponding ago 1 was struck with the fact that nearly all the boys admitted for hip disease into Charing Cross hospital had congenital phimosis. In a short time this coinfound reflex excitability abolished and a paralysis of cidence was found to be nearly, it not quite constant. the posterior limbs lasting until the irritation was re- At last, in the beginning of 1873, I began to note, in moved. The paralysis was considered due to excess a hundred male cases of hip disease occurring in my sive irritation of the sensory fibres, thereby causing private practice or admitted into hospitals, the presan arrest of the function of the motor nerve centres, ence or absence of this condition; for the sake of Feinberg has observed in animals, after a coat of better classification they were divided into classes:

ist Degree.	2d Degree.	3d Degree,	Elongation.	Normal.
39.	27.	17.	11.	6.

The same divided in ages—

,	ist Degree.	2d Degree.	3d Degree.	Elongation.	Normal.
2 to .	4. 3.	2.	0.	Ι.	1.
4 to 0	5, 7.	5-	2.	3.	3.
6 to 8	8, 16.	11.	9.	4.	I.
8 to	10, 1-3.	0.	6.	3.	ı.

First degree: The opening in the prepuce, a mere nerves about the head of the penis. The same an could be uncovered. Third degree, in which the thor mentions the fact, that several cases had been prepute, when retracted, uncovered some portion. referred to him by Prof. Dittel, which upon explora- but only a portion of the glans. Fourth degree, tion of the bladder had given negative results, whilst elongated prepuce, projecting more than a quarter a careful examination of motion and sensation showed of an inch beyond the glans, but capable of entire a diminution of the various forms of sensibility in retraction. Fifth degree, normal. It will be obthe legs; in the trunk there was abnormal excitability—served that of these cases eighty-three have phimosis; the number steadily declines to normal. I would mencing tabulation, this association was remarked, thorities since the War, I will reproduce it here, Furthermore, I asked my friend, Mr. Morant Baker, merely to introduce the remarks I am about to make to inquire for me about the prevalence of hip disease at the Evelina Hospital, which is largely used by Jews. He tells me that few children are there admitted for hip disease, and that most of those so received belong not to Jewish, but to the Christian community. The important fact, however, is simply, coincidence of phimosis and hip disease—a coincidence which I should never have dreamed of or imagined, had it not been forced upon my observation. Upon the mode in which the one influences the other I would rather not speculate further than to point out that phimosed children have facile, frequent and often long continued priapism; that this condition, unnatural in the infant, must produce after a time a certain irritability or irritation of the lumbar spinal cord; that from this part the various nerves of the pelvis and lower limbs are given off; that the influence of spinal irritation on the trophic nerves is well known; and that just at this particular period large trophic changes are in progress about the hip joint." During the time that he was collecting these 100 cases in boys, he met with 74 cases among girls. In a large proportion of them he found vulvitis, vaginitis,

Dr. Sayre noticed this same coincidence, and connected the condition with hip joint disease by the supposition that the majority of cases of this affection start from a fall or injury. The increased muscular debility from reflex irritation readily contributes to these falls.

Charcot, speaking of urinary paraplegia, says: "The very number of the cases in which we see paraplegia appear in the course of disease of the urinary passages is of itself enough to show that the phenom- GENERM. ORDERS, I enon is no chance coincidence.'

From the foregoing I think that we are justified in the conclusion that phimosis and adherent prepuce give rise to varied troubles of more or less gravity, manifesting themselves either in the muscular, osseous or nervous systems; and that the removal of these abnormal conditions of the penis frequently affords marked relief, and at times perfect and permanent cure.

THE IMPORTANCE FOR INSTRUCTION IN FIRST AID TO THE INJURED.

BY W. THORNTON PARKER, M.D. (MUNICH).

OF NEWFORT, R. L. LATE A. A. SURGEON U. S. ARMY.

In 1884, while acting Post Surgeon at a lonely frontier station, I became very much interested in Medical Director may have been, it is very gratifying the work of the New York State Charities Associa tion. I had been in correspondence with this organ- ally awakening to what has been proven an absolute ization for some time, before it occurred to me that necessity in foreign aimies. Probably in no other some useful practical work in this direction might be country has this matter secured the attention and won accomplished in the United States military forces, the success which has attended this humane and I accordingly prepared the following letter, and as I practical movement in England.

also point out that these are not fortuitous coinci- have been informed that it was probably one of the dences, because for two years at least before com- first on the subject sent to our military medical auon military first aid to the injured. I have never received any reply to the letter, not even an acknowledgment of its receipt, and it was probably ignominiously pigconholed:

TO THE MEDICAL DIRECTOR DEP'T OF THE MISSOURI:

Sir:—I beg leave to call attention to the great success of the New York State Charities Association in organizing societies in various sections of the country for the purpose of affording in-struction by lectures, illustrations, etc., in "First Aid to the Injured." The efforts have met with much general encouragement from the public, and their good effects have been recognized. It has occurred to me that it might be advisable to have something of this kind attempted at our military posts, providing suitable instruction in "first aid to the injured" to both officers and men. It undoubtedly frequently happens that officers in command of small detachments, deprived of the services of a surgeon, are called upon to extend aid to the sick and wounded, and although on more than one occasion officers have been found who were not only ready, but able to offer valuable assistance, yet a careful instruction in the course suggested would enable them to more fully afford relief, and save considerable surtering. At all of our larger posts, and especially at 1 ort. Leavenworth, this course of instruction could be very easily carried out, and suitable appliances being already on hand, little if any expense would be incurred to ilinstrate the learners. It is reasonable to believe that many officers and men would be interested in these lectures, and only good would result to the Army by a general profuding nymphæ or nymphæ covered by a cuticular surface.

Dr. Savre noticed this same coincidence, and con.

Dr. Savre noticed this same coincidence, and con.

Dr. Savre noticed this same coincidence, and con.

Act. Asst. Surgeon U. S. A.

Ft. Gibson, Indian Ter., June 6, 1884

It is possible, however, that the letter was referred from one office to another until at last it attracted some official notice in the War Department, and may have indirectly resulted in the promulgation of the following order, which must prove of considerable value to the Army in the near future:

ADJUTANT-GENERAL'S OFFICE, Washington, Nev. 20, 1880. No. 86.

The Secretary of War being of opinion that instruction by lecture or demonstration in the simpler practice of medicine and surgery may with advantage to all comberned be given by officers of the Medical Department stationed at military posts to other officers and the enlisted men serving thereat, directs that, whenever practicable and where voluntary attendance in sufficient numbers can be secured, arrangements be made for a series of such lectures on the practical treatment of the unhidden diseases, early aid to the injured, the most expeditious and proper manner of treating temporarily gunshot wounds, poisoned wounds, frostbite, bruises, dislocations, laemorrhage, and tractures of bones; application of the tourniquet; the most approved method for resuscitation from drowning; and other kindred subjects.

Medical officers delivering these lectures will forward, not later than June 30, 1887, through the regular military channels, to this office, a report of the results, beneficial or otherwise, which may have attended them up to that date.

By command of Lieutenant-General Sheridan:

R. C. DRUM, Adjutant-General.

Whatever the fate of my communication to the for me to see that our military authorities are gradu-

One of the best appliances for ready use in first in the form of a cravat by rolling the point several aid to the injured is the Esmarch triangular bandage. times in the direction of the lower edge; the oftener This is a strip of cloth fifty inches long, triangular in it is folded the narrower the bandage becomes. Under shape, its greatest width being 24 inches. Upon the this form a practical bandage is made, not only for bandage are six pictures illustrating its use, and with wounds upon the neck, but also for those on many the band ge is a little book describing its use. For other portions of the body; for example, the eye, the benefit of those who do not read French or Ger the forehead, the ears, the cheeks, the chin, and the man I have translated the directions and given the lower jaw. It is employed in the same manner for foreign address of the manufacturers, although I pre- the simple muscular wounds of the extremities, and sume that Messrs. Geo. Tiennum & Co. can furnish for fixing the splints and other protective apparatus the packet with English directions in any needed in the case of fractured bones; besides making all quantity.

Translation.

FIRST AID TO THE INTURED.

persons in every state and condition—in the work—dressing a wound on the head, or a simple scalp shops, manufactories, mines, and railroad organiza- wound, the bandage is placed upon the head in such tions, engineering undertakings, to all travelers and a manner that the lower border will be brought diemigrants, and to any though ill family—an emer- rectly across the forehead, the point hanging towards gency packet for wound dressing, which thanks to the neck. Then the two ends are passed backwards, its small, compact form, its convenient arrangement behind the ears, turned again and tied in front. The and facility of packing, will give it a place every-point hanging in front is pulled down firmly, returned where; it can be carried under all circumstances. upon the head, and fastened on the top of the head Each one of these packets is sold for one franc (fifty with a pin (head bandage or cap). centimes) postpaid, and contains: First, a compress composed of cotton charpie of Dr. Bruns, and an necessary. The hand is placed upon the opened antiseptic bandage. These two kinds of bandage bandage in such a manner that the wrist covers the midhave the property of absorbing the fluids, blood and dle of the lower edge, and the points of the fingers pus, and protect the wound against hurtful influences. are directed to the pointed end of the bandage. The 2. Two bands of linen, one wide, the other straight, point is then turned backward over the hand in the with pins for fastening them. 3. Some "ping-hawar-direction of the forearm. The two remaining ends yambi," as a hemostatic application. 4. A triangular are crossed over the point of the bandage and tied piece of linen prescribed by Dr. von Esmarch. With on the other side of the wrist. the aid of this apparatus the majority of bandaging age (antiseptic), which gives a surface similar in form the foot and tied under the sole. to a sheet of letter paper. We cut off each time the requisite quantity for covering the wound. After in the same manner. The superior border or biased having washed the latter, and controlled the hemor- edge is placed around the limb above the extremity of rhage by means of the application of the ping hawar- the stump, turned around the wound, the hanging yambi, it is covered with a piece of the compress, which point is brought up over the wound, and the two free is fistened by means of the linen bandages, which, ends are adjusted over these and tied. should the wound be upon the head, neck, trunk, or "To comfortably sling or suspend a wounded arm deep wound, you form with the compress a pad pro-readily pass around the neck to the other side, and it portioned to the size of the wound, which is introduced is there fastened, while the other end hangs in front oil, if this be within reach. According to the abun-upon the middle of the linen, advancing the point dance of the secretions from the wound, it will be nec- below the elbow several inches. Then the end which essary to change the bandage once or oftener during hangs before the arm is brought back to the side of the day; in this case, the same bandage and the same the shoulder of the wounded arm and tied with the linen can be employed—but it is important to renew other end upon the back. Then the point is brought the compress or the pad. As to the employment of around the elbow and fastened with a pip. This the Esmarch's bandage, we will quote the words of bandage is called the large scarf or big sling bandage. Professor Esmurch, who, in his celebrated work en- "For bandaging wounds upon the chest the middle titled "The First Aid in Bandaging on the Field of of the linen is placed upon the chest, the point raised Battle," expresses himself as follows:

triangular bandage is used as follows: It is folded gion where the chest and abdomen unite; then bring-

of it, as a sling for supporting the wounded arm. The manner of employing the bandage under this form is so simple that no particular description is necessary. The ends are well fastened by means of Under this title the undersigned Society offers to strong pins, or well knotted one with the other. For

"To bandage a wounded hand a small bandage is

"For the foot the sole is placed on the middle of operations may be accomplished without any special the bandage, so that the toes are directed towards skill. The method is as follows: The compress, the point. The point is then brought forward over which is folded in four, unfolds in such a manner that the top of the foot and the two ends are passed the cotton lint will be covered entirely by the band- around the malleolar processes, crossed on top of

"We can also bandage the stump after amputation

m un parts of the extremities by the use of the triangu-the ends must be placed over the uninjured shoulder lar bundage (Esmarch's). If it be a case of an open or and upon the neck sufficiently in front so that it will therein after previously saturating it with good olive of the body. We carefully place the bended arm

and turned backward, passing over one shoulder, and "According to the part of the body wounded, the the inferior border adjusted (at the waist) in the re-

ing the two ends backward and tying them together little work entitled "Hints on Health in Armies." It upon the back. The pointed end passed over the is for sale at present by Van Nostrand, 192 Broadshoulder is then drawn down and made to pass under way, New York, and contains very valuable recomthe knotted end, and adjusted by means of a pin or mendations on military hygiene. Surgeon Woodhull's knot. For wounds on the back one proceeds in the same manner, but inversely. For wounds upon the shoulder the bandage is cut into two equal parts, of iii, just published, contains the latest military medical which one is folded in cravat form and is used as a science. I mention these writings on military hygilittle scarf for the forearm, whilst the other is placed ene because it is essential that they should be studied the point shall be upon the side of the neck and the valuable information for all medical men who are superior border upon the middle of the forearm. likely to have anything to do with military medical The ends are then passed around the under side of matters. the arm, crossed beneath the point of the elbow, and tied together on the exterior surface of the forearm. or have been already published: Surgeon-General The point of the bandage is then slipped under the Langmore's work on "Transport, etc., of Sick and

"In the same manner the bandage is placed upon the hip; and here we often need the entire bandage, Transport." Another very important work in this because the upper part of the thigh is much larger connection, by Dr. Paul J. Mobius, Surgeon in the than that of the arm. The inferior border of the bandage is passed around the largest part of the thigh, and the ends fastened with a double knot, but will soon be published in this country, but in an in the cases where the thigh is too large it is pinned. abridged form. The point of the bandage is adjusted in the same leather belt of the soldier, returned upon themselves Medical and Surgical Journal has done much to and fastened with a pin. When there is no leather awaken interest in the matter, and from time to time belt it will be necessary to use a second bandage valuable editorials and items have appeared in its folded in cravat form."

is to have it constantly available, which is now easily country. accomplished, thanks to its available form. Consearticles indicated as necessary to complete the outfit, military service: which will be found invaluable when one has become accustomed to their use.

ticles, at Schaffhausen, Switzerland. Articles to complete our bandage packet: cotton-charpie of Dr. Braus in packages three-fourth, one half and oneeighth lb.; hydrophile bandage in packages of a yard and one half to ten yards; triangular bandage with illustrations of wounded soldiers.

subject of ambulance corps organization are: first, "Manual for the Medical Staff Corps (British), War Office, 1885. Official Copy." This is a most value been instituted at the various military camps in Engand should be reproduced here. London.

the War (1863), Dr. Ordronaux published a valuable in healthy action—the militia system itself demon-

(U. S. A.) able article on "Military Hygiene," in the "Reference Handbook of the Medical Sciences," vol. upon the wounded shoulder in such a manner that by all military surgeons, and because they contain

Three other works are in process of preparation scarf at the neck, plaited back upon itself and fast-ened with a pin at the top of the shoulder. Wounded;" Surgeon Moore's "Manual of Drill for the Army Hospital Corps;" and Surgeon-Major Evatt's "Ambulance Organization Equipment and Saxon Army, entitled "Grundriss des Deutschen Militair-Sanitatswesens," has been translated, and

This important subject has received comparatively manner as for the shoulder, by passing under the little attention from the medical press, but the Beston columns. This has come about, no doubt, in con-Everyone can be assured that in the manner de- sequence of the enterprise shown by the Surgeontailed above our bandage outfit for wounds will prove. General's Office of Massachusetts, which has, without satisfactory for first usage in the majority of cases of doubt, led in this matter, and has accomplished more wounds. The essential thing, which is self-evident, in ambulance drill than all the organizations in the

The following editorial, in the Boston Medical and quently we recommend "our first aids" to all per-Surgical Journal of September 23, 1884, is well sons, as already mentioned. We recommend, also, worth reproducing, and should strongly appeal to any to all large establishments, the packet containing the officers interested in this important branch of the

"It is generally understood that a militia should be a school of instruction for the men, and the public The International Manufactory of Bandaging Ar-Jexpect the development of a nucleus from which can grow, in case of necessity, an effective body of soldiers. Now, it is a well-known axiom that familiarity and experience with any work are necessary for its best accomplishment; therefore the training of an ambulance bearer corps should form part of the duty of the volunteer militia. Properly instructed and drilled, this body would form a unit from which might The two best works at present obtainable on this spring in time of need a service of the greatest importance."

Volunteer ambulance bearer corps have recently able little work, is very suitable for our own Army, land, and great success and popularity have attended The second is the efforts of those who have had charge of this im-"Ambulance Handbook for Volunteers and Others," portant undertaking. This has been attempted in by J. A. Raye, Surgeon, and is published by Churchill, our own country, especially in Massachusetts, but has so far been considered a failure. It must be ex-These books are very important, and their com- pected that great difficulties will be encountered at pleteness and admirable arrangement make them in- first, but each trial faithfully made makes success in valuable additions to the surgical library. During the end more certain. Development goes on slowly

warfare has reached a stage of perfection in which the training of brave and intelligent men for this imresults are rapidly accomplished, and this is undoubt- portant work. We hope that there will soon be an edly due to the development of arms which can be ambulance bearer corps connected with the various used with rapidity and precision, the mobilization of State militias, under the control of the Surgeon Gentroops, and their rapid and machine-like movements. eral of the State. A company should be connected telegraphs, massive steel cruisers, and new explosives. director, and this company should be composed of When we consider that with the improved Gatling enlisted men, having the proper number of sergeants, and Nordenfelt ten barrel guns a thousand shots can corporals, and privates. A number of such a bearer be fired in each minute, as was actually done in the corps should be medical students, as it is self-evident Soudan, we see that a large number of combatants that by the discipline of such a service they would can be rapidly disabled. This increase in destruc- be better fitted to act after graduation as medical tive power creates an increased necessity for means officers of the volunteer militia. of caring for the injured. Unfortunately, however, military commanders have generally considered the the necessity for an ambulance corps. In a letter care of the wounded as a minor consideration, and dated February 21, 1863, addressed to Henry I. Bowonly in recent years has it dawned upon such officers ditch, M.D., in answer to the question, 'Should the that the certainty of good care in the event of mis-tmen in the ambulance corps be detailed soldiers, fortune develops in men an ésprit de cerps second taken from time to time from the ranks, or should only to the accomplishment of victories. Again, the they be men enlisted for the purpose and taught certainty of good care and attention, in case of in-their especial duties?' General McClellan answered jury, softens the anxiety of those who part with their as follows: 'There are many self-evident objecloved ones for the national defense. This home tions to the system of taking men temporarily from feeling forms the foundation of the moral support on the ranks for this duty; they need instructions in which commanders at times lean so heavily, and their peculiar functions as well as the ordinary diswithout which supplies of men and materials to carry cipline, and should have distinctive uniforms. I am on their campaigns would be wanting. The lament- of the opinion that men should be enlisted especially able failure of men to receive proper medical care for duty in the ambulance corps.' Dr. Bowditch in the Crimea early drew attention to the defects of asked also the following question: 'Do you think the old system of caring for the disabled. It was the establishment of such a corps would increase the only when Letterman, in our Civil War, developed the number of non-combatants?' McClellan's angradually an ambulance system (which at the close swer is: 'I think it would decrease the number of of the War was quite effective), that the necessity non-combatants, especially during battles." for sure, rapid, and effective treatment and transportation of injured combatants was properly appreadminister intelligently first aid to the injured, some ciated. Many will remember the heart-rending tales effort should be made to instruct train hands in this of the needless suffering in transportation inflicted necessary work. "Every guard's van of every pason our soldiers in the early part of the Civil War. senger train should carry a stretcher and a basket of Needless, because this exigency of warfare should bandages and restoratives. Every railway station have been foreseen and provided for.

hundred men, acting as wounded soldiers, were should include a regular sick transport wagon, consearched for at night, after a supposed battle, by the taining dressings, restoratives and stretchers." Our aid of an electric light carried by a bearer company recent frightful railway accidents prove this clearlyof the army hospital corps, with all the paraphernalia — It has been the purpose of this paper merely to of transports complete. The application of the electric act as a skirmisher in the great battle which must tric light was a distinct success, the necessary dress-sooner or later take place, to decide what is useful ings of the wounded being performed with accuracy and practical for the soldier's welfare, and what should and dispatch.

nual encampments of the Massachusetts militia to are often put aside because they interfere with the instruct the men in the treatment of emergencies; old romantic ideas of generations past. owing, however, to a variety of causes the trial was a failure. This was due, in a great measure, to the have emphasized the importance of "First Aid to amount of tactical instruction and drill required of the Injured," which in military life must develop into the men. The topics considered were of general organized ambulance and stretcher corps.

strates this fact. During the War, when one would interest, but the men showed a lack of appreciation have supposed that the plan would have secured because of these conflicting duties. It was also prompt encouragement, efforts to establish an ambu- found impossible after "retreat," the men requiring lance corps failed, and a bill for this purpose per- amusement at that time rather than instruction and ished in the Senate, having received the discouraging hard work. Now, while a general knowledge of the and utterly unsound endorsement of the Committee principles of sanitary science, as taught German offias "an impracticable measure at this time." cers, is of importance, we feel that in time of war I quote again from the same journal: "Modern the rapid treatment of wounded combatants demands cers, is of importance, we feel that in time of war Modern warfare has brought into use the railroads, with each brigade, under the direction of the medical

"Major-General George B. McClellan appreciated

Besides the evident value of preparing soldiers to should have a stretcher as part of its equipment; "At Aldershot, a few weeks since, a detail of a and every 'break down' train sent to aid at accidents

be discarded. Prominent army officers are very apt "An attempt was made at one of the recent ant to be conservative, and really important inventions

The object of this paper has been attained if I

formation on the subject than any others yet seen linear, in that it enables us to make the extraction greatest value, and for those medical officers of our far as the form and position of the incision are conout the provisions of the general order referred to wards perfection. will be found of remarkable assistance and practical and unites with the highest humanity practical economy of human lives. There should be no delay in history of the U. S. Army.

Newport, R. I., February 22, 1887.

BfBL10GRAPHY.

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REMARKS ON CATARACT EXTRACTION.

Read before the Medical Society of the District of Columbia, Feb. 23, 1887.

BY SWAN M. BURNETT, M.D.,

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Since the opening of the Garfield Memorial Hospital about two years ago, I have made twenty-five extractions of senile cataract. The number is not large, but the cases have been of such a character as will very properly serve as a basis for a few remarks on some of the mooted questions concerning this most important surgical operation.

The extraction in every case was effected through an upward incision in the cornea, made in accordance with the plan of De Wecker; that is, the upper third of the cornea was detached from the sclerotic, the incision lying wholly in the transparent tissue. Sometimes a flap of less magnitude was formed by the apex of the incision lying farther from the scleral border than the base, but this was only exceptional, and experience shows that it has no essential advantages over the incision as perfected by De Wecker and now very largely adopted by operators who have not originated some special plan of their own. In no case was the incision placed so peripherally as in the method introduced by Von Gräfe.

This incision of De Wecker seems to steer us as safely through the straits between the Scylla of corneal suppuration, and the Charybdis of iritis and cyclitis as could be reasonably hoped for. It gives an opening sufficiently large for the easy delivery of even the largest nucleus, and the lips of the wound adapt themselves as perfectly and with as little danger of gaping as in the so-called linear incision of Grafe. This in-

The books I have mentioned will give more in- cision offers yet additional advantages over the Gräfe by me. The English books especially are of the without an iridectomy. It seems therefore, that as regular and volunteer army who are about to carry cerned, it is hardly possible for us to go farther to-

In ten of the cases the extraction was made without usefulness. The subject is of national importance, an iridectomy. This method, practiced largely, indeed almost without exception by the French, is struggling for a foothold in this country, with howorganizing for such an important movement in the ever, I believe but only a moderate chance for immediate adoption. Certainly an eye with a central movable pupil is on all accounts to be preferred to one with a large colohoma in the iris, but it is equally certain that even in the hands of the most skillful this is not to be attained in all cases in operating without an iridectomy. In a rather large minority there will be prolapse of the iris. It is an operation demanding rather more skill in its performance and requiring more quiet and repose on the part of the patient for the first forty-eight hours after the operation than with an iridectomy. And yet it is an operation that I think should be cultivated, because I believe we shall in time be able to master most of its disadvantages. I attempt it in every case in which there is no marked increase in the tension of the eye-ball, and when the anterior chamber is reasonably deep. Under these conditions, with a moderately docile patient, I do not greatly fear a prolapsus of the iris. And, moreover, should the iris refuse to return after the delivery of the lens, with a moderate amount of coaxing, it is as easy to make excision of the iris after as before the exit of the lens, thus converting it into an ordinary extraction with an iridectomy. I do not find that delivery of the lens is any more difficult than with iridectomy, and I believe the danger of prolapse of the vitreous is less, since there is not so great a liability to rupture of the zonula.

> The possibility, however, of prolapse of the iris after it has been once returned cannot always be guarded against, even by the use of eserine. Here eveything depends upon the accurate cooperation of the wound, and an early and persistent adhesion of A perfectly proper incision is therefore one of the first requisites for success in this method. This comes of skill and experience; but the second requisite-perfect rest of the eye for forty-eight hours—can never be coun'ed on; for even the quietest patient, during sleep may make a sudden movement of the eye which will open the wound, when the aqueous humor will gush out, carrying with it the iris which remains thereafter fixed in the wound.

> In two cases extraction was made with the lens in its capsule. In these cases an iridectomy was first made, since extraction in the capsule is much easier thus than with the iris entire. In both cases the result was perfect, and there was no escape of vitreous following the exit of the lens. In one instance it was done on account of a thickened and tough capsule: the other case was one of "black" cataract and it was desirable, for the purposes of investigation, to remove the lens in the capsule.1

A detailed history of this case and a consideration of the subject of black cataracts and their diagnosis is to be found in a clinical fecture published in the Medical News, Jan 29 1887.

In one instance only was a preliminary iridectomy made. This method, which has been brought again it was attempted to return the prolapsed iris by rubto the notice of the profession of late years, princibing the upper lid gently over the incision, but where pally through Förster, of Breslau, has something to that was not sufficient a small Bowman's probe, diprecommend it in a certain class of cases of which ped in the antiseptic solution was used to reposit the ours is typical. It was in an old man of near 80 years, membrane. A solution of eserine was then instilled the cataract was maturing slowly, the anterior cham- into the conjunctival sac, and in the latest cases even ber was very shallow, the pupil responded but feebly into the anterior chamber, thus bringing the drug in to light and mydriatics, and there was a chronic con-direct contact with the iris-tissue and ensuring the junctivitis due to an epiphora caused by a falling strongest possible contraction of the pupil. In some away of the puncta from the globe as a consequence instances where there were remains of corticalis, the of general laxity of the lid tissues. Such a case is not anterior chamber was even washed out with the binadapted for extraction without an iridectomy. I iodide solution. This going directly into the anterior therefore made an iridectomy and rubbed the cornea chamber is an innovation of quite recent origin. bismus hook according to Förster's recommenda- now handle tissues fearlessly which before we touched tion. The result was a rapid maturing of the catarct only with trembling. which was successfully extracted three weeks later without any unusal complications. The making of iris and anterior chamber is not followed by any (vil such a preliminary iridectomy very much diminishes results, and it gives us two important factors necesthe danger of an operation in suspicious cases, since sary for a perfect healing—a well contracted pupil, it divides the risk between the two operations, though and a clean aqueous chamber. it has happened to me to lose an eye from such a preliminary operation some years ago.

tomy, and with the lens in its capsule—and some op erators have confined themselves quite closely to such in abolishing dark rooms and doing away with cummethods. Prof. Roosa, of New York, is at pre- bersome bandages. For eight years I have not conand his statistics certainly recommend it to the further dark for the nurse to read the directions given by the trial, but the conservative spirit of ophthalmic surgeons surgeon. That relic of barbarism I discarded because is very adverse to making any such radical departures it seemed to me both irrational and pernicious; irrathe greatest operative skill will allow us to attain.

possible danger from its too long employment in abundant supply of light. strong solutions. Cocaine undoubtedly has a tendency to cause a loosening of the epithelium of the to the length of some in discarding them altogether, cornea, thus furnishing a nidus for any pyogenic nor do I think such a course advisable. I do not germs that may gain access. That it is, of itself, in any use the flannel roller generally employed, for it is way deleterious I do not believe. After every instil- exceedingly hot and uncomfortable in summer, is lation of the drops I cause the patient to close the easily disarranged, and the ordinary nurse cannot reeyelids, and in this manner it is believed the peculiar place it when it becomes so. It seems to me also effect on the corneal epithelium is avoided.

of the face were washed with a carbolic acid solution, tied on the forehead. and the dressing applied next the eye after the operation was saturated with the mercuric solution.

In the cases in which an iridectomy was not made, against the capsule with the round corner of a stra- Confidence in antisepsis has made us hold, and we

So far as my experience goes, this treatment of the

Within the last twelve months a great deal has been said about the "new" and "rational" after treatment The ideal operation for cataract is without an iridec- of cataract operations—the method being claimed as "original" by several parties. The method consists sent, I believe, practicing an operation of that kind, fined an operated case in a room in which it was too from methods which give only about 6 per cent. or tional, because in only exceptional cases is light in 7 per cent, of losses in ordinarily skillful hands. And moderation hurtful, while on the contrary, in most yet I think it can be safely predicted that in the instances, it is of a decided advantage in keeping up probably near future more tentative efforts will be the normal relation between the internal eye and its made in that direction. In a progressive art like oph-natural stimulus: pernicious, because I believe light, thalmic surgery no stop will be made short of as whether felt by the eye or not, to be as important to nearly absolute perfection as positive science and the well-being of man as good air, and I am myself too keenly alive to the blessed, vivifying influence of In twenty-one of the cases cocaine applied locally light to exclude it from persons who from age or dewas the anesthetic used. The strength of the solution crepitude need all the sustaining power they can get. was 4 per cent., and no evil effects that could be re- To enter the rooms of some ophthalmic institutions ferred to its employment were noted. A concur- is like going into a dungeon. All these cases were rence of testimony, however, seems to point to a treated in the open wards of a general hospital with

In regard to the matter of bandages, I do not go that an adhesive plaster applied over the lids would In all the cases a certain amount of antiseptic pre- be very stiff and uncomfortable and would not afford caution was used, but in the last eleven those of the as much protection against the accidental rubbing of strictest nature were adhered to. The conjunctival the eye by the hands during sleep as the more elastic sac was thoroughly washed out with a solution of absorbent cotton. The bandage I use is a band of mercury, 1 to 25,000, made according to the formula elastic flannel 212 by 614 inches, with a tape secured of Panas, of Paris; the instruments were laid in aboto each of the four corners, sufficiently long to pass solute alcohol; the lids, brow and neighboring parts around the head and come again to the front to be

> After the operation is completed and the eye is disinfected, a thin linen or cotton cloth, saturated

with an antiseptic solution, is placed over the closed first twenty four hours. When discovered by the lid, the orbital cavity filled out to the brow with aboundress, the corneal wound was gaping wide and filled tapes, passing above and below the ears, are brought iris was cut off, but inflammation of the iris set in around to the front and tied in the centre of the fore- leaving closure of the pupil as the result. With a head. This bandage is easily removed and the lids secondary operation, however, his vision will be fair. can be inspected and washed—which is often very grateful to the patient—without opening the eye. as the operation was done under the most approved. The lids are always thus inspected at the end of the antiseptic method, and because the operation on the first twenty four hours, or earlier, if there were symp-tother eye, done some eight months previously but toms demanding it, but the eye is not opened if there without such strict precautions, was perfectly sucis no marked swelling of the lids. It takes at least cessful, there not having been even a single unpleasforty-eight hours for the union of the lips of the ant symptom after the operation. The first operawound to be firm enough to bear any considerable tion was done with an iridectomy, the last without. movement of the ball without danger of reopening. The operation itself was as smooth as it is possible At the end of the second day the lower lid is pulled for an operation to be. The incision was accurately down, and if there is no marked chemosis of the placed, the lens delivered without any difficulty, and conjunctiva the bandage is replaced. At the end of the iris returned with only a slight rubbing of the upthe third day the corneal wound is inspected, and per lid; and when the eye was closed for bandaging atropine drops applied.

if we except a slight prolapse of vitreous in two cases, the lips of the wound were thickened and yellow, and a falling of the iris before the knife in one, ne- and there was a small quantity of pus on the cloth cessitating the making of an iridectomy where none dressing next the eye. The infiltration rapidly inhad been intended. The healing was smooth and creased, and by the next day the whole of the upper uninterrupted in all but eight cases. In two there half of the cornea was involved. The bandage was was reopening of the corneal wound one week after removed on the first appearance of signs of suppurthe operation; in four severe iritis supervened; in ation, and it was vigorously combated by atropine, one there was harmorrhage into the vitreous, and in frequent washings of the eye with the mercuric soluone there was suppuration of the cornea. In one of tion, and dusting the cornea with powdered iodoform. the eases the patient, a colored woman of 70 years. To this prompt treatment we believe is due the arwas seized with mania on the third day, and tore the rest of the suppurative process at the end of the fifth bandage from her eyes and was with difficulty con-day, though not before the upper third of the cornea trolled for the next four days. Similar cases have had been lost. The remaining portion of the cornea been reported before, and it is a question as to is so opaque as to render any operation for restorawhether it is due to the bandaging and confinement, tion of vision futile. or to the atropine which had been used. This patient had had atropine applied but once, and the siast for antisepsis, and advocate for the microbic mania continued though the drug was not applied theory of suppuration. I, of course, will not deny again. So far as we could learn the woman had positively the absence of pyogenic microbes, but I never before manifested any symptoms of this char- do affirm that I used all the precautions that the acter. The corneal wound healed nicely, but a plas- most ardent antiseptist recommends; and though the tic iritis obstructed the pupil to such an extent as to majority of facts, clinical and experimental, seems render a secondary operation necessary. With that, to support the microbe theory, the final word yet rehowever, her vision will be good.

cess in twenty-one cases; in two good vision can be be altogether external. The general condition of obtained by a secondary operation, and two eyes the patient must not be excluded in settling the into the vitreous caused by vomiting six hours after fact in this connection that this patient, on the tenth the operation. The vomiting was caused by the and day after the operation, was attacked with facial ergresthetic (A. C. E. mixture), it being in the præco-sipelas on the side of the operated eye, and nine caine days. I have lost two eyes from this same days later a milder attack occurred on the other side. bodied in my last statistics.2 Had I had the invalu-1 in the thirty-four extractions recorded in my last staable cocaine then, I believe those eyes could have tistics (l. c.), there were two suppurations of the cor-

only four in which there was an adhesion of the iris and the other dying in less than a week after the to the corneal wound, and in one of these, the pa-loperation. tient—a mentally debilitated man—tore the bandage from his eyes and walked about the ward within the

sorbent cotton and the bandage applied, and the with prolapsed iris. The prolapsed portion of the

The loss of the eye from suppuration is of interest, the pupil was central and round, and the wound was The operation was not complicated in a single case, coapted. And yet, at the end of twenty-four hours

This case is somewhat discouraging to the enthumains to be said in regard to the cause and origin of As to results. There was complete primary suc-suppuration. It seems to me that the cause cannot were lost. One of the eyes was lost by hiemorrhage question of etiology. It is, I think, an important cause, the other being some four years ago, and em- I will also state, as bearing on the same point, that nea, both in women broken down in health and with Of the ten cases without an iridectomy, there were little vitality, one having been bed-ridden for years,

² Comparative Frequency of Eve Diseases in the White and Colored Races in the United States. Archiv. of Oph., vol. xiii, No. 2, 1884.

THE SEASONAL RELATIONS OF CHOREA. RHEU-MATISM AND NEURALGIA.

Read before the Philadelphia County Medical Society, on March 23, 1887.

BY MORRIS J. LEWIS, M.D.,

OF PHILADELPHIA.

influence of different conditions of weather on rheu-radii drawn around Philadelphia as a centre. matism and nervous affections, and take pleasure in doing so, but must state that the paper read by me studied for ten years was then taken and compared before the Philadelphia Neurological Society, in with the monthly average of disease; but the peculi-October, 1886, which appeared in the *Medical News*, arities about to be spoken of, are best seen when a of November 13, 1886, embodies nearly all the facts table is made which shows the mean of the ten years that I have to bring before you to night. The sali- in question, month by month. ent points, however, I think I can bring forward in a clearer manner than then, having changed the of the weather are complete so far as they go, the method of tabulation so as to make the subject more cases of disease here reported are but a small portion easily comprehended.

tism could not be obtained. The months of onset tributed among the twelve months of the year as were, therefore, taken and compared with the follows: monthly average of the weather, this, although rendering the result less accurate will, however, show many points of interest, the study extending over

the decade 1876-1885 inclusive.

The months of onset of 437 separate attacks of chorea were taken from the books of the Orthopædic Hospital and Infirmary for Nervous Diseases during this decade; and attention is drawn to the fact that it is the time of onset of the disease that is noted and not the time of application for treatment; any conclusion drawn from the latter method of notation must necessarily be inaccurate. As it is a wellrecognized fact that a relationship exists between chorea and rheumatism, which it is needless to say, is as yet imperfectly understood, I thought it would follows: be of interest to compare with the cases of chorea the months of onset of attacks of acute and inflammatory rheumatism, and for this purpose studied the notes taken at the Pennsylvania Hospital, which were placed at my disposal; from these were collected 467 separate attacks of acute rheumatism which occurred during the years in question, all cases being excluded that were at all doubtful, together with those that did not originate in this city: this, of necessity, excludes nearly all the cases occurring among sailors.

To compare neuralgia with these two affections, I have extracted from the article by Captain Catlin, on Mitchell), the hours of pain per month for the period weather by Captain Catlin, previously mentioned. of his study, of his own case, from 1875 to 1882 in clusive; but, unfortunately, Captain Catlin was situ- ing January 1, 1883, was 12,994 hours, or nearly oneated at West Point, and the years of study do not fifth of the time. coincide, and, therefore, for a better comparison I

have been expunged, this then includes a period of seven years, 1876-82 inclusive, in which the two studies coincide, except for locality.

The weather statistics were compiled from the records kept at the Signal office in this city, and consist of a study of the temperature, range of the thermometer, barometer, relative humidity, amount of rain and snow in inches, number of cloudy and I have been requested by your committee on rainy days, and the number of storm centres (centres meteorology and epidemics to read a paper on the of low barometer) passing within circles of varying

The monthly average of the weather being thus

It must be borne in mind that while the records of those that must have occurred in this city during A daily comparison between the states of the that decade; the neuralgia record is an exception, as weather and disease could not be made, as the days it is a complete record at least of the sufferings of onset of the two affections, chorea and rheumanion one person. The 437 attacks of chorea are dis-

January,	36	attacks	=	8.2	per cent.
February,	33	"	=	7.5	"
March,	67	4.6	=	15.3	6.6
April,	38	4.6	=	8.6	6.6
May,	47	4.6	=	10.7	
June,	40	"	=	9.1	6.6
July,	46	4.4	=	10.5	6.6
August,	34	"	=	7.7	6.6
September,	27	44	=	6.1	4.4
October,	18		=	4.1	"
November,	19	4.6	=	4.3	"
December,	32	"	=	7.3	44

The 467 attacks of rheumatism are distributed as

```
January,
              50 attacks = 10.7 per cent.
February,
                         = 9.4
             44
March,
             45
                            9.5
                   44
April,
             81
                         = 17.3
                   "
May,
             48
                         = 10.2
                   66
June,
                            -6.6
             32
                   "
July,
             28
                             5.9
August,
                   66
             26
                             5.5
September.
             20
                             6 2
                   44
October.
             28
                         =
                             5.9
                   66
November,
             24
                             5.1
                   46
December,
                            6.6
             32
```

To compare the relative frequency of neuralgia "The Relation of Pain to Weather" (read before the per month with these records, I have had recourse College of Physicians in June, 1883, by Dr. S. Weir to the unique study of the relation of pain to

The total amount of pain for the eight years end-

The winter months hold the advantage as pain have prepared a table in which the first year of the producers, and for this period, while the sun was neuralgia record (viz., 1875) and the last three of my north of the equator, there were 6783 hours, against records of chorea and rheumatism (viz., 1883-84-85) [6161 hours while it was south of the equator.

The hours of pain were distributed among the twelve months as follows:

94 per cent. January, 1220 hours = February, 8.3 1084 =March, 1234 =9.4 April, 1062 8. 1 May, $\tau \circ S_0$ 8.3 June, 7.2 947 July, 007 7.6 August, 8.2 1000 = September, 1000 = $7 \cdot 7$ October, 1038 =7.9 8.4 ٠. November, 1104 = December, 1153 8.8

the number per month is seen; the two highest ary, immediately followed by a rise to the highest months for chorea being May and March respection tin March, after which there is an irregular fall tively, and the two lowest being October and No until the low point in August is reached. The total vember; while for rheumatism, the two highest are number of storms passing within this circle for the January and April, and the two lowest November ten years in question, is 520, and they are distributed and August.

The highest month for rheumatism follows the highest month for chorea, instead of preceding it, as we might have been led to suppose from our knowledge of the relationship between these two affections, although a considerable rise is seen in the number of attacks of rheumatism in January, two months before the greatest rise in the number of! chorea cases.

The greatest suffering from neuralgia occurred in March, and the least in June. An attempt to explain these variations, naturally brings us to a study of the varying conditions of the weather.

Nothing especial is seen in comparing with the chorea tracing (tabulated from the foregoing figures) that of the mean relative humidity, (and by this is figures with that of chorea, must be struck by the meant, not the *mean actual amount* of moisture contained in the air, but the *mean per cent*, of the moisture that could be held in suspension at the mean temperature of each month) or that of the mean to keep pace, month by month, with the irregularities barometer, except that there appears to be an in-1 of the storm tracing, that of rheumatism, while also crease in the number of attacks of chorea with a strongly resembling the latter in its general characfall in these two tracings; the reason for this will aptiteristics, may be seen to be almost exactly one month pear later; neither is much learned by comparing *later*, looking as if the effect of the meteorological the chorea tracing with that of the mean daily range changes was immediate in the case of chorea (as will of the thermometer, which shows the variableness of be seen later to be the case with neuralgia), and the different months; this is greatest in May, and preparatory only in the case of rheumatism. A least in December. The mean temperature tracing marked resemblance exists between a tracing made which is highest in July and lowest in January, does from the hours of pain per month previously mennot throw much light upon the subject. When, tioned, and the storm tracings, even when the years however, the tracings of the number of the cloudy of study do not coincide; when, however, a table is days, and the days on which rain or snow fell, and prepared for the years 1876-82 inclusive, during the amount of rain, or melted snow in inches, are which the studies do coincide, the great resemblance studied, a slight resemblance to the chorea tracing becomes manifest; this is most marked with the begins to be apparent, and the probable cause of 700 mile, and less marked with the 400-mile tracing, this becomes more evident when the storm tracings although still pronounced. are studied, because these meteorological factors. It would be interesting to know how many nervmay be considered as component parts of a storm, ous disorders are thus immediately influenced by the The cause of the relationship previously noted as weather, and in how many others are the meteoroexisting between the chorea, and the mean relative logical changes to be looked upon as preparatory to humidity and mean barometer tracings, now becomes the outbreak of the disorder. The hot weather of clearer, the storm centres being centres of low bar- July has been shown to precede the month of onset ometer.

In studying the storms, circles of varying radii were drawn around Philadelphia as a centre, and the number of storms, as marked on the weather bureau maps, counted in each.

The storms passing within the 400- and the 700mile circles are the only ones I will discuss; the former because it shows the nearest resemblance to the chorea tracing, and the latter, because the average distance over which a storm can influence neuralgia has been found by Captain Catlin to be about 700 miles. A very strong resemblance exists between these two storm tracings.

The smallest number of storms passing within the 400 mile circle occurs in August; a rapid rise of the tracing then takes place, until December and Janu-In glancing over these figures, great variation in ary are reached, then there is a slight fall in Februas follows:

```
January,
               60 \text{ storms} = 11.5 \text{ per cent.}
                           = 10.3
February,
               54
               7.5
March,
                           = 140
                           =
                              8.8
April,
               46
May,
               41
                               7.8
lune,
               28
                               5-3
July,
                               6.5
               34
August,
               1.0
                               3.6
September,
                               4.6
               24
October.
               32
                               6.1
November,
               47
                               (). 0
December.
               60
                           = 11.5
```

Any one comparing a tracing made from these resemblance between the two, which is more than accidental.

While the chorea tracing shows a strong tendency

of the greatest number of attacks of infantile palsy.

A similar study in the case of epilepsy, hemiplegia,

TABLE SHOWING THE FIGURES FOR CHOREA, RHEU-MATISM, NEURALGIA AND THE 400- AND 700 MILE TRACINGS FOR THE YEARS 1876-82, INCLUSIVE,

* MONTH.	No, of attacks of chorea.	No of attacks of rheuma- us a.	Hours	within	passing within 700-mile
January	32	44	1018	44	76
February	16	27	918	38	67
March	50	34	1045	5.5	76
April	24	54	032	33	58
May,	27	35	907	2.5	46
June	28	18	827	21	42
July	30	13	875	23	38
August	21	10	885	15	41
September	16	18	901	19	4.3
October	14	16	0.03	21	49
November	10	15	014	32	43
December	17	17	977	47	71
Totals	280	195	11.3.2	375	650

MEDICAL PROGRESS.

SALICYLIC ACID IN CHANCROID.—The use of salicylic acid in the therapeutics of soft chancre has been recommended by various authors. Dr. Giu. the semiprone position, and the vagina disinfected. seppe di Bella, in a report of cases treated in the He takes care to inspect hollow stems before introclinics of Drs Monteforte and Santi-Sirena, says that | duction, and should any crystals of sublimate be dethis agent has acted promptly and efficaciously in a tected in the channel of a stem, it is dissolved with large number of cases. Hebra has seen a number pure water. The results of this practice have been of cases of chancroid cicatrize in a very few days under treatment by salicylic acid. Dr. Ping v Falco introduction of the disinfected tents; provided that has also obtained most satisfactory results with this same agent in similar cases. Dr. A. Farriols Anglada reports in the Gaceta Médica Catalana, of Medical Journal, March 5, 1787. October 15, 1886, thirty-two cases of soft chancre in which salicylic acid was used with the happiest results. This method, he says, possesses many advantages over the others hitherto used, and especithe patient himself can carry it out; it is only neces- at the following conclusions: sary to wash the chancroid with some antiseptic fluid, two applications in the twenty-four hours are re- seventy-five days. quired, and in a few days (four or five, according to | should be suspended, and a carbolic acid lotion or four, and of the upper, 81.5 days. boracic acid ointment employed. Under this treat-Finally, Dr. Anglada urges, if we bear in mind that 8, 1887. salicylic acid causes hardly any pain or inconveniin the management of soft chancres.—Journ. Cutan. 4, 1886. and Genito-Urin Diseases., February, 1887.

Effectual Disinfection of Uterine Tents. and many other affections might open up much that Dr. DIRNER, of Buda Pesth, has recently written in the Centralblatt für Gynakologie on the effectual disinfection of tents used for gynæcological purposes. He observes how, after the greatest precautions, serious pelvic inflammation may follow the introduction of sponge or laminaria tents. This accident is clearly due, not to the mere ulceration of the dilated structures, but to the introduction of septic material through the wounded mucous surface. The preparation of tents by soaking or coating in antiseptic media is insufficient. Septic matter may be introduced with the aseptic tent; surgeons handle and throw about samples at the shops, nor is the process of manufacture always properly superintended. Fritsch's method of coating tents with wax requires warm water to be at hand when the wax has to be melted, and that water may be septic. Dr. Dirner has detected cracks in the wax, allowing the admission of dust. The most carefully prepared dry tents can convey septic germs on their surfaces. For a year Dr. Dirner has employed in Professor Tauffer's wards a special system of disinfecting laminaria tents. He immerses them in a 1 per cent. solution of corrosive sublimate in absolute alcohol contained in a wide-mouthed bottle, When required, a tent is taken straight out of the solution and passed into the canal of the cervix, the patient being previously placed in admirable, and he has seen no bad effects follow the absolute alcohol be employed, the expansive power of the laminaria is in no way damaged.—British

Period of Incubation of Hydrophobia.-BAUER, in a careful study of 510 cases of hydrophobia in man, in which the length of the period of inally over the abortive plan. It is very simple, and cubation was positively and reliably known, arrived

The average duration of the period of incubation and then to dust it with finely pulverized salicylic was in men eighty days, in women sixty five days, acid. In the great majority of cases, no more than in children fifty-seven to, in the strongest, seventy to

The location of the wound influenced much the the author's experience) the ulcer loses entirely its length of the period of incubation. Bites on the specific characteristics. When this result has been head or neck, or numerous teeth wounds about the obtained, that is, when the lesion has been converted body, produced an average period of fifty-five days; into a simple ulcer, the applications of salicylic acid wounds of the lower extremities, a period of seventy-

The period of incubation from wolf bites averaged ment, the ulcer becomes covered with healthy granu- thirty-nine days; from dogs, 73.5, from cats, eighty lations, and cicatrization proceeds with great rapidity. days.—Centralblatt für klinische Medicine, January

PASTEUR states that the average period of incubaence of any sort, in this way differing so greatly tion is from forty to sixty days when the bite is by a from the caustics ordinarily employed, we are forced dog; and when by a wolf, thirty to sixty days, or to admit that it is a most valuable therapeutic agent less.—Bullet. de l'Acad. de Mèd., March 2 and May

THE

Journal of the American Medical Association. PUBLISHED WEEKLY.

THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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BACTERIA IN ICE.

emy of Medicine, in March, Dr. T. MITCHELL PRUD- there may be a precipitation amounting to as much DEN read a paper of great interest, denoting more as 90 per cent. The effect of freezing on water conoriginal research than any contribution to the Acad- taining bacteria was comparable, he said, to that of emy for some time past, on "Bacteria in Ice, and filtration, but with this vital difference, that whereas their Relations to the Ice Supply of New York City by filtration all forms of bacteria are removed in ap--an Experimental Study." His object in the series proximately equal ratio, by freezing, which acts as a of investigations was to give by experimental means sort of selective filtration, some of the most dangerdefiniteness and precision both to the problem in ous forms may be retained while others are destroyed. general, and to the detailed questions which arise in connection with the ice supply of one particular town. rived from a series of naturally excellent lakes and erable certainty just what series of questions are to far the most important source. The Hudson River be answered, and what investigations are to be made, ice is obtained between Troy and Poughkeepsie, and in order to decide upon the safety of any given source in the upper portion of this region the stream receives clear light which new methods of science throw upon. Here, then, is a great tidal river rich in sewage polspeedily be brought about.

termine whether the water or ice is fit for use. The bacteria by sedimentation. popular impression that water purifies itself in freezing extensive, or even largely made up by the more river ice than in that from the other sources, while in

hardy species, the ice formed from it, even though quite transparent, may still contain large numbers of the living germs. The experiments showed that baeteria of different species possess different degrees of vulnerability to the action of low temperatures. Certain species which are capable of producing serious and even fatal diseases in man—the bacillus of typhoid fever and the common bacillus of suppuration, for example—are capable of resisting a prolonged low temperature, with the destruction of only a part of the individuals thus exposed. In the case of the typhoid fever germ the exposure was for seventy-seven days. The resisting capacity of the different species was found to vary with the vitality of the individuals, the degree of temperature, and the time of exposure; while alternate freezings and thawings sufficed to entirely exterminate in a short time all species experimented on, even those which can endure for long periods a sustained low temperature. The data gathered seem to justify Dr. Prudden in At the last stated meeting of the New York Acad- the conclusion that in the freezing of natural waters

The ice supply of New York City is principally de-His valuable studies enable us to know now with tol- tanks and from the Hudson River; the latter being by of ice supply. These detailed investigations, how- the entire sewage of Troy and Albany, to say nothing ever, as he said, can only be made under the sanc- of that of many smaller places, and the contamination and direction of the public authorities. In the tions brought from the west by the Mohawk River. the whole subject of ice impurities, it seems neces- lution; but, while the conditions in the upper Hudsary that a sweeping reform, in some respects, should son during the ice-forming season scarcely seem to be such as would favor purification from organic Even after we have determined the number of bae- matter by oxidation, they do seem to be theoretically, teria present in water or ice, a careful consideration and are shown to be practically, favorable to a conof other conditions is still imperative, in order to de-siderable degree of spontaneous purification from

In regard to the actual analysis of the ice brought is only partly true, so far as the bacteria are concerned. from the Hudson, and from the lakes and ponds re-The partial purification from bacteria is accomplished, ferred to, it was found that there is a much greater not by their expulsion from the water, but by the number of bacteria in the snow ice than in clear ice, death of a certain proportion of their number, so or that moderately full of bubbles. The species of that, if the bacterial contamination of the water be bacteria are much more varied and abundant in the tively harmless water bacteria. While the number were present in considerable numbers, in its mixture of living bacteria varies greatly, not only in different with other species and in the large dilution which parts of the same block of ice, but also in ice from exists, is a matter attended with very great practical different parts of the river and from different lakes difficulties. As is well known, it has been found in and ponds, the average number is considerably water suspected to be the cause of certain local greater in ice from the river than from the lakes and outbreaks of typhoid; but here the conditions for its ponds; even when Albany ice, which is the worst of discovery in such instances are much more favorable. all, was excluded from the estimate. It was found, It is certain that this ice is not so important a factor also, that the average number of bacteria in ice from in the transmission of the disease as to render the all sources taken together was far beyond the gen- typhoid fever statistics worse than those of other eral standards which even a moderate degree of pur- places whose residents use cleaner ice; but, at the ity would allow. As regards the lakes and ponds we may conclude that, although the ice from some of them contains a larger number of living bacteria than is consistent with the highest hygienic standards, the conditions can be readily changed so as to render this ice unimpeachable. With Hudson River ice, however, the case is very different; and it is a pertinent question as to what actual danger is to be feared from its use for drinking purposes. A considerable number of the bacteria which it contains are undoubtedly the relatively or absolutely harmless species, which may exist in any natural river or spring water; but a large number may, with equal certainty, be assumed to originate from animal excreta. again, it is scarcely to be doubted that a considerable proportion of the bacteria existing in sewage and coming from human and other excreta, and the various putrefying fluids which form a prominent ingredient in the water of populous towns, may not be positively dangerous if taken into the body in moderate quantities.

There are some varieties of diarrhœal disturbance, severe or mild, which often seem to depend upon impure water or ice; but whether they are occasioned by sewage or other bacteria, or by organic matter, or by both, is not yet certain; and this class of cases may be left out of view. Cholera and anthrax, both bac- Hudson or other large rivers. Here it would be terial diseases, transmissible by drinking water, are necessary to establish, by a most thorough scientific not ordinarily present in the sewage of the region examination, the distances from all sources of sewage under consideration; and these diseases, though they pollution at which it might be safely assumed that the cannot be ignored by those having the public health; water had sufficiently freed itself from the bacterial in charge, may also be left out of view. But there and other impurities to form safe ice. It might in are many common and very important bacterial affec- this way be possible to remove any chance of danger tions, almost constantly present in large towns, like by permitting the questionable or bad ice to be sold Albany, and frequent enough in the smaller ones, viz.: only for cooking purposes, if such a classification typhoid fever and the trouble associated with acute were practicable, and thus not materially interfere suppuration and the so-called blood-poisoning from with the interests of the ice companies. A comwounds, and pyaemia. As to the probable danger pulsory system of disinfection of excreta in infecfrom typhoid fever to which persons using Hudson tious diseases should be instituted, as has been done River ice are exposed, it is impossible to determine in other countries in which the purity of the water at present. The typhoid bacillus was not detected supply is under constant supervision.

both there is a considerable proportion of the rela- in Hudson River ice; but to do this, even though it same time, there are many cases of typhoid fever in which the most rigid examination of the sanitary surroundings of the patients and their personal contacts entirely fails to account for the origin of the disease; and some of them may well be cases of ice-poisoning from the typhoid bacillus. With the bacteria of suppuration and pyæmia the case seems much less serious, because of the very general antiseptic treatment of wounds now in vogue; but the fact that the staphylococcus pyogones may be in ice in a living condition is one that should not be lost sight of.

> The measures which may be adopted to guard against this not only possible, but very probable, source of danger are of two kinds: first, such as come under the supervision of health officers; and second, those belonging to the province of the con-In the first place, it would seem necessary that the State Board of Health, or some other authorized body, should be placed in charge of the iceharvesting fields, and, by a system of inspection not less strict than that which should exist in the case of the ordinary water supply, determine which, if any, of the sources of ice supply are so situated as to imperil the health of ice consumers. of Dr. Prudden's investigations, this appears to be comparatively simple in all cases except that of the

THE PATHOLOGY OF PUERPERAL CONVULSIONS.

In regard to our editorial article on the "Treatment of Puerperal Convulsions," in The Journal. of March 12, Dr. F. Walton Todd, of Stockton, Cal., writes:

"I do dot think that a misleading expression (me judice) in your editorial of the March 12th number, on the "Treatment of Puerperal Convulsions" should go unchallenged. You say: 'We need not stop here to discuss the pathology of puerperal convul sions.' In that lies the success or failure of our treatment of this frightful disease. That some cases are apoplectic while others are epileptic is clearly manifest from treatment, and abundantly attested by leading obstetricians of our own and foreign coun- of the history of the pathology of puerperal convultries; and he who relies upon the hypodermic injection of morphine, on chloroform, chloral, veratrum viride, or the bromides in the apoplectic form will be doomed to disappointment; and he who relies upon the lancet in the epileptic will equally fail of a happy result.

"I will give two typical cases: Mrs. Dr. P. was delivered of a child, her first, at midnight. A few minutes afterwards she became convulsed, the paroxysms returning every half hour, and continuing all liver and yellow fever: if the patient gets well it is night and all the next day until 8 P.M. During this time eight of the leading physicians of our city had atrophy of the liver. Still again, admitting some became calm, and had no further convulsions. Mrs. McL. within two weeks of her confinement at full term gave evidence of albuminuria. She had was, that a discussion of the pathology of puerperal taken pulv. jalap com., digitalis, and such other convulsions would have taken us beyond the limits latter part of labor, and as soon as they appeared I epileptic. gave her a hypodermic injection of morphia and atropia, and repeated it several times, together with chloroform and the bromides, with the same results as in the former case. The first case was apoplectic, and in the opinion of every one of the medical men ery." Such is the apparently serious exclamation in present would have died without the bleeding; the a recent editorial in one of our valuable exchanges.

second was epileptiform, and would, I think, have been injured by venesection."

We must take issue with our correspondent on several points. We are aware that Dewees taught that puerperal convulsions were epileptic, apoplectic, or hysterical, and Meigs and Hodge respectively referred the convulsions to the determination of blood to the head, and to a corgestion of the cerebral vessels or an actual effusion of blood or serum into the substance or cavities of the brain; but to show how these theories are regarded by "leading obstetricians of our own and foreign countries" it is sufficient to say that they are not mentioned by Barnes, Galabin, Zweifel (whose work has just appeared), or Lusk; Parvin mentions them as a part Indeed, when the editorial article in question was written those theories did not once occur to us. Again, admitting such pathology of the affection, a discussion of it would be futile if it "is clearly manifest from treatment." If it is not manifest before treatment is begun it is certainly of no particular value as regards treatment. A differential diagnosis based on treatment in such a case is very much like that once given between acute yellow atrophy of the yellow fever; if he dies it is probably acute yellow seen her, and upon the suggestions of one and another cases as apoplectic, there is a great deal of mystery she had taken morphia by the mouth and hypoder-surrounding the sudden recovery after venesection. mically, chloroform, chloral and bromides, but the Apoplexy does occur sometimes during labor, but convulsions were unchecked, either in frequency or the symptoms are not those of puerperal convulsions, violence. I saw her at 8 p.m.; she was unconscious, nor is the recovery similar to that seen after venelips and fingernails livid, breathing stertorous; ex- section for such convulsions. In the fourth place, tremities cold, but the pulse full and hard. My our correspondent thinks that his second case would proposition to bleed was objected to as she had al- have been injured by bleeding; as nothing is said as ready lost much blood, but the objections being over- to the state of the pulse, or of the vascular sympruled I opened a vein freely, and before the operations, we are justified in saying that this case may tion was half finished the stertor was gone, she have recovered under venesection as promptly as 2. did the first case.

What we really meant by the sentence objected to remedies as seemed called for. She was safely de- (as to space) of our article. To us Breus' success livered, and went into convulsions in fifteen minutes. with hot baths in this affection is, of itself, sufficient Anticipating them she had chloroform during the proof that these cases are neither apoplectic nor

WHAT IS A BANQUET?

"A banquet without wine would be a hollow mock-

desirable on such occasions.

"banquet a hollow mockery." But is there really any the banqueting table, or in any other relation of life. truth in the assertion that, "A banquet without wine would be a hollow mockery?" Is it true that banqueting simply means wine drinking, or that a banquet and a debauch are necessarily synonymous? The most authoritative lexicographer, using the English language, gives no less than six definitions or uses of the word banquet. Three of them make it indicate a bench, a three-legged stool, or a bridge or sidewalk, and the other three define it to be "a feast, a rich entertainment," etc., and illustrate it by quoting lines from Dryden, Coleridge, Milton, and the following from Evelyn: "There were all the dainties, not only of the season, but of what art could add, venison, plain solid meat, fowl, baked and boiled meat, banquet in exceeding plenty, and exquisitely dressed." But in none of them is there a single mention of wine or any other alcoholic drink. Poor indeed would be the civilized community that could not furnish from the dainties of the season, the varieties of fish, fowl, and solid meats, etc., exquisitely dressed and decorated by art sufficient for a "banquet of exceeding plenty," without wine. And still poorer must be the human mind that cannot rise ment without the prompting of the wine-cup.

We are not now alluding either to temperance or intemperance, but to the absurdity of claiming that a banquet cannot be abundantly rich, varied, and luxu- to be indulgence in free exercise, such as walking rious, and accompanied by the most brilliant display and open air life. of wit, social repartee and eloquence, without either wine or other alcoholic beverage. Some of the richest and most enjoyable banquets we have ever attended, had neither a wine-glass nor a bottle in the annual meeting for examination of candidates for room. The Temperance Breakfast, spread in the licenses to practice medicine, will be held by the banqueting room of the Royal Pavilion during the Illinois State Board of Health, at the Grand Pacific last meeting of the British Medical Association in Hotel, Chicago, on Thursday, April 21.

The author of it was very properly deprecating the Brighton, was one of the most enjoyable feasts of the evil influence of the example of providing wine or week. At the regular Annual Banquet of the Assoalcoholic drink for banquets at annual meetings of ciation during the same week, every member taking State or other Medical Societies, and yet claiming his ticket for the banquet exercised full liberty to that some kind of entertainment or social reunion is choose wine or no wine and paid the price accordlingly. The richest and most enjoyable banquet ever The same mental embarrassment that troubles our partaken of by the members of the Illinois State editorial confrère, has troubled in times past, and is Medical Society was during the last meeting in this still troubling the minds of many thousands of good city, only a few years since, in the spacious dining people, who dread the terrible dangers of the lur- room of the Grand Pacific Hotel, without so much ing wine-cup in the family, in the social circle, and as a cup of either fermented or distilled drinks. The on the banqueting table; and yet they seem puzzled time has fully come when every man and woman who to know how to be social or hospitable without it; or desires neither to drink wine themselves nor to furmore correctly speaking, they are greatly oppressed nish it to others, should exercise the right of choice with the fear that if the wine is omitted, some, at with just as much freedom, as those who desire to least, of those they desire to entertain will regard their drink, whether in the family, the social circle, around

THEISM-THE NEW NERVOUS DISEASE.

Attention has recently been drawn to a new nervous disorder said to be especially prevalent in England and America; it is called "Theism" or teadrinker's disease. It is said to exist in three stages -the acute, subacute, and chronic. At first the symptoms are congestion of the cephalic vessels, cerebral excitement, and animation of the face. These physiological effects being constantly provoked, give rise, after a while, to reaction marked by mental and bodily depression. The tea drinker becomes impressionable and nervous, pale, subject to cardiac troubles, and seeks relief from these symptoms in a further indulgence in the favorite beverage, which for a time restores to a sense of well-being. These symptoms characterize the first two stages. In chronic cases theism is characterized by a grave alteration of the functions of the heart, and of the vasomotors, and by a disturbance of nutrition. The patient becomes subject to hallucinations, "nightmares" and nervous trembling. With those who take plenty to the higher plane of social and intellectual enjoy- of exercise, an habitual consumption often may be indulged in with impunity, but with women and young people who follow sedentary occupations this is not the case. The best treatment for theism is said

ILLINOIS BOARD OF MEDICAL EXAMINERS.—The

SOCIETY PROCEEDINGS.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Stated Meeting, February 16, 1887. The President, Jos. Taber Johnson, M.D., IN THE CHAIR.

The President presented

AN OVARIAN TUMOR

with the following history of the case:

ber, on account of an enlargement in her abdomen Upon examination 1 at once agreed with his diag- having been obtained. nosis, and, although the tumor was no longer than range for it.

private room in the Providence Hospital, in the ing applied the Esmarch's elastic bandage from the presence of Dr. Cutts, Bayne, Cuthbert, McArdle, toes to about where he expected the ends of the Smith, Cook, and others. The tumor grew from the flaps would be, he put on an elastic ligature at this right ovary, was unattached except to a narrow pedi point. A second elastic ligature was applied just cle and was removed after the evacuation of its con-behind the tuberosity of the ischium, brought upwards tents through a two and one half inch incision. The and passed inside the crest of the ilium. He had tumor was multilocular. The contents of its numer- seen this method of compression suggested, and ous compartments differs in color, consistency and some years ago he had used it with success in the quantity. One small lobe was delivered through the case of a boy under similar circumstances. In this abdominal opening—unbroken—and is preserved for case, however, owing to the amount of fat, the large inspection. The entire tumor weighed about six vessels in the anterior flap were not controlled, so pounds. The left ovary was found to be at least that digital pressure had to be kept up upon the four times its normal size, and cystic. In drawing it femoral artery until it could be tied. The posterior up for inspection one cyst ruptured. On this account flap was kept perfectly dry. An anterior and a pos-

blonde hair in a sebaceous material, and the hard became necessary, and with this end in view he inhimp felt through the walls proves to be two rudi- serted a large drainage tube into the acetabulum mentary teeth.

Stated Meeting, February 23, 1887. THE PRESIDENT IN THE CHAIR.

OSTEO-SARCOMA OF THE FEMUR.

The following is the history of the case: Mrs. X., aged 60, white, fell August, 1886, and fractured the right thigh about the middle. She was treated in the usual way by Dr. Sothoron. About seven weeks ago Dr. Thompson first saw her. He found non-showed but little evidence of shock. union of the femur and stated that the only way to cure her was by an operation. After seeing her once many thicknesses of bichloride of mercury gauze, or twice subsequently, however, he concluded that kept in place by a spica of the groin. The thigh of

The woman was beginning to have pain and she was obliged to give up the use of crutches with which she had been going about. The thigh increased in size. Amputation seemed the only recourse, but upon consultation with Dr. Lincoln it was decided to delay a little longer, and the leg was put up with a slight amount of extension in order to keep it quiet. The pain, however, increased to such an extent that it was impossible to afford relief, and upon further consultation with Dr. Lincoln amputation was decided upon. Dr. Thompson stated that he fully appreciated the gravity of the operation, and while he felt himself justified in performing it, he was th the following history of the case:

Miss B., single, age 29, white, was sent to me by die on the table. This morning, (February 23,) with Dr. H. E. Leach, of South Washington, last Decemthe assistance of Drs. Sothoron, S. W. Bogan, G. W. Johnson, Sprigg and Cutts, the operation was perrecognized by Dr. Leach as an ovarian tumor formed, the full consent of the patient and her friends

Dr. Thompson said that while he was certain that an adult head, and gave her scarcely any trouble, I the best hope of permanent relief was in removing recommended its removal as soon as she could arthe leg at the hip, he had determined to make the flaps so that he might save as much of the femur as I performed the operation on February 5, in a he possibly could, if he found that advisable. Havand by its abnormal condition it, with its Fallopian terior flap were made, both by cutting from outside tube, was unmoved also. The patient is now in her inwards. The femur having been reached it was thirteenth day since the operation, perfectly comfort- sawn through just below the lesser trochanter. At able, with normal pulse and temperature, and so far the first cut of the saw it broke into fragments. as I can see an unclouded prospect for perfect re- Finding that the bone was diseased, the head of the femur was dissected out from the acetabulum. Ow-A section of the unbroken cyst reveals it full of ing to the great thickness of the flaps, free drainage and a smaller one externally at the most dependent portion of the wound. The flaps were then united by four concealed catgut sutures into the mass of the muscles, several interrupted silk sutures in the usual way, and finally an uninterrupted catgut suture Dr. J. Ford Thompson presented a specimen of the whole length of the wound, thus closely and securely fixing the parts in apposition. The wound was then washed out with a warm, weak solution of carbolic acid, and the drainage tubes were found to communicate. Irrigation with hot water was kept up during the operation. The patient stood the operation very well, and when she was put to bed

The dressing was of iodoform gauze followed by there was probably malignant disease of the bone. the amputated leg is about twice as large as the

"sequestrum" in soft tissues, for it is completely not yet got the agent which will kill the germ. dead. There has been an enormous increase of subas might be expected if it were the periosteum.¹

of the left femur, the lower half of which, excepting done and there was every prospect of a typical the epiphysal portion has been destroyed by a spher- union. Suppuration followed without any apparent ical, lobulated, encapsuled, medullary tumor, five reason. Six months previously the same patient inches in diameter; the portion of bone remaining above the tumor as well as its medulla, is very vascular; and the muscles adjacent to the tumor, pale from fatty degeneration. The tumor probable originated in the medulla and in growing, produced the who use antiseptics have about abandoned the idea fracture mentioned in the history of the case.

The committee on Microscopy report as follows: This tumor is a spindle celled sarcoma with some giant cells. The softness of the growth is due to connective tissue.

DR. SWAN M. BURNETT read a paper entitled

REMARKS ON CATARACT EXTRACTION.

(See page 401.)

Dr. J. Ford Thompson said that he was a firm believer in antiseptic surgery, and he did not think that any good would accrue to that system if it had to rest upon the results obtained in ophthalmic or abdominal surgery. Dr. Burnett deserved credit for his effort to carry out antisepsis in his work on the eye, but it is probable that he can only approximately reach a perfect antiseptic dressing in that region. Distilled water might just as well be used as a weak solution of some antiseptic used merely to wash over the surface of a part. The same obtains in regard to abdominal surgery. Men who do not employ antiseptics in this field use their successes against Listerism. The peritoneum will not permit a very useful solution to be used upon it, and at any rate, that is only one branch of the wide domain of antiseptics. Lister himself says that the results obtained in abdominal surgery are not a criterion by which to judge of the value of antiseptics.

Dr. Burnert said that he was interested in the discussion of the value of antiseptics both as a pathologist and a physician, for it opens up the question of the etiology of suppuration. Is there a microbe

other. Below the knee the legs are of the same of suppuration? If so and we can find something size. About the middle third of the thigh, can be with which to throttle it, then we have accomplished plainly felt a tumor as large as an infant's head, a great end. He cannot agree with Dr. Thompson The incision which is seen through this tumor shows that the eye is not a good field for the use of antiit to be an encapsulated mass in appearance, and of septics. We have here more or less control of the a consistency but little harder than the brain. Sev parts. We can make it a closed cavity by shutting eral nodules, also encapsulated, project from it. the lids, and this is most favorable to healing without The tumor appears to be nearly spherical in shape suppuration. It is also, constantly bathed by a and about five and one half inches in diameter. It bland if not strictly an antiseptic fluid. We cannot, has pushed forward from the femur to just under however, foretell the cases in which suppuration will the skin, causing the muscles in contact with it al- take place. Even the most perfect operations will most entirely to disappear, while the other muscles be followed by this complication. He uses the binhave undergone fatty degeneration. At its centre iodide of mercury 1 25,000 for which he has the the whole of the femur, except a few rough particles, highest authority. It seems that we have not reached has been absorbed for about four inches, while the the final cause of suppuration. Either there is some rest of it, both above and below is practically a other external factor beside the microbe or we have

There must be some condition of health or idiosyncutaneous adipose tissue. The capsule strips read-crasy of the patient which makes them susceptible ily from the tumor and shows no sign of ossification to this process. In all his cases in which suppuration occurred, the patients were in a low state of The specimen consists of the lower three-fourths health. In one case a most perfect operation was who was in better health was operated upon with complete success.

Dr. Thompson thought that Dr. Burnett expects too much from the use of antisepties. The surgeons that antiseptic dressings will prevent suppuration. Union without suppuration is obtained even where no antiseptics have been used.

The microbe of suppuration is not the important granular and fatty degeneration and the scarcity of element, but the microbe of putrefaction. This last we do not yet know enough about. A deep seated abscess is not accompanied by a microbe of suppuration. It is a death of cells, and nature takes this way to rid herself of effete material. The pus is either absorbed or finds an exit for itself. When the pus reaches the surface of the body the trouble. begins, for then it is that the air is admitted and with it the germ of putrefaction. The object of the antiseptic dressing is to shut out this germ, to keep the wound aseptic. In the cases referred to by Dr. Burnett, the patients were in bad health, which, as he says, probably had much to do with the complication. Moreover, in the eye, suppuration is a much more serious process than in other parts, and is of itself sufficient to destroy the organ without the complication of putrescence. Suppuration in the abdominal cavity is also as harmful as it is in the eye, so from the results in these two classes of cases the value of antiseptics in general surgery cannot be obtained. Of course, it is desirable to prevent suppuration if we can, but he does not believe that this end will ever be attained.

Dr. C. E. Hagner thought that Dr. Burnett struck the keynote when he spoke of the condition or idiosyncrasy of the patient as an etiological factor of the process of suppuration. Persons with a scrofulous diathesis, and so far as his observation goes, light haired and fair skinned persons are especially liable to suppuration. Landable pus, however, is

Patient died of exhaustion on the sixteenth day after operation.

obstetrics. For a few days after labor there is a no hemorrhage, and he could not say positively what bloody discharge per vaginam. This changes into she died of. a yellowish discharge, which is in fact, pus, but harmless pus until germs of putrefaction reach it.

In reply to Dr. J. T. Sothoron as to the percentage uterus like this was removed. of failures in the cases reported, Dr. Burnett re-

plied, but two cases in the thirty-four.

THE PRESIDENT asked if the mania developed in one of the cases might not have been due to the an æsthetic used? Mania with this for a cause has been reported in abdominal surgery.

this case was cocaine.

(To be concluded.),

ST. LOUIS MEDICAL SOCIETY.

Stated Meeting, March 5, 1887.

Dr. E. H. Gregory presented

A FIBROID TUMOR,

removed a week before, including the uterus. He first saw the woman from whom it was taken about one year ago. She had then been a sufferer for three years. It was a tumor that reached nearly to the umbilious, and he was satisfied that it involved the nterus. She lost a good deal of blood and was treated with ergot. For two months before its removal she had not lost much blood, but there was almost a constant reddish leucorrheea, and she was very pale. She suffered very little, nor was any function especially encroached upon. She was advised to let it alone, and the advice was repeated when she came again to have it operated upon. He told her that she was within a few years of a period when certain natural changes take place in the organ in the direction of atrophy. She was 35 years of age, and, feeling that there was much danger and uncertainty, he advised her to let it alone. But he felt sure that some younger, more enterprising surgeon might advise her to have it removed, and she seemed determined to have it done. It was therefore removed last Saturday. On opening the abdomen, carrying the incision beyond the umbilicus, he easily tilted this tumor out, put a clamp

not especially harmful. This we see in cases of of 100 on Monday, but there was no peritonitis and

Dr. Chas. Stevens wished to know whether, as a general thing, one would expect recovery after a

Dr. Gregory said that in the large majority of cases, one would expect recovery. He removed one a year ago, and the woman recovered-"without a bad symptom." He did not use any drainage, because there was nothing to drain.

Dr. F. Lurz said that those who had paid atten-Dr. Burnerr replied that the ancesthetic used in tion to this subject think there is a well-founded opinion concerning the natural growth of a fibroma of the uterus; and in many instances, the question is, whether the patient ought to be operated on at a certain period of life; whether the nourishment of the fibroma does not cease at the time of the climacteric period. Keith lays special stress on the fact that in many cases a tumor which heretofore has been troublesome, when the climacteric is reached ceases both THE PRESIDENT, S. POLLAK, M.D., IN THE CHAIR. to be troublesome and to grow, on account of the diminished nutrition, on account of the change going on in the genital organs. Dr. Lutz has now under observation a woman whom he has been treating for more than a year, with a fibroma of the uterus. At first the hæmorrhages which occurred seemed to be due to the fact that she was in the climacteric period, occurring every two or three weeks. He thought she had an intra mural fibroid, and the question of interference came up. He succeeded in converting the gentleman who attended with him to the opinion that possibly this fibroid would be less troublesome after the period had passed, and that the symptoms were not sufficiently urgent to demand immediate operative interference, so he put off the operation, and he believes, rightly, as for the last four months there has been but little hæmorrhage, and the tumor has given her but little trouble. The patient is 43 years of age.

Stated Meeting, March 12, 1887.

THE PRESIDENT, S. POLLAK, M.D., IN THE CHAIR.

Dr. H. H. MUDD made some remarks on

COLIES' FRACTURE.

Last fall he presented a patient who had a Colles' opposite the internal os, was very careful to exclude fracture; accompanying the fracture there was an the intestines and more particularly the bladder, be- extensive teno synovitis with stiffening of the parts cause in these cases it sometimes reaches high up, around the joint. His reasons for again bringing up and it was excluded with some difficulty. Tait's this subject may be found in a portion of the report clamp was used. After making the clamp fast on of the discussion of the meeting held June 12, 1886, the bladder side, he was equally careful in making as follows: Dr. Gregory had not abandoned the old it fast on the hinder portion, and the uterus was then pistol-shaped splint and had heard no good argument cut off and shelled out. The woman died. The to prove that such a splint invited subsequent derule is that they get well, and without a bad symp-formity. He thought deformity almost absolutely tom. His patient died without a good symptom, certain in every fracture, -sometimes, of course, so He thought it well to have this sort of a thing placed slight as not to be apparent. Bones did not unite opposite the numerous recoveries. She lived until without scarring at the side of fracture, and there is Thursday. On Tuesday it was thought she was no such thing as scar tissue without departure from about to get well, but there was never a reaction the original. He had never seen a Colles' tracture from the operation, and he thought that she died from treated with a perfect result. The almost universal shock after hysterectomy. She had a temperature rule is deformity. The displacement of the ulna

it was very seldom that results could be obtained obtained. with no deformity. When Dr. Mudd presented this cases this evening, and asked the President to ap- result is the consequence. point a committee, of which Dr. Gregory and Dr. deformity was marked, and it had been dressed imperfectly. He wished simply to show the freedom of woman and see just what was seen after it was exthe end of the bones by the short palmar splint. At satisfied that that tumor would have grown worse. the time mentioned, there was some discussion on fourth week, and especially in older patients.

cases, and report as follows: Concerning No. 1, pistol-shaped splint, and will make the patient use Atwood says the right is fractured. The left one is which is made with the pistol-shaped splint. correct. No. 2, all these doctors say it is the right one; correct. No. 3, Dr. Atwood says it is the left, formed in the sense that he considered the ordinary Drs. Lutz and Ford say the right; the right was result obtained from a Colles' fracture deformities.

fully perfect results. An examination of this kind ening after the injury. He believed there was no demust be very imperfect. The first thing any one formity in the three cases, nor that there will be dedoes is to make a comparison between the two wrists, formity in the other case, notwithstanding the diffithe distance between the extreme lower ends of the culties. ulna and radius. Next, one would expect to find and see an old gentleman 67 years of age, whom he thickening, it not displacements of the lower end treated, who suffered from Colles' fracture in Januaof the radius. Ordinarily there is some difference ry, 1873, and so perfect was the result that the man, between the transverse diameter of the wrists, de- as also his wife, was unable to tell which arm was pendent on whether the man is right or left handed. broken. He did not advocate any special method Perhaps it would be equal if he were ambidextrous. of treatment. There are methods, the plaster, the

incident to the injury is perhaps the most frequent ment. In one of the cases, No. 3, there is thickencause of deformity. The wrist is extremely seldom ing at the ulnar side of the radius, if not displacement left so that the skillful eye and hand cannot detect of the lower fragment. In No. 2, in which he guessed that some accident has happened to it. As to the right, the lower portion of the radius is thickened. straight splint, cut off at the metacarpal joints, Per- In No. 1, the difference between the radius and ulna cival Pott had once said justly, that a splint that does of the left arm he thought was markedly greater than not control neighboring articulations was a mischiev-that of the right one. They were better results than ous splint. Dr. Lutz, at the same time, intimated we have a right to expect, but he added that the that such perfect results were not to be expected. fourth case will be the usual result of a Colles' frac-At the meeting of October 16, Dr. Lutz presented a ture. The exhibition of the cases proved this, that specimen of fracture of lower end of radius, and in in three cases a better result than is ordinarly gotten speaking of the results of Colles' fracture he thought was obtained. In the fourth, the usual result was

Dr. A. Green said he had treated three or four subject and patient last fall, he thought we ought to cases a month from the Turner gymnasium with the get good results in this fracture; better than the text pistol-shaped splint, and that so far as the appearbooks declared we could obtain; that for a number ance and use of the arms of fourteen cases he had of years he had obtained better results, a percentage, were concerned, the results were perfect. The fifof good results that approached 90. He knew very teenth case was that of a boy who was always runwell that tissue which is regenerated, which is re- ining about; a few days after injury, on opening newed, is never quite so perfect as original tissue, dressing and trying to get passive motion, he found and yet he is satisfied that many of the fractures we that the fracture was united but not hardened, but see should be treated so that the result would be the radius was leaning too much towards the ulna. good and that deformity could not be observed. He He was afraid that supination would be lost, but inhad an opportunity of presenting the results of some troduced between the bones a pad, and a perfect

Dr. Gregory agreed with Dr. Lutz exactly, and Lutz should be members, to inspect some of the supposed that everybody who knew him would say cases and determine which arms were broken. He that he has held that position for many years; for he wished to call attention also to a recent fracture that has been telling people for many years to "let it is now under treatment, not so much because it it alone." In reply to Dr. Dudley, if he ever knew a lustrates the particular method that he has employed, tumor of that size to be recovered from after operaas it indicates the condition of the arm after it has tion? Dr. Gregory said he had seen cases recover of been confined for weeks. This fracture he did not a tumor that size. He determined that if he could see until forty-eight hours after the injury, and the not remove the tumor, he could remove the ovaries. motion given to the fingers without disturbance to posed, he should advise an operation, because he is

Dr. Le Grand Atwood was surprised and dethat point. He believed it was of importance that lighted with the result of these three cases. He althe fingers should be free at the end of the third or ways used the pistol-shaped splint, and to his sorrow. He was careful to remove it to make passive motion, Drs. F. Lutz, W. H. Ford, and LeGrand Atwood but invariably with bad results. An outline of his were appointed a committee to examine Dr. Mudd's future plan of treatment is, that he will not use the Drs. Lutz and Ford say the left is fractured; Dr. the fingers from day to day to prevent the anchylosis

Dr. Lutz did not consider Dr. Mudd's cases de-

Dr. Mudd said that no one will contend that we DR. F. J. Lutz said that the cases were wonder- can have repair to a broken bone without some thick-He had asked, to-day, Dr. Moore to go In most cases of Colles' fracture there is displace- dorsal or palmar splint, etc., with which we will get perfect dressing if the swelling is not great. He He has adopted a little different plan. A greater feels safer when he has a splint which he can remove amount of freedom can be allowed without detriconditions which develop irritation. He thinks that He thought Dr. Mudd made a very good point in ous splints. If there is much swelling and infiltra-sis, and at last permanent auchylosis of the part. tion around the tendons and ligaments, when the DR. W. H. FORD said Dr. Mudd's results in cases ankle is turned inward in Pott's fracture, we put it in are in the highest degree satisfactory; so much so an uncomfortable and dangerous position by using that he would not be inclined to consider either of the Dupuytren splint, because it increases the amount the wrists as deformed at present. They are almost cision. He had seen Pott's fracture, where there the cases were hard working people, they were not result was a long continued inflammation. Dennis and leave the motion of the fingers with good supinaor fourth week. Then they can be released without had seen very great distortion after that treatment. disturbance, and in that way mobility can be main. In 1867 he advocated the plan of tenotomy for the tained. In addition to the straight palmar splint the three perinei and possibly for the tibialis anticus; padded at the hand, he puts a pad above the end of but he had never done it. He supposed the plan dorsal splint, one being sufficient.

or the plaster or other molded splint, usually not the satisfactory. If the fracture is not compound, he plaster until after a few days, when the swelling has generally places the foot back in position. He takes subsided. If one holds his hand voluntarily, or by a broad band of adhesive rubber plaster, 134 inch dressings, in the position of the pistol splint, it will wide, and long enough to go from foot to knee. One soon be tiresome and painful. He has never had a point of it is applied to the dorsum of the foot, carcase under his care conducted through to the end-ried outwards, brought around against the sole, then with a pistol splint, because he has been better sat- up, drawing down the tissues, fastening it to the skin, isfied with other methods. In using the plaster or turning in the remainder and securing it. He places molded splint, he always slits it after the third or it, besides, in a splint, and if necessary elevates it. fourth day, so as to see the position. He rarely The results have been so good that it is almost imallows the palmar splint to extend further than the possible to know that anything had ever happened base of the first row of the phalanges, at least after to the foot, and there is no tendency for the foot to the first week or so.

results. He had a case which occurred this week; pound fractures. the patient came to the office when he was busy, and He changed the splint the next day, and after that of patients. the arm felt perfectly comfortable. It was natural,

good results. The dorsal is not as comfortable as bring into line over riding fragments, and in order the palmar splint. The plaster will make a very to do this there must be a great amount of pressure. to see if there is any irritation or swelling of the tis- ment to the part, not abridging the motion even at sues. Patients differ in their complaints of pain. If first. He thinks it can be done, because a certain we watch the amount of irritation expressed by the amount of motion is not detrimental to the healing tissues, by the infiltration, we can very readily change of fractures, for instance in position, and also in the points of pressure, and remove very often the fractures of the humerus, and in some of the thigh. if there is any splint which is a source of irritation to stating that special attention should be given to this the patient, it is the pistol-shaped splint, and the Du- point in cases over 40 years of age, because he knew puytren splint in Pott's fracture. They are danger- of several cases that had at first temporary anchylo-

of engorgement and deposit about the bones. Prof. normal, and in the course of time will become more Dennis, of New York, had developed a point in so. They are decidedly better than those it has fractures about ankle joints that had been impressed been his lot to see in the limited results he has had. upon his mind for ten years—first by a patient, Dr. He has used the straight palmar and dorsal in all his Gregory—the fact that the irritation about such a cases. He found the other method to produce so much fracture is diminished very much if the muscles are discomfort that he removed it and substituted the put at rest. He put them at rest by making an ex- other splint. He obtained good results, but as all was simply turning out of the bone, treated by pnt- absolutely perfect. But it stands to reason that if ting it back with the muscles on a stretch, and the we quiet the parts with a palmar and dorsal splint says divide the tendons when the muscles are extion, we will get pretty good results. He thinks the cited to action by the irritation about the joint. A action of the supinator longus, and to some extent Colles' fracture is not put at rest on a pistol shaped of the square pronator, is preventive of good results. splint, but the ligaments are put upon the stretch. The remark of Dr. Mudd concerning the muscular The fingers should rest on the splint until the third action in Pott's fracture, he thought correct. He the radius; it does not press on the sharp end of the would be applicable only where there is a great deal radius, but is above. He never uses a second or of muscular action. It must be done early or not at all, before the cedema sets in. But of late years Dr. D. V. Dean used the straight palmar splint, he has fallen on a different plan, which has been very splay out. So that may possibly supplant the meas-Dr. A. H. Meissenbach said the case he had ure of tenotomy in cases where there is no spasm of treated by Dr. Mudd's method had given the best the muscles, which is more apt to occur in com-

DR. H. C. FAIRBROTHER asked Dr. Mudd how having a pistol-shaped splint at hand he put it on, early after the dressing he removes it, and at how temporarily; the man complained of pain that night. late a period he removes it finally in the average age

DR. MUDD said that if the fragments are well adbecause the idea of the pistol splint is to extend and justed there is not much tendency to displacement. the injury; the worse the case the earlier he inspects. He removes these splints in the fourth or sixth week. The age does not govern very materially.

GYNÆCOLOGICAL SOCIETY OF BOSTON.

Stated Meeting. December 19, 1886.

THE PRESIDENT, H. O. MARCY, M.D., IN THE CHAIR. H. J. Harriman, M.D., Secretary.

Dr. E. C. Keller exhibited an

OVARIAN CYST,

removed by her at the New England Hospital for Women, with the following history: Patient 32 years old; widow. Tumor of two years' growth. Had been tapped some months since, and again about three weeks prior to the operation. Had always had much pain and had not been able to lie down since February, 1886; heart displaced and pulse 120; weight before operation 126 pounds. the operation the tumor was found bound down by adhesions to the omentum, stomach and intestines. The adhesions were not recent. The opening into the cyst resulting from the last tapping had not closed, and the ovarian fluid had leaked into the peritoneal cavity. The tumor was multilocular, and one of the sacs contained a very dark fluid, almost black. Bleeding from small vessels torn while breaking down the adhesions was so troublesome that twenty ligatures were applied, and as they did not check the hæmorrhage, two gallons of water at a temperature of 118° F. were poured into the abdominal cavity. Even this was not entirely successful, and Monsell's solution, diluted one half with water, was used to touch the bleeding surfaces. The pedicle was tied with the shoemaker's stitch as recommended by Dr. Marcy. A glass drainage tube was left in the wound, and on the day following the operation one half ounce of black fluid was washed out of the pelvic cavity. Stitches were removed on the eleventh day, and on the day when the case was reported the patient was doing well.

Dr. E. W. Cushing read a paper on

THE USE OF IRRIGATION IN GYN, ECOLOGY.

proved the fact that, as a rule, puerperal fever is systematic use of irrigation, but in office practice simply an infection of the genital tract at the hand the surgeon is tempted to neglect it. In office pracof the physician or midwife. Since then the genius tice a good swabbing of the vagina with sublimate of Pasteur and the labors of Lister have made clear solution on cotton may answer the purpose, or one the nature of the infection, and the teachings of Sem- of the springes may be used which irrigate the vagina cellulitis, or that the endometrium has been infected, of water, a solution 1:2000 will be gained.

He inspects such fractures on the fourth day after and that the infection has spread up the tubes and set up a peritonitis. The immediate cause of such inflammation is an infection with living bacteria or germs; the more or less favorable nature of the soil into which they fall determining whether the symptoms will be slight, with moderate fever and local hardness, or a violent explosion of peritonitis or septicæmia resulting in death.

In some cases collections of bacteria may lie dormant for long periods in the tubes or in circumscribed abscesses, ready to start into activity when released. Self-infection from such sources explains many mysterious cases of puerperal fever and cellulitis. It should be remembered that the vagina is a ventable hot-bed for the development of bacteria, and that an old gleet in the husband may have set up a mild gonorrheea in the wife, so that gonococci or other germs abound, ready to be carried into the uterus on a sound, or to infect any wound which a surgeon may

The writer expressed the opinion that endometritis, erosion, ectropion, etc., may be due to bacterial irritation.

In view of the fact that these septic processes cannot be controlled by treatment after they have been thoroughly inaugurated, it is the duty of the physiciar, first, to prevent such troubles by killing off the bacteria in the vagina and uterns; and second. to avoid operations or harsh manipulations when he has reason to believe that the tubes contain pus.

For the first purpose there is nothing so sure, speedy and convenient as bichloride of mercury. In hospitals it ought to be a part of every vaginal examination or operation to douche the vagina well with 1:1000 or 1:2000 sublimate solution, and to carry some of an even stronger solution or strong carbolic acid into the uterus on a probe. When the cavity of the wound is to be invaded by operation it should be thoroughly washed out with a disinfecting solution. In cystitis, after operation, a sublimate solution of 1:5000 should be run through the bladder, washing it out thoroughly and repeatedly, and be followed by an iodoform emulsion.

Before, during and after all operations upon the cervix, and between packings of the vagina for hæmorrhage, the vagina should be irrigated. For long operations, or where much raw surface is exposed, the solution should be 1:5000 and should be hot. In In 1845 Semmelweiss propounded the theory and hospitals it is comparatively easy to introduce the melweiss have been generally accepted. Now it is without spilling the fluid externally. A sublimate proposed to broaden the application of this principle solution in water does not keep well, and must be of infection and to show that pelvic inflammations of prepared every day. By using the sublimate lozenges other than puerperal origin are due to septic infect prepared by Grosvenor & Richards, each of which tion. "Catching cold," with subsequent inflamma contains 713 grains, a quart of solution can be tion in the pelvis following gypecological operation quickly made by using one lozenge. For hospital or manipulation, means either that septic material use a solution of sublimate in glycerine is convenhas been introduced into the lymphatics from the ient. If I drachm of a solution containing 3ij of surface laid bare by operation, thus producing a sublimate to \$\frac{1}{2}\$i of glycerine be added to two quarts

objection to corrosive sublimate was its poisonous quently come on so closely that it is sometimes difficharacter, which renders it a dangerous agent in the cult to say which came first. hands of inexperienced or careless physicians. Cases I would ask Dr. Lewis whether or not his statistics of poisoning from the use of the sublimate douche in this matter gave any clew as to the relationship of have been reported, and a 1:4000 solution is the these two diseases? In what way chorea is related only safe one. Iodoform is also a source of danger, to rheumatism, or in what way the rheumatism to as it contains 90 per cent, of iodine. Antiseptic the chorea? The recent statistics of the Committee irrigation in all cases is a fallacy, and cleanliness of the Collective Investigation of Disease in Great from plain water is equally efficient. The three es- Britain, show that some 32 per cent. of all the cases sentials of Listerism are absolute cleanliness, rest of chorea (430 in number) were associated with rheuand drainage—germicides are not necessary.

uses sublimate, iodoform and carbolic acid freely in sent vegetations. In the three instances that I have both surgery and obstetrics. The effect of the mer- examined, this has not been the case. In the cases cury upon instruments is bad, and to avoid this she occurring at Guy's Hospital over a number of years uses a sublimate solution for irrigation and a carbot- the same has been true. So far as my reading goes, ized solution in operations. Dr. Keller has always the experience of German observers confirms this used iodoform freely and has never seen any bad view. It might be interesting to ask whether the

Dr. H. C. White regarded the use of antiseptic chorea. It has not brought them to my clinics. irrigation as essential in hospitals, but as unnecessary tial when the process is normal, as in parturition.

Dr. Custung, in closing the discussion, said that matism has been followed by chorea. he had not intended to open the whole question of regarded the use of antiseptic precautions as neceswhich the former is exposed. He also thought that and the patients mainly adults. the dangers arising from absorption of the sublimate solution had been overestimated, and that no trouble creased number of cases of chorea at recent clinics. would arise if ordinary precautions were used.

PHILADELPHIA COUNTY MEDICAL SOCIETY,

Stated Meeting, March 23, 1887.

THE VICE-PRESIDENT, W. W. KEEN, M.D., IN THE CHAIR.

Dr. Morris J. Lewis read a paper on

AND NEURALGIA.

(See page 404.)

DR. W. OSIER said: This is a very important at are in brief, as follows: and valuable (as well as seasonable) contribution to it is not a little curious that, in his tables, rheuma-days. tism has followed chorea, while the common experience is that chorea follows rheumatism. It is the number of corpuscles, does not in itself, in cases of more usual sequence for a child who already has anæmia constitute the disease, but is mainly a result.

DR. W. Symnoron Brown said that his principal rheumatism to develop chorea, though they fre-

matism. These affections have, in common, extreme Dr. H. L. Berrs said that she used the antiseptic liability of endocardial complications. It is not imdouche as much to protect herself from infection probable that all cases of chorea have endocarditis. during examinations, etc., as to protect the patient. So far as the morbid anatomy goes, I do not know DR. E. C. KELLER is partial to antisepties, and of an instance in which the mitral valve did not preeffect. She does not use the douche after a normal blustering, stormy weather of the past two months labor unless the lochia are foul. bas brought out an unusual number of cases of

DR. W. B. ATKINSON said: I have had within the in private practice. In applying such measures a last four weeks, at my clinic, three severe cases of distinction should be made between physiological chorea. During the month of January I did not see and pathological processes, and antiseptics which a single case. I cannot say that I have ever seen a may be of value in morbid conditions are not essen case in which an attack of chorea antedated rheumatism, but I have seen many cases in which rheu-

Dr. Lewis said: I am unable to explain the reantiseptics in his paper, but only to present one lation between chorea and rheumatism. With refermethod in which they can be profitably used. He ence to the statistics, I will state that those of chorea were obtained from the Orthopaedic Hospital, the sary for the general practitioner as for the hospital patients, as a rule, being children, while those of surgeon, on account of the variety of infections to rheumatism were from the Pennsylvania Hospital,

> Dr. Osler mentions that he has not seen an in-I think that he will find that many cases that have occurred will arrive or be heard from later, It is not the month of application that I have taken, but the month of onset.

DOMESTIC CORRESPONDENCE

TRANSFUSION OF BLOOD.

Dear Sir:—Your synopsis of Dr. Hunter's paper, THE SEASONAL RELATIONS OF CHOREA, RHEUMATISM, On transfusion, published in The Journal of March 5, is very interesting, and presents some new ideas on this almost obsolete operation. If I interpret them correctly the conclusions Dr. Hunter arrives

In a transfusion upon man of 6 ounces of blood, the interesting and obscure question of the relations the excess of corpuscles would, under normal circumof chorea and rheumatism. As Dr. Lewis remarked, stances, be got rid of in a period of from one to two

2. That the condition of the blood as regards the

trition of the body, and this it can do only: 1. By Danforth for microscopical examination. In the the corpuscles continuing to live for a certain time first specimen Professor Danforth reported the corwithin the circulation and performing their functions. [puscles shriveled and serated; in the second case he 2. By the introduction of oxygen and the increased reported a marked improvement. This tends to supply of oxygen brought to the tissues while the show that if the excess of corpuscles are disposed of corpuscles remain in the blood; or, 3. By the intro- it is not necessarily those transfused. Rokitansky's

cludes that the corpuscles transfused into an organ- process, but would live when transplanted. ism whose own corpuscles were being destroyed with undue rapidity, would themselves be rapidly corpuscle which, with the white, Rokitansky supdestroyed and of not the slightest value. This rea- posed to be all there were, there are, in the adult, soning also disposes of the second supposed benefit; about 500,000 blood placques per ccm. which are and as to the third, "only a small proportion of the entirely destroyed by the process of extracting the hemoglobin so introduced can be utilized for purfibrin, and of which Rokitansky knew nothing. poses of blood formation, etc."

based entirely on suppositions and premises which and a very important and useful element of the blood. are in dispute and doubtful of demonstration. The disposition which the organism makes of the hamo Mitchell in his work "Fat and Blood.")

resulted in a cure. Facts are better than theories, "Lecture on Amemia," August Polyclinic.) and displace and dispel them. Professor Immerman, in Vol. 18, of the "Cyclopædia of the Practice of place which it has for two reasons: First, it is a Medicine," gives a table of 243 cases; 114 complete difficult operation to perform. recoveries, thirty-four temporary benefit, ninety-five transfusion saved life in at least eighty cases of con-formed." (Immermann.) finement, in thirty cases of wounds in war or of blood or anamic consumption, and twenty cases of typhus, chorea, etc. Professor Brunton, of Phila delphia, says: "It is not the number of failures. but the number of *successes* in transfusion which surprise us, when we consider the desperate circum stances for which the operation has been reserved." (Medical Record, 1878, p. 20).

I am in receipt of a letter from Dr. Frank W. follow a direct transfusion." Epley, of New Richmond, Wis., in which he says: "I have transfused four times for anaemia, twice with brilliant success, and once it was a total failure, owing to some internal ulcer in the pelvic region, which I diagnosed malignant. The fourth operation was in a case of phthisis. The only benefit I could see was a cessation of the sweating which had previously baffled all our efforts. After the transfusion there was never a particle of sweating. . . I am con-Epley sent a specimen of the patient's blood before Tuesday, at 11 A.M.

3. Transfusion can only act by modifying the nu- transfusion and three days afterwards to Professor duction of the hemoglobin contained in the blood. opinion was based on the fact, that the corpuscles of As to the first possible benefit, Dr. Hunter con- the defibrinated blood were not destroyed by the

It is now known that in addition to the red blood These are, according to the weight of reasoning (if Now, allow me to say, that Dr. Hunter's theory is not the weight of authority) elementary corpuscles,

I do not wish to be understood as claiming that life of the blood corpuscle in sickness and in health; transfusion is a specific in any class of cases. Doubtthe cause of pernicious prognosive anaemia; the less there are a multitude of anæmic diseases in which patients have inherited a predisposition to consumpglobin after the corpuscle is destroyed; the office of tion in some form, for whom there is no cure; but the liver in blood destruction, etc. All these func- there are other cases which may be called accidental. tions are difficult and unsettled. But one thing is They began with a cold, or are the result of ignorcertain: "In many cases of amemia the first im- ant disregard of the laws of health, or follow other portant requirement is to make blood." (S. Weir diseases, such as typhus or diphtheria or surgical wounds, or pyæmia. In these cases I believe direct All cases of anemia are not alike; some are be-transfusion to be the best known curative agent. It yond the reach of science. After transfusion, in some is in the direct line of modern medication, tonics, cases there is hæmaturia owing to the rapid destructivesh air, sunlight, cleanliness, etc., for it is a tonic, tion of the excess of blood corpuscles, in many cases it is air, it is sunlight. "The blood is the natural and there is no hematuria. In some cases there is no healthful stimulant of the heart." "Oxygen is the perceptible benefit, in many cases transfusion has most important nutritive element." (Prof. Henry,

I believe transfusion to-day occupies the insecure

"No safe and simple instrument has yet been deno benefit. Roussel reports that from 1820 to 1875 vised with which the operation can be safely per-

Second: The medical profession have, for years surgical wounds, in fifty cases of diseases of the insisted that defibrinated blood is fully as good as the unchanged blood (and some say better) for transfusion. So the operation has been almost wholly confined to that class, but my own experiments have been sufficient to satisfy me that blood exposed to the air and which has been subjected to the process of whipping, although not worthless, "will never," as Roussel says, "give those satisfactory results which

> Respectfully yours, E. E. Allen, M.D. Grand Rapids, Mich., March 15, 1887.

ASSOCIATION ITEMS.

AMERICAN MEDICAL ASSOCIATION.

The Thirty-eighth Annual Session will be held in vinced that amemia may always be benefited, and Chicago, Ill., on Tuesday, Wednesday, Thursday many cases cured by transfusion." In one case Dr. and Friday, June 7, 8, 9 and 10, commencing on

from permanently organized State Medical Societies, nereal Diseases. and such County and District Medical Societies as are recognized by representation in their respective State Societies, and from the Medical Department of the Army and Navy, and the Marine Hospital Service of the United States.

"Each State, County, and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: Provided, however, that the number of dele gates for any particular State, territory, county, city or town shall not exceed the ratio of one in ten of from among us Dr. John W. Russell, it seems fitting the resident physicians who may have signed the for us who have been favored with the acquaintance Code of Ethics of the Association."

Secretaries of Medical Societies, as above designated, are earnestly requested to forward, at once, lists of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the roll the names of those who some manner express our deep sorrow. Therefore, have forfeited their membership, the Secretaries are, be it by special resolution, requested to send to him, annually, a corrected list of the membership of their fession have sustained the loss of a most active, earnrespective Societies.

SECTIONS.

"The Chairmen of the several Sections shall prepare and read, in the general sessions of the Association, papers on the advances and discoveries of the past year in the branches of science included in their beloved, who devoted the best efforts of a well-

Practice of Medicine, Materia Medica and Physiologr.—Dr. J. S. Lynch, Baltimore, Md., Chairman; our sincere sympathy in their attliction. Dr. J. B. Marvin, Louisville, Ky., Secretary.

Obstetries and Diseases of Women and Children.— funeral in a body. Dr. F. M. Johnson, Kansas City, Mo., Chairman; Dr. W. W. Jaggard, Chicago, Ill., Secretary.

Surgery and Anatomy.—Dr. H. H. Mudd, St. Louis, Mo., Chairman; Dr. A. M. Pollock, Pittsburg, Pa., Secretary.

State Medicine. -- Dr. George H. Rohé, Baltimore, Md., Chairman; Dr. Walter Wyman, U. S. M. Hospital, New York, Secretary.

Ophthalmology, Otology and Laryngology.— Dr. X. C. Scott, Cleveland, O., Chairman; Dr. J. H. Thompson, Kansas City, Mo., Secretary.

Diseases of Children.—Dr. DeLaskie Miller, Chicago, Ill., Chairman; Dr. W. B. Lawrence, Batesville, Ark., Secretary.

Oral and Dental Surgery.—Dr. John S. Marshall, Chicago, Ill., Chairman; Dr. E. S. Talbot, Chicago, Ill., Secretary.

apolis, Minn., Secretary.

tion should forward the paper, or its title and length eration (causes and prevention). (not exceeding twenty minutes in reading), to the Chairman of the Committee of Arrangements at least establish scientific relations amongst surgeons and one month before the meeting.—By-Laws.

Smith, Chicago, Ill., Chairman.

"The delegates shall receive their appointment to be known as the Section on Dermatology and Ve-WM. B. AIKINSON, M.D.,

Permanent Secretary.

Philadelphia, 1400 Pine St., S. W. cor. Broad.

MISCELLANEOUS.

Dr. John W. Rt shir.—At a called meeting of the Knox County Medical Society, held March 23, 1887, the following preamble and resolutions were adopted:

Whereas. It has pleased Almighty God to remove and instruction of one whose intellectual attainments baye commanded the highest admiration, whose name will stand among the foremost of his profession. and whose memory will be cherished by all who had the honor to be his students and associates, to in

Resolved, That this society and the medical proest, and useful member.

Resolved, That the community in which he lived has thus been deprived of a Christian gentleman, and society of one of its truest and noblest safeguards-an active and learned physician, skillful and respective Sections. . . " By-Laws, Art. 11, Sec. 4. balanced mind to the alleviation of suffering humanity.

Resolved. That we extend to the bereaved family

Resolved, That the medical fraternity attend the

Resolved. That a copy of these resolutions be presented to the family, to each of the county papers, and to the Medical and Surgical Reporter, Medical Record, and JOURNAL OF THE AMERICAN MEDICAL Association. (Signed)

F. C. LARIMORE, M.D., P. Pickard, M.D., R. W. Colville, M.D., Committee.

French Surgical Congress.—The next meeting of the French Surgical Congress, the third since the foundation, will be held in Paris, in April, 1888, under the Presidency of Professor Verneuil; the precise date will be subsequently announced. The following questions are proposed for debate at the Congress: 1. On the treatment of gunshot wounds Medical Jurisprudence.—Dr. I. N. Quimby, Jersey of the visceral cavities. 2. On the value of the City, N. J., Chairman; Dr. H. H. Kimball, Minne. radical treatment of herma as a permanent cure. 3. Chronic suppuration of the plenra, and its opera-A member desiring to read a paper before a Sec. tive treatment.* 4. Recurrence of tumors after op-

The object of the French Surgical Congress is to practioners of France and foreign countries. All Committee of Arrangements. - Dr. Charles Gilman qualified men become members of the Congress on duly entering their names and on payment of the Amendment to By-Laws.—Create a new Section, subscription of 20 francs. Members of the Congress who desire to make a communication to the meeting Fitts, H. B., P. A. Surgeon, ordered to the receiving ship are requested to communicate their intention to the "Vermont." are requested to communicate their intention to the Secretary-General three months before the opening of the Congress. A summary of the conclusions of their paper must also be forwarded. All communications should be addressed to Dr. S. Pozzi, Secretaire-Général, Congrés de Chirurgie Française, 10 Place Vendome, Paris.

BIRTH AND DEATH-RATE IN ENGLAND AND WALES. —The report of the Registrar General for 1885, just issued, shows that the births of the year were 32.5 to the 1,000 persons living; the lowest number recorded since 1848. With the exception of an insignificant rise in 1884, the rate has fallen continuously year by year since 1876. The male births were 455,809, the female 438,461. It is satisfactory to learn that the long-continued fall in the marriage rate has led, for 1885 at least, to no increase in the number of illegitimate births. On the contrary, the decline under this latter heading has beaten the record in the most encouraging way. The deaths of the year lag behind the births in a way that precludes all anxiety for the immediate future of the race. They were in proportion of 19.0 to the 1,000—with one solitary exception, the lowest yet recorded. Among the deaths were 63 of reputed centenarians, 19 of whom were males and 44 females. The death-rate in the urban population was 20.0 per 1,000, and the lowest on if he thinks the officer is not recovering quickly enough, or his record, while that of the rural population was 17.5, a slight increase.

DR. R. E. CARRINGTON, one of the most promising physicians on the junior staff of Guy's Hospital, has just died of pleuro-pneumonia, after a two days' illness.

A Loyal Dentist.—A dentist in a small provincial town in England, will celebrate Her Majesty's Jubilee by extracting teeth and supplying false ones free of charge on the morning of the celebration.

SURGICAL LABORATORIES.—The surgeons of the London Hospitals have signed a memorial asking the Royal College of Surgeons of England to build a suitable laboratory for the study of morbid anatomy, including histology, experimental pathology, including bacteriology, and of experimental operative surgery. They say that in view of the power and wealth of the college any Fellow or Member who is competent to earry out scientific investigations should be able to do so without inconvenience or expense.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM MARCH 26, 1887, TO

Capt. Harry O. Perley, Asst. Surgeon, ordered for temporary duty at Ft. Maginnis, M. T. S. O. 23, Dept. Dak., March 18, 1887.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U.S. NAVY, DURING THE WEEK ENDING APRIL 2, 1887.

Tracy, E. C., Asst. Surgeon, detached from the "Vermont" and ordered to the "Atlanta."

Heffinger, A. C., P. A. Surgeon, detached from the "Atlanta" and ordered on special duty in connection with construction of hospital at Widows Island, Me.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U.S. MARINE HOS-PITAL SERVICE FOR THE WEEK ENDED APRIL 2, 1887.

Urquhart, F. M., P. A. Surgeon, to assume charge of Cape Charles Quarantine. March 29, 1887.

Norman, Seaton, Asst. Surgeon, to report for duty at Cape Charles Quarantine. April 2, 1887.

NOTES AND QUERIES.

ARMY SURGEONS ON SICK LEAVE.

Dear Sir:-Referring to "Inquirer's" question in THE JOURNAL of March 19, it would seem that he has found a prototype of the famous "Pooh Bah," in a physician who is:— 1st, an Assistant Surgeon U. S. Army; 2d, a local practitioner of medicine; 3d, a holder of a State appointment; 4th, a proprietor of a drug store, as the inquirer states, "all at the same

Now, it would seem that a solution is very easy. If an Assistant Surgeon is on sick leave, undoubtedly his only official duty is to get well; and presumably the Medical Department of the Army is the judge of this matter, though undoubtedly "Inquirer" might take the Surgeon-General into his confidence recovery is hampered by the duties of offices 2, 3, and 4. is not attending to his duty under the second heading, it might be inferred he would have no patients, ergo, nothing to practice on. If he is not fulfilling the requisites of the third office, presumably the State Governor or legislature is open to complaint. And, fourthly, if the drug store is a poor one, it will be a victim to inanition. So, therefore, it seems that the question answers itself, and an Assistant Surgeon U.S.A. can do all of these things.

By section 94, Rev. Reg. U. S. A., 1881, "Whenever an officer has been absent on account of sickness for one year, he may be examined by a Medical Board, and the case specially reported to the President." As the retired list is limited to 400, he may have to wait an opportunity therefor.

Section 106 of the Regulations states: "Retired officers may engage in private business or hold civil offices not contrary Very respectfully, S. T. Armstrong.

Memphis, Tenn., March 22, 1887.

PRIVATE REGISTRATION AT THE CONGRESS.

Dear Sir:—In view of the large number of gentlemen who will undoubtedly attend the International Congress, and who will hope and expect to meet old friends, classmates, etc., would it not be possible for the Committee of Arrangements to request each State Secretary to provide and forward a large registerplainly printed on the cover the name of the State-that every attendant might register his name, residence and stopping place. To the large majority it will be a pleasure trip; they will rely on published transactions for the work of the Congress. The finding of friends is to many one of the chief pleasures; yet we cannot hope to "meet by chance" all those we want to see most. A line of registers, for separate, States will in many ways facilitate the work, and accommodate individuals immensely. If it is thought advisable I will submit my plan in detail to the HIPPOLAPIUS.

Terre Haute, Ind., March 20, 1887.

CORRIGENDA.

In the discussion on the Casarean operation, Journal of March 19, Waggener, J. R., P. A. Surgeon, commissioned a Surgeon on March 18.

P. 325, 1st column, 17th line from bottom, for Heyner read Keyser.
In the issue of April 2, p. 388, 2d col., line 27, for about 25 per cent.

Journal of the American Medical Association.

EDITED FOR THE ASSOCIATION BY N. S. DAVIS.

PUBLISHED WEEKLY.

Vol. VIII.

Chicago, April 16, 1887.

No. 16.

ORIGINAL ARTICLES.

CONTRIBUTION TO THE THERAPEUTICS OF WATER, AND THE PHYSIOLOGICAL ACTION OF HEAT AND COLD.

Read before the Chicago Pathological Society, January 11, 1887

BY G. FRANK LYDSTON, M.D.,

LECTURER ON GENITO-URINARY AND VENEREAL DISEASES IN THE CHI-CAGO COLLEGE OF PHYSICIANS AND SURGRONS, SURGEON TO THE WEST SIDE DISPENSARY.

occupied in bacteriological investigations of a more or less practical nature, it is perhaps too much for Floyer, stimulated by his observations upon the popone to expect a subject as old and apparently well- ular application of certain mineral springs in his worn as that selected for discussion in the present vicinity, wrote his noted work, "The History of Cold paper, to attract much attention, or excite a great Bathing, both Ancient and Modern." Following him, deal of interest. I am convinced, however, that Hahn, of Silesia (1738), and the renowned Currie there are those present who, if they so choose, can (1797), wrote treatises upon the subject. In 1804 express views upon the action of heat and cold, and no less a man than Prof. Oertel, of Ansbach, became upon hydrotherapy in general, which will be both a convert to the teachings of Hahn. It was not interesting and profitable. A desire to hear such until 1829 that any attempt was made to construct a expressions of opinion upon a subject in which I am distinct system. In that year, however, Vincenz greatly interested, rather than the hope of adding Priessnitz, who was an untutored farmer of Grafengreatly to our general fund of information, must be berg, Austria, formulated a system of hydrotherapy my apology for presenting this paper.

little understood by the mass of the profession. The wrote a line upon the subject. application of water as a panacea for all our ills, and Faculty.

It would be impossible for me to discuss in detail so comprehensive a subject as the therapeutic action of water within the limits of this paper, and it will be impracticable to avoid touching upon points which

are already more or less familiar.

The therapeutic use of water is of quite ancient origin, and inasmuch as primitive man must necessarily have familiarized himself with the properties of the more common substances with which he was surrounded, it would be strange indeed if he had not discovered the value of water in disease at a very early period. Admitting that he did appreciate its In view of the fact that modern medicine is chiefly value, it is certainly remarkable that nothing was written upon the subject until 1702, when Sir John which, however glaring its faults from a scientific The usefulness of water in its various forms in the standpoint, was marvellously clear and accurate in prevention and treatment of disease is very great, its details. It was not long after the promulgation and its applications to pathological conditions are so of the views of Priessnitz before hydrotherapy, as manifold, that there are few subjects of a therapeuti- an exclusive system of therapeutics, became very cal character so worthy of the attention of the phy-popular, and "water-cures" and bathing establishsician. Simple as the subject may at first appear, ments sprang up rapidly in Germany, England, France the important part which water may be made to and America. This was due to the ardent disciples play in the management of various diseases is but of Priessnitz, and not to him, as he himself never

The comparatively recent date of our recorded the extravagant claims of the system of exclusivism knowledge of the uses of water is especially surprisknown as "hydrotherapy," are of course fallacious, ing when we note the sagacity of the lower animals. and are so often obscured by absurdities and dog- M. Delaunay, in a recent memoir to the Biographical matic sophistry, that we are naturally inclined to Society of London, has dwelt at some length upon condemn its claims to efficiency in toto. Strange as the therapeutic intelligence of animals, and makes it may seem, the first shaft of ridicule aimed at this special mention of their knowledge of cold water system of exclusivism was hurled, not by a medical dressings for wounds, and of cold baths in fever. man, but by that "prince of satirists," René Le Sage. When a dog is suffering with a fever, he will not only Nearly two centuries ago, this author immortalized drink large quantities of water, but will often plunge the hot-water craze in his "Dr. Sangrado." Tradi into a running stream and remain submerged for a tion tells us that this was not an aimless thrust, for considerable time. Wounded cats, dogs and horses the object assailed was no less a personage than the have been known to remain in a pool or stream of lean and lank Dr. Hecquet, Dean of the Parisian water until their hurts were healed. Graves selected as his epitaph "I fed fevers;" Currie should have

starved and purged into untimely graves.

results, it is difficult to differentiate them. In a general way it may be said that there is no difference between the effects of a local hot bath, and those of a hot poultice, so that in speaking of the action of moist heat in any form, we must relegate the matter to the domain of hydrotherapy, although it is hardly fairer than to classify the action of a hot brick or a hot water bottle under the same head.

In discussing the therapeutic uses of any remedy, it is customary to consider its various local and gen eral effects in health and disease, and to attempt the grounds. This plan may be most fittingly applied to planations usually given of the action of hot and guishing characteristics independent of their aggre-cold water when applied to the animal tissues, are gation into formed elements of tissue. Their higher based entirely upon practical observations and theoretical reasoning upon those resultant phenomena involving vascular changes, and the hypothetical tissue changes which are brought about by nervous ininclined to attempt the explanation of many physiomany remedies, by the nervous influences, sympathetic or spinal, involved in the various phenomena, by these nervous influences. Inasmuch as these; changes are all that can be determined by actual observation, it remains to be considered whether theoretical and analogical reasoning will enable us to determine upon the ultimate physiological basis of such phenomena. Now, if we analyze these phenomena, and the tissues involved in their production, we will find something behind all, the reaction of which will explain the various changes most satisfactorily. I refer to the protoplasm or basic substance of the tissues.

The rôle of protoplasm as an entity, independent of vascular and nervous influences appears to me to be a most important one, and too little thought of in

selected one reading, "I cooled tevers." A judicious our studies of nutrition, and the action of remedies. avoid time of drugging, and a combination of cooling. We are taught that protoplasm, even before it has and feeding, saves fever patients to day who less than been differentiated sufficiently to arrive at the dignity a century ago would have been bled, blanketed, of a cell, has properties and functions which are but the prototypes of those possessed by the animal body It is impossible to present, even in a general way, as a whole. It is contractile, irritable, and automatic; the therapeutical action of water, without dwelling receptive, assimilative, metabolic, secretory, respiraupon the influence of heat and cold upon the animal tory, reproductive, and excretory. Such are the tissues. This is especially true of its external uses, properties of the amceba, which is but formless proin which its action mainly depends, not upon its own toplasm; and of how much greater importance these physical properties, but upon the temperature at functions become when, through differentiation, the which it is applied. It is obviously illogical to arprotoplasm is exalted to the dignity of a cell, is illusrange the phenomena resulting from the use of the trated by the experiments of Cohnheim and Waller, hot bath and the spinal ice-bag under the common who, in 1867, so clearly demonstrated the properties head of "hydrotherapy," but it would be impracting the leucocyte. If, then, we consider the matter, cable to separate the effects of a mere variation in we may conclude: 1, that every living tissue has temperature from those of the bath per se. In a less certain vital properties by virtue of its component degree this statement will also apply to the ingestion cells; 2, that the cells of a tissue or organ have cerof hot water, it being difficult to say what proportion tain special properties and functions, few in number, of the benefit thereby derived is due to the water by virtue of their differentiation; 3, that the essential per se, and how much to the heat. The heat im- or main vital properties of the cells are not due to parted to the viscera, and the increased amount of their differentiation, but are possessed by them simply fluid in the gastro-intestinal tract, and in the blood by virtue of the protoplasm of which they are comafter its absorption, being alike powerful therapeutic posed. Bichat conveys a somewhat similar idea, although not so literally expressed, when he speaks of "the vital properties of tissues."

In attempting the explanation of the physiological action of heat and cold, we will consider, not the tissues as a whole, but the protoplasm or basic substance as an entity; and as a warrant for this, the following proposition may be advanced, viz.: Tissues are endowed with certain properties which we term vital, because the cells composing them have vital properties, and these cells are possessed of vital properties, because the material of which they are composed has explanation of its action upon purely physiological vital properties and functions independent of those qualities acquired through its differentiation into cells, the remedy at present under consideration. The ex- just as the latter have certain properties and distinfunctional evolution, of course, depends upon their aggregation and organization into tissues and organs, but apart from this, their elementary properties prevail. It is upon modifications or perversions of the fluences, vaso motor or inhibitory. Indeed, we are vital properties of tissue (i. e., its protoplasm), that pathological phenomena depend, and the science of logical and pathological processes, and the action of therapeutics depends upon the correction of such perversions, by the action of remedies.

There is a class of diseases which, in the absence or by the vascular and gross tissue changes produced of perceptible change in the tissues, macroscopical or microscopical, we have been compelled to term "functional" in lieu of a better name. The number of these diseases has steadily grown smaller, pari passu with the discoveries of chemistry and microscopy; but there are still remaining ailments which medicine confesses itself unable to account for, although loth to accept them as "functional." May not the morbid condition in many such cases consist of a perversion of the life properties and functions of the protoplasm of the affected part, too obscure to be demonstrated by any known method of research, and involving certain occult derangements of

¹ Text-book of Physiology. By Michael Foster.

tissue metabolism? The development of medical our centre, which presides over the nerve and is seience in this direction will probably be through a responsible for its special functions. How many more perfect knowledge of physiological chemis- and what vascular effects may result from simple try. Judging from the results of the experiments protoplasmic changes in the venous and arterial of Gautier and Selmi, we are already beginning to walls, would be difficult to demonstrate or even get glimpses of light. Certain it is that the discov- conjecture, but that definite effects do result from ery of promaines and leucomaines is destined to be such changes is quite probable. Could they be disof great pathological as well as physiological im-covered, we would undoubtedly be greatly enlightportance.

forcibly present the importance of protoplasm as an activity are the basis of many pathological conditions, entity in biology, may be mentioned Huxley and and especially those of an inflammatory character, Martin,2 and Clevenger.3 These eminent authorities, and as a corollary we may accept the theory that a in describing the life history and properties of the stimulation on the one hand, or a depression on the amceba, have practically presented the independent other, of bioplasmic activity, will explain the effects vital properties of protoplasm, as the basis of all the of the application of heat and cold under certain phenomena of organic life, and in a most striking conditions of disease.7 manner. Based upon deductions from the writings of these authors alone, we might venture to advance tion regarding a therapeutical problem, to attempt the following as an excellent proposition, and one the reconciliation of conflicting elements in the form which is apt to prove serviceable in the study of all of apparently contradictory facts. This is especially physiological and pathological processes, viz.: As necessary in the present instance, inasmuch as the are the properties of its protoplasm, so are the prop-profession generally accept the view that there is no erties of the cell, and the latter are always subservi- essential difference in the action of heat and cold in ent to the former. A cell without protoplasm is inflammation. From a clinical standpoint, this apimpossible, but the protoplasm, unorganized, has pears to be true in acute sthenic inflammations, but still its distinctive properties and functions, albeit that the beneficial effects are produced in the same they may be intensified by differentiation.

convinced of the independent importance of protoplasm in the phenomena of life, for some of our most. The surgeon who believes implicitly in the theory of noted biologists dispute the dictum of the great the similar action of heat and cold, would be apt to master, Virchow, in his doctrine of "omnis cellula e find himself in trouble if he applied his theory indiscellula." Heitzmann, and following him, Stricker, criminately. Surely, the same line of treatment claim that the tissues are built up of small masses of would not be equally beneficial in a robust patient a homogeneous undifferentiated basement substance with a traumatic arthritis, and a broken-down hospi-(protoplasm, "bioplasm" or "bioplasson") bound tal patient with phlegmonous erysipelas. together by a delicate reticulum of fibrillary structure. Elsberg, in his studies of hyaline cartilage, synovitis upon the same principle as an acute joint demonstrates the importance of the same substance. There are, then, many excellent authorities for the the subject, the narrower the range of the indifferent position assumed in the present paper, although I am last mentioned as to the unimportance or non-existence of the cell in organized tissues.

To apply the theory advanced to the explanation of the action of heat and cold, or of any other agent capable of making a definite impression upon living tissue, we may accept the proposition that the changes which are induced by such agents are but a manifestation of the aggregate activity of the various cells involved, they being the primal factors in the various physiological or pathological phenomena. In this, they act simply as differentiated protoplasm. The nervous currents may be said to be merely special manifestations of protoplasmic activity, resulting in an alteration of the molecular arrangement of the cells and fibres constituting the nervous cord, and of the special collection of cells termed a nerv-

ened upon the phenomena of inflammation. It may Among the modern writers who appreciate and be assumed, then, that perturbations of bioplasmic

It is always essential in assuming a definite posiway, is negatived by the difference in their action We are not lacking in other authorities who are upon healthy tissues, when applied at a temperature short of that required to completely destroy vitality.

Again, it would hardly be proper to treat a chronic inflammation. In fact, the more carefully we study application of heat or cold becomes. Life, as denot prepared to accept the views of the biologists fined by De Blainville, "is a double internal movement of composition and decoraposition; at the same time general and continuous." One of the principal elements of life, therefore, is tissue metabolism. Heat favors chemical changes in Nature's laboratory, as well as in that of the chemist, and it consequently favors physio chemical as well as inorganic chemical processes, and interchange of ele-

Practical Biology. By Huvley and Martin.
 Physiology and Psychology. By S. V. Clevenger, M.D.
 Op cit "Progress of Biology in Europe." New York Medical

^{*}Op cit Progress of Arrange, in Record, December 29, 1883. *Lionel Beale. Disease Germs, their Nature and Origin, *L. Elsberg, M.D. "Researches in Hyaline Cartilage." York Medical Record, December, 1883.

⁷As an illustration of the powerful influence which changes of temperature exert upon living protoplasm, I would direct attention to the phenomena attendant upon the incubation of the chick. The protoplasm of the egg contains the inherent energy, or potential vitality, necessary to develop a chick, but it requires the influence of steady and continuous heat to develop the dynamic vitality requisite for the formation of a living animal. This illustration is in itself sufficient evidence of the important influence of warmth over physio-chemical and strictly physiological changes. The disastrous effect of chilling is obvious, and even the instinct of the mother fowl teaches her how long she may safely absent herself from the next. It is well known that the conditions under which the human ownin develops are essentially the same as in the incubation of the chick. As an apt illustration of the disastrous effects of cold upon the vitality of cells, the effects of cold water upon living spermatozoa may be cited. atozoa may be cited.

atozoa may be cited.

There is a strong analogy between the process of repair in wounds and inflammations, and the development of the oxim, and the moderate and continuous application of heat favors this process. In preparing a protection for the child, Nature has surrounded it during intra-uterine life

by a warm, fluid environment.

mentary molecules. If, as has been claimed, in-benefited by either hot or cold applications, if proptlammation depends primarily upon retarded tissue erly used. metabolism, it is quite easy to understand how moist heat will act beneficially, from a purely chemical a rule, it should not be continued after the violence standpoint. This fact would also explain the ap- of the inflammatory process has sensibly abated. parent paradox of an acute inflammation being benefited either by cold or heat, the former affecting productive of better results than cold, and they rarely, chiefly the attendant vascular phenomena and hyper- if ever, are productive of injury. nutrition, while the latter, aside from its merely emollient effect, tends to remove the original cause. should be kept as equable as possible, for nothing is The balance of benefit, even in acute inflammations, so injurious as alternations of heat and cold in acute is in favor of moist heat. The prolonged application inflammation. of cold is apt to prove injurious, and to induce pus formation by depressing the vitality of the exuded heat is the most efficient agent, by virtue of its stimcells. The prolonged application of heat is rarely ulating properties. By alternating with cold, this productive of injury, and if pus forms it is in spite stimulating effect upon the absorbents and the walls of, and *not* because of it.

With reference to retarded metabolism giving rise to hypernutrition, the latter appears to be the result of a vicarious strain upon the tissues surrounding the original focus of irritation, and is itself followed, las, gangrene, phagedæna, etc., heat is a most valuafter a time, by retarded chemical change, hence the lable agent. As a matter of personal experience, I inadvisability of prolonging cold applications. It is can certify to the great benefit to be derived from as a result of these changes and of the pressure of hot applications in phlegmonous erysipelas. The inflammatory exudate that necrosis of various tissues improvement in the results obtained by hot applicaoccurs in certain inflammations.

recently propounded by Lauderer, of Leipsic. This cold, which had been used almost as a matter of rouis termed by the author "the mechanical theory of tine for a considerable time. inflammation." It implies that there exists a normal circulating fluid and the elastic tissue cushion sur- is contrary to the prevailing notion that a hot poultraumatism, or blood infection with secondary per- prolonged. version of nutrition, gives rise to hyperæmia and the special phenomena of inflammation. Thus it may poultices or fomentations causes a sodden and baggy be observed that this theory, like that which is based, condition of the part, this result is due, not to the entirely upon vascular and nervous phenomena, im- heat per se, but to the moisture. plies that inflammation is a definite effort at repair; But the use of heat and cold is not restricted to in the theory in question, an effort at restoration of the treatment of local conditions of inflammation, equilibrium. claims, and with reason, that, as inflammation is Since the time of Currie, cold has been especially merely a reparative process, it is not well to antago- useful in the treatment of fever. There is probably, nize it, hence he recommends warm or hot applica- in febrile conditions, excessive activity of the tissue tions, and deprecates the use of cold, save as an anes-protoplasm. Whether this is a result of an attempt thetic. The theory of this author is logical enough, to eliminate the materies merbi of the disease, or ocbut we cannot say as much of his deductions, for curs as a consequence of a morbid impression upon even a natural attempt at repair may be misdirected the nervous system, is a matter of but little moment; and perhaps destructive, and thus require limitation, the result is the same, and consists of an excessive and where cold will accomplish this, it should be production of heat, which is immediately dangerous used. It will be observed that with Lauderer, the to life, and which depends on an exaggeration of the balance of benefit has appeared to be in favor of special function of protoplasm known as metabolism. heat in inflammation.

attempt to enumerate the various conditions which I hardly probable that the benefits are due directly to believe to severally indicate the application of heat refrigeration, for the abstraction of heat must necesor cold as remedies for inflammation, but I will ven- sarily be slight, and we find that a moderately warm ture to formulate a few general considerations in their or tepid bath will accomplish the same, and often use, reserving a few of their more interesting and more effectually. special applications for the conclusion of my paper.

2. Caution is necessary in the use of cold, and, as

3. Warm or hot applications are, on the average,

4. In the use of either agent, the temperature

5. In all chronic inflammations and hyperplasias, of the blood-vessels becomes still more marked.

- 6. In all inflammations characterized by general depression and local inhibition of tissue vitality, cold should never be used. In such diseases as erysipetions in such cases was most marked in my hospital An interesting theory of inflammation has been experience, as contrasted with those obtained by
- 7. In all cases in which the prevention of suppurbalance or equilibrium between the pressure of the ation is a desideratum, moist heat is indicated. This rounding the blood vessels. A diminution of the tice forms "matter." Heat will not cause pus formtissue pressure without, by wasting of tissue from ation, but cold may do so, if its application be too

8. In cases in which the prolonged use of hot

In presenting his theory. Landerer for they are prescribed in various general conditions. Now, we find that the temperature will be lowered It would occupy entirely too much time were I to and irritability lessened by cold sponging, and it is

It seems probable, therefore, that the benefit is 1. Acute sthenic inflammation will be likely to be due to a temporary inhibition of protoplasmic activity, both in the tissues generally, and in the nervous centers. In health, this is followed by a beneficial

Nolkmann's Sammlung klimscher Vorträge, No. 259.

reaction if the bath be not too prolonged, but in fe-gree of reaction. It is an inhibition of tissue metaver, the reaction must be very slight, for were it not bolism and heat production, rather than a direct so, cold baths would be fatal in every case of pyrexia abstraction of heat, that is productive of benefit. of high degree. That the vital depression may be This inhibition of vital power is modified by the decarried to extremes, has been demonstrated by all gree of cold, the duration of its application, and last, who have tried Liebermeister's system of cold baths but not least, the inherent vitality or resisting power in typhoid, and it is well to remember that reaction is of the patient. It will be seen, therefore, that the much slower in fever than under normal conditions, cold bath is a two-edged weapon, and is to be han-There is one method of applying cold in fevers which dled with caution. is extremely beneficial and productive of refrigera-

bath produces primarily exaltation, and it is not un—ures is necessary. usual for a child with convulsive symptoms to develop a paroxysm, the instant it is placed in the hot, toplasm in the phenomena of life, is not only of imbath. The temperature of the water under such portance as bearing upon the external application of circumstances should not be extreme, or more harm moist heat and cold, but it is serviceable in explainthan good will be accomplished. In the diathetic ing the effects of hot and cold water when ingested affections mentioned the hot bath not only stimu- in greater or less amount. lates tissue metabolism and waste, but also stimulates the various eliminative areas, notably the skin.

and I will therefore briefly formulate a few general during a meal, especially if one be warm and fatigued considerations.

by virtue of their effect upon tissue protoplasm.

has had time to restore itself. These effects vary hot water has a directly opposite effect. considerably according to the degree of heat and the plethora.

all the vital functions are exalted.

longed, and is not followed by a proportionate de- ative density of the enticle, which protects the more

It is well to remember, that the sudden application with little or no danger of depression. This tion of cold to the surface of the body, is liable to method is that of Stephan, and will receive attention produce marked internal hyperæmia and congestion, which may prove disastrous in diseased conditions of In all conditions in which stimulation is indicated the viscera and vascular system. The indications the general hot bath is of value. Thus it is of service for the cold bath are: 1. Conditions of debility, not in conditions of shock, and in such diathetic and too pronounced. In these conditions, its use should cachectic affections as gout, rhenmatism, malaria and consist only in its transitory application, the reachospitalism. In conditions of nervous depression tionary effect being that from which benefit is to be the hot bath should not be prolonged, for while its expected. 2. Febrile conditions: In these condiprimary action is stimulating, it produces secondarily tions its use must be prolonged, in order that direct systematic depression and relaxation. Over stimu cooling of the tissues should be produced. These lation produces necessarily exhaustion of cell vitality. effects are modified by circumstances already indi-In convulsive affections it will be found that the hot cated, and a careful selection of patients and meas-

The theory of the independent importance of pro-

It is a well known fact that cold water taken internally is capable of retarding the digestive processes Much more might be said upon the important sub- under certain circumstances, especially if the patient ject of hot and cold bathing, but our time is limited, be weakly. A glass of ice water taken before or from exercise, will often cause a sharp fit of indiges-1. Hot and cold baths in health and disease act tion due to a diminution of gastric secretion and perhaps reflexly, of intestinal secretion. 2. The general application of heat to the animal the latter results from direct chilling of the inbody produces primarily an increase of tissue meta-testinal surface, is hardly probable, for the fluid must bolism, an exaltation of the nervous system, and an almost necessarily be warmed sufficiently to obviate increase of elimination. Secondarily it produces as any directly evil effect, by the time it passes the a consequence of over stimulation, an exhaustion of pylorus. That simple dilution of the gastric juices vital power which persists until the tissue protoplasm cause the indigestion is very doubtful, for a glass of

It is generally held that a direct blanching of the duration of its application. The indications for the mucous surface is caused by the application of the use of heat therefore are: 1. Nervous depression. cold water, but in an organ so vascular as the stom-2. Convulsive and spasmodic affections. 3. Dia- ach, the temperature of which is always above the thetic or cachetic conditions in which peccant ma- average blood heat, such an effect is of comparatively terials are present in the blood and tissues. Cau- mmor importance, unless successive doses of cold tion is necessary in applying it in the condition of water are taken. If we assume that the effects noted are the result of a direct inhibition of the vitality of The general application of cold is productive of the protoplasm of the secretory cells, we have cereffects for the most part diametrically opposite to tainly a logical explanation. If the condition was those produced by heat. If the patient be robust and merely one of vascular spasm reaction would speedily healthy, and the application of short duration, there come on, and the digestive process would be more occurs a temporary depression of vitality, superficial energetic than ever. We notice that in the case of in character, almost inappreciable in amount, and the cold douche applied to the skin, reaction is very almost immediately followed by a healthful reaction beneficial and the activity of its secretory apparatus and increase of tissue metabolism. As a consequence, is improved. That the application of cold to the skin is not productive of depression of secretory ac-As applied in pyrexia, this depression is more pro-tivity unless it be continuous, is due to the comparhas already been alluded to.

gestive disturbances, may be explained by the stim- ble that chemical hydration occurs in a greater or less ulating effect which it exerts upon the secretory cells proportion of cells, and this is most disastrous. Acand muscle fibres of the digestive tract. Caution is cording to Hoppe Seyler, "living protoplasm connecessary in its use, as over-stimulation may result sists of anhydrous molecules in a hydrated medium." injuriously, and enhance the disturbance already The instant the protoplasmic molecule is hydrated (i.e.

existing.

ternally are first exerted locally upon the gastro-sequently the cell of which it is an integral part, dies. intestinal mucuous membrane, but in common with It is evident that a certain equilibrium of the amount all absorbable substances, etc., has certain effects of water contained in the molecules of living tissues after absorption into the blood. These effects are is necessary to their integrity, and that either marked of two kinds. 1st, those upon the tissues, and 2d, increase or depreciation is detrimental. those upon the emunctories from a functional standthe fluid practically flushes out the tissues, sewers and will explain the instinctive demand for cooling and drains of the body, thus carrying off effete mate- drinks experienced by all animals under such conrial, they may be injurious. The hyper-investigation ditions. of water or fluids containing it, is apt to prove deleterious in a general sense, for the system, so to speak, a materies morbi in the blood and tissnes, whether becomes supersaturated with fluid, and the loculi of primarily as a specific cause of disease, or secondarthe connective tissue distended and sodden. Under ily as a result of tissue metamorphosis (e. g., in inthese circumstances, there is exclusive imbibition of flammations). 2. Excessive tissue waste due essenmembrane.

and of nervous excitability with deficiency of power refrigeration of the tissues and consequent diminuof beer and other watery alcoholic beverages, upon tative areas. habitual drinkers. The explanation which he gives the interstices of the areolar membrane. I believe, external application of water. Too often the patient's however, that this is hardly comprehensive enough, thirst is ignored, while his heat of skin is magnified It is probable that the essential morbid condition is in importance. an inhibition of protoplasmic activity.

through the limiting membrane, by endosmosis

though we could scarcely term the process, osmosis, every day illustration of this action of the stronger There are doubtless lost at the same time, certain alcoholics. It will be found that alcoholics may be saline and other principles, which are of the utmost best administered to fever patients in soda or seltzer importance to the vitality of the cell. Necessarily, water, and it is safe to say that the moderate drinker inhibition of function must result, and in direct pro- may attain the maximum of safety by a similar dilnportion to the inhibition of protoplasmic activity, tion of his daily beverage. general vitality is impaired, for as Mandsley aptly

sensitive protoplasm of the secretory cells. The de-defines it, "vitality is but the aggregate manifestation pressing effect of the continuous application of cold, of independent existence of individual cells." The effects upon the cell which I have mentioned, con-The beneficial effects of hot water, in certain dissist really, in mechanical hydration, but it is possithe instant its chemical composition is modified by the The effects of hot and cold water when taken in- addition of the elements of water) it dies, and con-

This view of the physiological action of water point. While these effects are usually beneficial, and may be applied to the internal treatment of fever,

We have in febrile conditions: 1. The existence of fluid, by the basement substance or protoplasm of tially to hyper-metabolic activity of the protoplasm. the various cells, and it might be inferred a priori, 3. A high grade of temperature resulting from this that a consequent sluggishness of function would excessive metabolism. 4. A rapid loss of water con-This explains in part, the manifest perver-sequent upon the high temperature. 5. Slnggishsion of the nutritive functions in those who consume ness of function of the emunctories. By the adminlarge quantities of fluids, whether spiritous (provid- istration of large quantities of water we answer alling the alcohol be not in excess) or otherwise. When the indications presented by these essential elements oxidation is thus interfered with, we have an exces- of fever, viz.: 1. Dilution and removal of the spesive accumulation of fat, or what often passes for cific poison, or the products of oxidation, as the case such, a thickened, soggy condition of the areolar may be, and prevention of toxemia, both hetero and auto-genetic. 2. Inhibition of protoplasmic activity Richardson says: "The signs of laxity of muscular and consequent diminution of heat production, these fibre, of thinness of the blood, of pallor of the face, results being due mainly to hydration. 3. Actual which mark so many of our women, are often due to tion of the immediately disastrous effects of heat the consumption of an excess of liquid food." He upon the heart muscle. 4. A restoration of fluid to dwells with especial emphasis upon the evil effects the tissues. 5. A stimulation of the various elimin-

It is well, then, in our modern practice of refrigof the evils resulting from this excessive tippling, is a cration in fever, to remember certain indications purely mechanical one, and implies merely a me- which even the instinct of the dog fulfills, and which chanical obstruction to nutrition from distension of are much more direct and urgent than those for the

It is well to bear in mind that concentrated alco-We are all familiar with the manner in which the holic beverages when given in fever should be well basis substance of living cells will imbibe water diluted, for the affinity of alcohol for the water of the tissues is apt to neutralize its possible benefits in other Undifferentiated protoplasm will do the same, aldirections. The morning thirst of the toper is an

While it would be impracticable to discuss in de-

The Theory of Vitality, by Henry Maudsley, F.R.S.

tail the various applications of water, hot and cold, there are a few of the more recent uses of these agents evening of the thirteenth day of the disease; The

in therapeutics that I desire to mention.

lished an article upon the use of the ice-bag in fever. been of any service. The bags were applied to the His method consists of the application of ice-bags to neck and abdomen, and by morning the temperathe neck upon each side, just above the clavicles, ture had fallen to 101. It afterwards rose, but The theory advanced is that the large volume of never above 103 E., and the case was apparently blood coursing through the carotids and internal and hopeful, when fatal perforation and peritonitis ocexternal jugulars is directly refrigerated, and the curred. blood thus cooled enters the heart almost immediately to be redistributed throughout the body. with a violent chill on the fifth day after a tedious Since the publication of Stephan's article I have tried and difficult instrumental delivery. The temperathe method repeatedly, and have to look upon it as ture rose at once to roat F., and in spite of intraone of our most valuable resources for controlling uterine irrigation persisted with but slight remission, fever. I have usually applied an additional ice-bag and on the third day rose to 106° F. At this time to the epigastrium, thus taking advantage of the rela-she was seen in consultation by Dr. A. Reeves Jacktively large amount of blood in the peritoneum and son. Lee bags were applied as in the previous cases, intestines. The directly sedative effect upon the intra-uterine injections being meanwhile persisted in. cervical ganglia and the solar plexus obtained by In less than ten hours the temperature fell to normal, this method is also an element in its favor, for the and never again rose above 102° E., and that only intimate relation of the sympathetic centers to the during the second night after the bags were used. trophic changes of fever or perhaps heat production. They were at once reapplied and the temperature is generally admitted. In my opinion this method again fell, the thermometer registering 68 F. There if generally adopted, will supersede the general cold was no further rise of temperature, and in a few days bath. It is easy of application, not likely to be in- the patient was convalescent. jurious if used with even a moderate amount of caution, is rational in theory, and better than all, it can is its use in gonorrheea. As usually applied by conbe applied more or less continuously as occasion may tinuous irrigation through the double current catherequire. The bags may safely be left in charge of ter, this method of treatment is likely to prove too any intelligent person, which cannot be said of the stimulating in acute gonorrheea, and the passage of general cold water bath.

monia.—The patient was delirious at night from the and used as hot as can be borne. It has been my first day of her illness. The stools were character- experience that this method of treatment is adapted istic. The temperature upon the fourth day was only to the more chronic forms of urethritis.

105.5° F. Quinine and cold sponging reduced it Inflammation of the prostate and vesical but 1° at any time, and these remedies were faith benefited by hot enemata frequently repeated. fully tried. Antipyrin in 10 grain doses was no more effective, and produced marked depression attention to the internal uses of hot water, and aland was discontinued as unsafe, general prostration though a great deal of rubbish has been written upon being profound. On the fifth night the temperature the subject, there is much of good in the hot water was 105.8° F., and the patient was wildly delirious. system. In cases of atonic and flatulent dyspensia, Bromides and opium within the limits of safety were and in such functional perturbations of the kidney of no service. Ice-bags were applied to the neck and abdomen, and for about two hours it was necessary to hold the patient by main force to prevent commended. Hot water taken internally is an extheir displacement. At the end of that time she fell cellent stimulant and diaphoretic, and will aid one in into a quiet sleep and slept for about four hours, the performing muscular labor to a remakable extent. temperature having meanwhile fallen to 101° F. The This I know from personal experience, and some of ice bags were now removed and ordered reapplied my friends who have tried it at my suggestion while whenever the temperature rose to 102° F., and to be removed whenever the patient complained of discomfort. There was no more delirium and the patient slept a great deal. At the end of the second is not followed by disagreeable effects. It is my belief week convalescence was established, the tempera- that hot instead of cold water, should be drunk while ture having been no higher than 102° F, since the in the Turkish bath. By taking hot water those infirst application of the ice-bags. In this case the dividuals who complain that they do not perspire treatment appeared to change the entire course of will be greatly benefited. the disease from a severe to a mild one.

Case 2.—Typhoid, seen in consultation on the temperature was 104 F., and had stood at this point A few months ago Stephan, of St. Petersburg, pub- for some days. Antipyrin and quinine had not

Case 3 .- Puer peral Septicamia. - Patient was taken

Among the more recent applications of hot water, the tube is likely to cause serious complications. I In substantiation of the claims advanced 1 take the have used in preference ordinary urethral injections liberty of presenting the following brief clinical notes: of hot water with a large syringe. The injections Case 1.— Typhoid with complicating croupous pnew are to be given repeatedly for at least thirty minutes

Inflammation of the prostate and vesical neck is

The recently revived hot water craze has directed as Sir Andrew Clark describes under the head of "renal inadequacy," the free use of water is to be working in the gymnasium, admit that they can do more work and obtain more benefit while drinking freely of hot water. Unlike other stimulants, hot water

S12 Chicago Opera House Block.

CLOSURE OF THE JAWS AND ITS TREATMENT.

Read before the College of Physicians of Philadelphia, February 2, 1887.

BY J. EWING MEARS, M.D.,

PROFESSOR OF ANATOMY AND CLINICAL SURGERY, PENNSYLVANIA COLLEGE OF DENTAL SURGERY, SURGEON TO ST. MARY'S HOSPITAL.

At the meeting of the American Surgical Association, June 1, 1883, I read a paper on "Closure of the Jaws and its Treatment." In this paper, which was published in the first volume of the Transactions of the Association, I described the two forms of carrying out the necessary manipulations within the permanent occlusion of the jaws—one due to the formation of osseous or cicatricial bands between the alveolar processes, and the other dependent upon ankylosis of the temporo-maxillary articulation, either fibrous or osseous in character. I gave also a resume of the methods of operation which had been suggested and practised for the relief of these is made in front of the contraction. Its inapplicaconditions, reported the almost universal failures of bility when both sides are affected, and the deformity these methods in obtaining successful results, as gathered from the reports of cases, and stated the objections to their employment. That a better ing the formation of a false joint by simple division understanding may be had of the subject, I give, at of the bone—the tendency to reunion being much this time, this résumé.

A résumé of the methods of operation which have closure of the jaws shows that they have been as follows:

- 1. Division of the cicatricial tissues. Section of the masseter and temporal muscles, as originally suggested by Carnochan, when division of the cicatricial bands is insufficient.
- 2. Excision, more or less complete, of the cicatricial bands or osseous formations, and the subsequent employment in case of the former, for a long period of time, of wedges and levers to maintain the separation of the jaws. tion of skin, as practised by Jaesche.
- brane at the base of the alveolus.
- behind the point of contraction.
- incision.

In closure due to ankylosis of the temporomaxillary articulation, the methods practised are:

- 1. Formation of a false joint by exsection of the jaw, by external incision (Carnochan's suggestion), or the division of the ramus from within the mouth, either by saw, forceps, or chisel.
- 2. Exsection of the condyle with a portion of the neck, the incision being external, as practised by Professor S. D. Gross.

The objections stated were as follows:

- 1. To incision and excision. The reformation of the cicatrix and the great pain to which the patient is subjected in the use of wedges, levers, and screws —the difficulties of securing flaps of mucous membrane and skin from adjacent parts and their successful transplantation. The almost universal failures.
- 2. Division of the Cicatricial Bands and Use of Shields. The pain and inconvenience experienced by the patient in the use of the shields, and difficulty of obtaining the full cooperation of the patient in
- Section of the Ramus behind the Contraction— Dieffenbach's Method. The difficulty of obtaining a permanent false joint after simple section of the bone.
- 4. Esmarch's Method. The loss of one-half of the jaw for the purposes of mastication, where excision which results.
- 5. Rizzoli's Method. The difficulty in accomplishgreater than when a segment is removed.

Having given this résumé of the different methods been suggested for the relief and cure of permanent of operation and the objections which I believed to exist against the accomplishment of entirely successful results by their employment, I described a method which I had practised in a case of jaw closure due to the formation of osseous and cicatricial bands, involving the left side, the result of a gunshot wound. The injury was received when the patient was 2 years of age, and the operation for her relief was performed on January 26, 1883, eighteen years later. The plan of operation practised, and which differed from those which had been employed, consisted in Transplantation of the exposure of the temporo-maxillary articulation mucous membrane to cover the surface of the by an incision along and below the zygomatic arch. wound, as suggested by Dieffenbach, or transplanta- the excision of nearly the entire ramus of the jaw with the coronoide and condyloid processes, section 3. Division of the cicatricial tissues, and the adap- of the masseter, temporal, and external pterygoid tation of metal shields, not only to prevent recontract muscles. The osseous plate which had formed betion, but to re-establish the sulcus of mucous mem- tween the alveolar processes on the palatal surface was sawn through, the saw having been introduced 4. Dieffenbach's method of simple division of the between the teeth to accomplish this purpose. The ramus of the jaw-and the formation of a false joint jaws were now separated to the extent of an inch. The subsequent treatment consisted in the daily use, 5. Esmarch's suggestion that the joint be formed for a period of four weeks, of my mouth-gag, during in front of the contraction, and that a segment of the formation of the artificial articulation, with the bone be removed for this purpose—by external result of securing a separation of one and a quarter inches. About the middle of January, 1887, four 6. The formation of a false joint in front of the years after the operation, the patient called upon me. contraction by simple division of the bone, made by and I found the separation of the jaws to be over forceps applied within the mouth-Rizzoli's method. one and a quarter inches, and the movements in everv respect normal. The patient is unable to recognize any difference, in motion or in sensation, between the natural joint on the right side and that formed upon the left.

Since the time of this operation I have had six cases of jaw-closure, in four of which I have operated by methods somewhat different from that above described. Of the six cases five were due to bony ankylosis occurring in the temporo-maxillary joint.

tirely obliterated by the formation of masses of dense method of slow division by ligature as possessing adand permitted the separation of the lips only. This employed. condition followed an attack of noma, in which the entirely destroyed by the inflammatory action, the the jaws are firmly locked by broad bands it may be tongue and lower jaw on the right side being liken necessary to pass the ligature from behind, introduction in the latter. In the report of border of the cicatricial band, and carrying it forstated that I had not divided the cicatricial band the needle, it may be carried along the inner surface be made of these bands. In this case, however, the in certain cases to divide the bands in portions cicatricial bands were so extensive, reaching from rather than en masse. Care should always be taken the ramus of the jaw to the angle of the mouth, and to avoid implication of the duct of Steno. were so unyielding that it became necessary to spaces free. Reformation of the tissues followed, velopment. and, with their recurrence, closure, not, however, to the full extent.

failures which accompanied the methods employed, scarlet fever. Closure of the jaws had existed for induced me to make an effort to effect division of four years. In this case one and a half inches separathe dense tissue by means of a ligature, believing tion was permanently secured. that reunion could thus be partially, if not completely, prevented. In this expectation I was not altogether in my first case, by effecting excision of the upper

disappointed.

Having armed a strong-handled needle with double-loid processes through the mouth, avoiding in this twisted carbolized silk ligature, I passed it from the way an external cicatrix. angle of the mouth backward between the integument and the outer surface of the cicatricial mass, sharp-pointed bistoury is introduced beneath the and caused the point to immerge just behind the masseter muscle on a level with the last molar tooth last molar tooth of the lower jaw. In this manner of the lower jaw. Into the wound thus made the I surrounded the cicatricial tissue with the ligature, blade of an Adams' saw is passed, and the ramus which was tied loosely and moved each day for a sawn through. The periosteum, with the overlying week, so as to establish a canal which would not masseter muscle, is raised by the periosteal elevator. readily close. At the expiration of a week I tight- and the wound thus enlarged. The insertion of the ened the ligature slightly, and every third day for temporal muscle is now divided by a probe-pointed the next two weeks made slight torsion, passing a bistoury. The tissues on the inner surface are sepprobe meanwhile along the track of the ligature, arated by the elevator, the bone seized by the lion-In this way the dense tissue was slowly divided, jawed forceps, and an effort made to dislodge it by union not taking place at the bottom of the wound, forcibly twisting it outward. If it yields at the and the jaws were separated three-quarters of an inch, neck of the condyle, the process is afterward chisseled sufficient for all practical purposes. The patient out. If sufficient space is acquired without removal went to his home in the country. At some future of the firmly ankylosed process, it is permitted to time the remaining tissue may be divided by the liga- remain, the object being to provide ample space for ture and separation of the jaws to a greater extent the formation of an artificial joint. Section of the accomplished. The result obtained in this case, an masseter muscle is made if its tense condition deexample of occlusion by the formation of most ex- mands it. Hæmorrhage which arises from the di-

In one, the buccal cavities on both sides were entensive cicatricial bands, induces me to offer the cicatricial tissue, which bound the jaws firmly together—vantages over the method's heretofore suggested and

Modifications in the method of depositing the tissues of the cheeks, except the integument, were ligature may be required in different cases. When the first case, made to the Surgical Association, I ward to the angle of the mouth; then reintroducing which existed, but had utilized it as a ligament; and of the mass, and brought out at the wound made on I stated my belief at the time that such use could the external surface. It may be deemed expedient

Of the cases of synostosis of the lower jaw, two modify the plan of operation. The condition of were due to traumatism. In one there were evinecrosis demanded that the mouth should be opened dences of fracture of the neck of the condyle of the at once, in order that treatment could be adopted. jaw, caused by a fall upon the chin; in the other, a The bands were therefore divided by incision in the kick by a horse had fractured the body and ramus of mouth, the cavity opened wide, and several spicula the jaw, and inflammation had attacked the articulaof dead bone were removed. Use was made of the tion. The articulation upon the right side was mouth-gag to maintain separation of the jaws. De affected in both of these cases; the injuries were respite daily use of the instrument, reunion of the ceived when the patients were 10 and 11 years of bands occurred at the end of six weeks, and almost age respectively, and the operations for their relief complete closure was again effected. Division of were performed fourteen and seventeen years later, the cicatricial tissue was a second time performed, securing in each case a separation of the jaws to the and with the same result as in the first operation, extent of one and a quarter inches. In the one in-At the expiration of two months the cicatricial bands jured by a fall upon the chin there was marked rewere dissected out en masse, leaving the buccal cession of the lower jaw and an absence of full de-

In the third case, a boy 10 years of age, the bony ankylosis upon the left side had followed necrosis of The difficulties experienced in this case, and the the body and ramus consequent upon an attack of

> In all of these I modified the operation employed portion of the ramus, the coronoid, and the condy-

The method of operation is as follows: A straight

vision of muscular arterial branches, and possibly of existent with the exophthalmus. In other cases the the inferior dental artery, is controlled by pressure goitre alone is absent. It occurs more frequently in effected by packing the wound cavity with sponges, women than in men, though it is by no means con-Wounding of the internal maxillary artery is to be fined to the former sex. Niemeyer thinks that menavoided by careful use of the instrument in close strual disorder, or perhaps the lack of red corpuscles

cur, producing an esthesia in the teeth, and regions tion; but it is altogether inadmissible to regard such of the chin supplied by its mental branch. In one disease of the vaso motor nerves as a mere part of case in which this has occurred, I have observed a that widespread disorder of innervation which occurs gradual restoration of the function. In another, in hysteria, and to attribute the relaxed state of the anæsthesia still exists, although nearly a year has vessels, or of their nerves, proceeding from the want elapsed since the operation. The wound cavity is of red corpuscles in the blood. Indeed, Basedow's packed with iodoform gauze, 7½ per cent., and re-disease is not especially prevalent in cases of severe newed every third day. Manipulation with the hysteria or intense chlorosis, and in some cases even mouth gag is instituted at the expiration of a week, appears in persons free from both menstrual disturband maintained for a varying period-from six to ance and impoverishment of the blood. Graves and eight weeks or longer, according to the requirements his colleague, Stokes, took the view that the goitte of the case. This manipulation gives no pain in the and exophthalmus were dependent on the cardiac newly formed joint. In two instances the renewal disorder. In some particular cases the disease has of motion has caused pain in the sound articulation. | been attributed to fright or other mental excitement, In one of the patients exhibited this evening an at- or traumatic causes. Austin Flint believes that, "in tack of subacute inflammation occurred in the sound view of the fact of the exophthalmia and the goitre beard.

EXOPHTHALMIC GOITRE: WITH REPORT OF A CASE.

Read before the Illinois and Iowa Central District Medical Association, Cetober 14, 1886.

BY STELLA B. NICHOLS, M.D.,

OF DAVENPORT, IOWA.

symptoms: protuberance of the eyeballs, enlarge-blood-forming organs, and thinks that we have no ment of the thyroid body, and palpitation of the heart. The name, exophthalmic goitre, relates to duce in their entirety the remarkable phenomena the first two of these symptoms. That it is defective, characteristic of Graves' disease. On the contrary, is proven by its failure to include the increased frequency of the heart's action, which is almost invariably the initial symptom, and is the only one of the bases his opinion on the fact that the disturbance of so called symptomatic triad which is never absent, cardiac action, the cough, nausea, and protrusion of zie, Sichel and Desmarres, had already made mention the organs through which the phenomena are maniof this affection, it remained for Graves to describe fested; and cites the absence of pupillary disturbadopted the name Graves' disease, as proposed by known.

the associated phenomena being the same as if co- widely opened, closure of the lids is infrequent and

contact with the bone in the upper and inner portions, in the blood, which so often accompanies such dis-Section of the interior dental nerve is likely to oc- order, also seems to have some part in its producjoint which required the application of three blisters | being, in the vast majority of cases, bilateral, it seems to remove. The use of the ordinary chewing gum, rational to suppose the pathological nervous condi-I have found, assists materially in maintaining the tion to be central rather than peripheral." Aitken movements of the jaw during the formation of the believes that "the normal nutrition of the nervefalse articulation. In one of the cases the restoral centres is impaired," and says "palsy of the vasotion of the motions of the jaw stimulated the hair motor nerves connected with the carotids, thyroid follicles, and gave rise to a marked growth of the gland, and heart, is the explanation given of this disease;" that it coexists with wasting diseases, or supervenes upon them; such as leucorrhœa and menorrhagia in females, and hæmorrhoids in males. Amenorrhæa, long continued hæmorrhages, want of rest, and many other similar causes, have been assigned in different cases. Dr. Stokes says: "In young women, mental anxiety and the effect of terror may produce it."

Hammond does not accept the opinion that the This affection is characterized by three prominent disease is an affection primarily of the heart and the evidence to show that chlorosis or anæmia ever prohe thinks that we are justified in regarding it as an affection of the brain and medulla oblongata, and Although ophthalmologists, like Demours, Macken-the eyeballs, indicate the pneumogastric nerves as it as an individual complaint, which he did in 1835. ance as one of the strongest circumstances against Afterwards, from Basedow giving a fuller description | the hypothesis of sympathetic disorder. In the four of it, it was known as Basedow's disease, which is cases which have come under my observation there the name now given to the affection by German has been uterine disease, and the sequel has seemed writers. American, English and French writers have to prove that it was the primary cause of the disorder.

The first symptoms are usually palpitation of the Trousseau. Cardiogmus strumosus, and exophthal- heart and habitually rapid pulse, with other signs of mic eachexia are other titles by which it has been nervous debility. The next symptom in order is generally an enlargement of the thyroid gland with There are cases in which one of these cardinal violent beatings of the carotid arteries. Exophthalsymptoms is absent. The exophthalmia is the event mus makes its appearance either at the same time, most often wanting, the palpitation, the goitre and or a little sooner or later. The palpebral fissure is incomplete, while the upper eyelid takes but little prove the impoverished condition of the blood. part in the movements of elevation and depression Todine has been quite generally used in the treatof the eyeballs. Although these three phenomena ment of the cultiged thyroid gland, but whether used may be said to constitute the pathological trinity of internally or applied to the swollen gland, it appears which the disease consists, there are cases in which by itself to be of little use. Cupenter has found the goitre may be almost if not entirely wanting, iodoform internally to be peculiarly efficacious in the while in other cases the exophthalmus may be slight treatment of this form of gottre. He ascribes the or absent.

ble. In addition to these cardinal symptoms, we erties. may find minor manifestations such as cough, nausea, increase of temperature, profuse sweating, harmor- pressure of the enlarged thyroid hody on the trachea, rhages from the lungs, nose or bowels, and sometimes which was relieved by the application of ice to the codema of the extremities. Emotional excitability is neck, and the administration internally of digitalis. There are insomnia and various also increased. disturbances of sleep, headache, vertigo, neuralgia, rent as the principal agent for the cure of the disease. mental irritability, and often depression of spirits. His rule is to make the intensity of the current as There may be disorder of digestion with constipation great as the patient can bear with comfort. He or diarrhea. Anemia and emaciation are usually says: "One pole—a wet sponge—should be placed present, and may be coexistent with more or less on the nape of the neck, and the other should be mental weakness. In women, menstruation is almost stroked down the skin over the pneumogastric- or always either entirely absent or greatly diminished, sympathetic if the physician regards this nerve as the There are rarely any marked disturbances of vision, seat of the disease; it is impossible to act on one and the movements of the eyeballs are usually without at the same time affecting the other to an

The diagnosis of exophthalmic goitre is rendered ten minutes." comparatively easy by the usual prominence of the three characteristic phenomena. The heart is seldom thyroid enlargement, by the injection into the gland organically affected; the protrusion of the eyeballs, of a solution of ergotine, in addition to ergot, given although sometimes so great as to interfere materially internally. Some of our latest writers regard ergotine with the closure of the lids, is not productive of as being almost a specific in this disease. pain, disorder of the globes, or impairment of vision. The enlargement of the thyroid rarely attains any believed to bear a special causative relation to the great bulk, as in common goitre. Loud, and often affection. musical murmurs, both arterial and venous, may be distinguished upon applying the ear to the enlarged der my observation. All occurred in women; all

diagnosis of the disease. Cohen tells us that the more or less promptly upon instituting appropriate prognosis in those cases—the most frequent—in gynecological treatment. Of course, internal remewhich there exists no sign of organic disease in the dies were used to control nervous excitability and heart or other organs, is very favorable, though a other annoying symptoms, during the course of long time often passes before the characteristic feat treatment. One of these cases has been particularly tures of the disease entirely disappear. Aitken says interesting to me, from the fact that it has been, "the result may be unfavorable, by reason of dilata- throughout a typical case. tion of the heart, with diminished functional power. The patient becomes evanotic and dropsical, with age, consulted me because of amenorrheea of seven dyspnœa. Death takes place also, but more rarely, months duration. Upon inquiry Hearned that shortly by cerebral symptoms." Cases due to uterine dis after the cessation of menstruation, she suffered greatly orders in which the functional derangement has not with palpitation of the heart, and extreme nervous already induced organic disease of the heart, im- sensibility. A little later exophthalmus gradually prove promptly upon removal of the cause. Of made its appearance. At about the same period she course, as a rule, recent cases yield more readily to began to experience some difficulty in the deglutition treatment than cases of longer duration.

very definitely to the proper treatment. Rest of little more than a month after the onset of the disease mind and body, and the removal of those conditions she became confined to her bed, by reason of nervwhich seem to have been important elements in the ous prostration and palpitation of the heart. In the first production of the disease; generous diet, change meantime, all of the symptoms were greatly aggraof air and scene, and in short whatever has a ten-vated. At the end of six weeks she recovered her dency to invigorate the system. The excessive irri-strength in a sufficient degree to admit of her being tability of the heart and nervous system demand up and about the house. The exophthalmus and digitalis, the bromides, and other remedies of this goitre were still very noticeable, and she was much class. Tonics, especially iron, should be used to im-temaciated. At this time, digestive disturbances be-

excellent results obtained, to some influence of the The severity of each of these symptoms is varia- nervous system, rather than by its resolvent prop-

Trousseau relates a case of suffocation, caused by

Hammond relies upon the primary galvanic curequal extent. This should be done daily, for five or

Pepper has effected a complete reduction of the

Uterine troubles are to be removed, as they are

Four cases of exophthalmic goitre have come unpresented the cardinal symptoms, distinctly marked; The clinical history is an important factor in the all suffered from uterine lesions, and all improved

The patient, an unmarried woman, 23 years of of solid food, and by this symptom her attention was The causes and symptoms of the disease point directed to the slightly enlarged thyroid gland. A

vomited a large portion of her food. When this vised the operation about five years previously. It symptom was under control, there still remained was first performed before a class, so far as I know, constipation, afternating with diarrhea. From this in a ward in Bellevue Hospital, in the winter of 1882 time until she came under my care, her condition -83. It is the operation as I then became ac-

remained practically unchanged.

the heart, pulse 120. The arterial excitement was letter, received from Dr. Wylie a few days ago, tells not confined to the vessels in the neck, there was me that he still uses the same operation with little if also increased action of the abdominal aorta. The any modification. It is performed as follows: prominence of the eyeballs was well marked, though the lids could be closed without difficulty. The eyes and glycerine tampons having been carried out, the were suffused and red. I cannot better describe the bowels are cleansed by enema an hour or two before condition of the thyroid gland than by quoting from the time for operation. Just before the patient is Holmes' "Surgery": "It was soft, smooth and elastic, etherized, a hot vaginal douche of corrosive sublimate, and of equal character throughout, presenting the 1 to 5000, or carbolic acid, 1 to 40, is given. Patient form of hypertrophied gland, and had rapidly develis placed on her back, the buttocks as near edge of oped itself to its present size—that of three or four table as possible, with the thighs strongly flexed and times the magnitude of the gland in health; but it knees held apart by an assistant on either side. was subject to remarkable variations in this respect, The labia are drawn apart as fully as possible withaccording to the state of mind, rest or palpitation, out straining, and are held by the assistants. The It appeared to be highly vascular, and conveyed to earuncles marking the posterior border of the vaginal the touch the sensation of an erectile tumor. There orifice are found and mark the limit of the denudawas also a purring thrill to be felt by the fingers, and tion upwards or towards the pubes. A tenaculum a loud and sometimes musical bruit to be heard is hooked into the crest of the rectocele, which is through the stethoscope." were cedematous. There was at times, profuse sweat- finger to find at what point the tissues on either side ing. Examination showed the uterus to be about of it are put on the stretch by the traction. This two thirds the usual adult size. The posterior lip of point or one a very little above it is made the limit the cervix was elongated, and soft and flabby to the of denudation backwards into the vagina. It is well

sedatives, such as pyrophosphate of iron, digitalis, is the most convenient instrument. Following Dr. and bromide of zine. Good results were obtained Wylie's example, I have always used a pair of good from the use of ergot. The galvanie current was dissecting foreeps to catch the tissues, instead of the applied daily, as suggested by Hammond. The gyne-tenaculum. cological treatment was directed to the relief of the uterine disorder, independently of the associated brane as wide as can be conveniently cut is snipped

phenomena improvement followed rapidly.

goitre were much less noticeable; the palpitation of earuncle on one side to the same level on the other. rare occurrence, the symptoms which usually pre-TWe then denude all the posterior surface of the cede menstruation made their appearance, and with vagina up to this level till we reach the beginning of the exception of slight dyspacea on exertion, the pa- the sulei running on either side of the rectocele. tient said that she felt perfectly well, and discontinued The part of the operation requiring the greatest further medical treatment.

212 Brady St., October, 1886.

PERINEORRHAPHY AS PERFORMED BY DR. W. GILL WYLIE.

Abstract of a paper read before the Obstetrical Society of Philadelphia, March 3, 1887.

BY HOWARD A. PARDEE, M.D., OF PHILADELPHIA.

Emmett's operation for the restoration of the per- of the rectocele. This will usually be about one incum, read at the February meeting, leads me to and a half or two inches from the orifice. In denudthink that a brief description of the operation design this portion of the vagina we still work from side vised by Dr. Wylie might also be acceptable to the to side carrying the strip of mucous membrane down Society.

came prominent, and for the space of one month she the N. Y. Medical Record, March, 1885, he had dequainted with it that I shall describe, for it is the one When I saw her, there was violent palpitation of I have since used and am most familiar with. A

The usual preparation by laxatives, hot donehes The lower extremities drawn down and an examination is made with the touch. There was slight erosion of the cervical mutomark it by snipping of a particle of the mucous memeous membrane. No discoverable ovarian difficulty. brane on either side. For the denudation a pair of The general treatment consisted of tonics and moderately sharp pointed scissors, curved on the flat

Commencing from below, a strip of mucous memoff, following the line of junction of the skin and At the end of two months the exophthalmus and mucous membrane from the level of the inferior judgment has now come. Our object is to unite the vaginal walls above the sulcus on one side with the corresponding portion of the vaginal wall on the other side, so obliterating the sulci and forcing back the rectocele. If we earry denudation too high we shall find it difficult to bring the two sides together without undue tension. If we are too timid our support will be insufficient and the operation will be but a partial success. The proper level having been determined, we continue the denudation upwards till we reach the points in the vagina which The interest shown in the paper describing Dr. ; we marked out as the limits of tension from the apex into the sulcus, up over the rectocele, down into the According to a paper by Dr. Wylie, contributed to other sulcus and up to the level we have marked on

the other side. In doing this we should not cut sex Hospital, the negative results being read before very deeply, and preserve as much as possible of the the Clinical Society by Messrs. Hulke and De Mormuscular substance of the wall of the vagina over gan (Clin. Soc. Trans., vol. 5). In Germany almost the rectocele, but afterward we should go over our the only favorable report came from Professor Friedwork in the sulci removing all tissue till we come to reich, who related instances of its value in gastric the fibrous external sheath of the vagina. In this cancer. Since then it has fallen much into disreway we hope to preserve a firm muscular coat over pute, having been regarded as little better than a the rectocele. When we are through, the denuded stomachic, and presembed thus with advantage (Wilsurface will be nearly square, or if the rectocele be helm: Year Book of Treatment, 1886, p. 49) in very large a paralelogram, the greatest length being cases of carcinoma and ulcer. But Dr. Riess, of transverse to the axis of the vagina. All bleeding Berlin, has just published (Berl. Klin. Wochensch., should be controlled pertectly by pressure and tor. March 7), some striking testimony to the value of sion, but if necessary catgut ligatures may be used the drug in gastric carcinoma, more conclusive than and the parts washed thoroughly with some efficient any that has hitherto appeared. It is noteworthy antiseptic.

three or four are placed as in the old "butterfly" op- and that he has not found it efficacious in cases of eration, entering about a quarter of an inch outside cancer where the stomach is not primarily involved. the line of junction of the skin and mucous mem- (Messrs, Hulke and De Morgan's reports did not brane, passing backward and downward and then deal with gastric cancer.) It was in cases presenting upward and forward emerging on the other side at a the symptoms of cancer of the stomach (many with entered. The last one of these external sutures cases—i. e., where gastric cancer was diagnosed should be entered a little above the level of the car-treated at the General Hospital from 1878 to 1886, uncle which marked the limit of denudation upward. condurango was prescribed, and in no case, even in The remaining sutures, four or five in number, are usu-those in the last stage, without some effect. The ally entered in the mucous membrane a little above drug was often given every hour-the total amount the line of denudation, passed down below the per diem reaching to grammes of the decoctionangle formed by the sulcus and up to the crest of and continued for long periods without ill effect. the rectocele. It is best to bring the needle through. The appetite improved in a few days, vomiting and at this point and reintroduce it at the same point, it pain diminished, and eventually ceased, and the pathen goes down the other side of the rectocele, tient gained in weight. Whether life is actually proround the angle of the sulcus and up the opposite longed is, of course, difficult to prove; but Riess vaginal wall till it emerges above the line of denuda- quotes statistics which show that the cases treated tion opposite the point where it entered on the other with condurango, both the fatal ones and those diswith a straight needle, a good needle holder, and the in hospital than those not treated by the drug. He index finger of the left hand in the rectum while the even states that of sixty four cases in which a palpathumb is in the vagina, it is made without much ble tumor was present, in seventeen it diminished in trouble. The greatest care should be taken that the size, and in eight quite disappeared; and he details needle is buried when it passes under the angle of three cases of such disappearance of obvious tumor, the sulcus.

after urination.

MEDICAL PROGRESS.

Fifteen years ago there was introduced from Brazil a Hospital.—Lancet, March 12, 1887. remedy which was claimed to be a specific for cancer. Since then, as before, other remedies have been similarly vaunted, and none have stood the test of Carbolized Spray.—Gilles of La Tourette, of experience. The remedy in question was condur. Paris, presents in detail three cases of stubborn ango bark, of which a trial was made at the Middle ulcers of the leg in inmates of the Insirmeric des In-

that he doubts whether its qualities as a stomachic The suture should now be introduced. The first are better than those of other drugs of that class, point corresponding to the point at which they a tumor) that the best effects were noticed. In 105 This may seem to be a difficult stitch, but charged in improved health, remained much longer which, subsequently dying, presented only cicatricial When the sutures are placed and before they are structure, with no trace of malignant disease. Obtightened, the sphincter ani should be thoroughly viously, before we can accept such cases as examples stretched. This, to a certain extent, relieves the of the cure of cancer we must be certain that the tension on the sutures, and at least adds largely to original diagnosis was correct, and the same skepthe comfort of the patient by preventing straining at ticism may be allowed respecting the whole series of Another thorough cleansing of the parts cases. For cancer of the stomach may not only be should be done, and the sutures should be tightened latent, but may be simulated by non malignant ulcerfrom below upward. The urine is not drawn unless ation, as every physician knows. Dr. Riess fairly the patient is unable to pass it. The parts are washed discusses this point, being quite alive to the objection. He claims, at least, that condurango has some local effect upon a diseased stomach, and considers that in all suspected cases it should be prescribed. It need hardly be pointed out that a local action as here claimed is a very different thing from a specific action in cancer generally, which was sufficiently CONDURANGO IN CANCER OF THE STOMACH,— disproved by the observations at the Middlesex

THE CURE OF LARGE ULCERS OF THE LEG BY THE

curables connected with the service of Charcot. The any conjunctival or other irritation set up by its use, general condition of the patients was of the worst and I have found one grain to the ounce a sufficiently description. The first was an extremely debilitated strong solution for my purposes. and emaciated subject of asthma conjoined with chronic bronchitis, 60 years old, presenting an enor- mydriatic power, scopoline is able to effect some mous ulcer covering the whole right leg, from the control upon the vascular supply of the eye; the malleoli to within an inch of the tuberosity of the drug may be, indeed, the physiological antithesis of tibia. The carbone spray for an hour and a half eserine; at present, I am engaged upon an inquiry morning and evening, with intermediate dressing with with Dr. P. S. Abraham, into the physiology and borated vascline, caused a complete cure in less than chemistry of the drug, and we hope before long to a month. The second was an ulcer, eighteen centimeters high, covering the lower half of the leg in a 8, 1887. patient 82 years of age, feeble and senile, and the subject of chronic bronchitis. Carbolized spray for two hours twice a day with borated vaseline dressing in the intervals, secured a complete cure in about six weeks. The third case occurred in a syphilitic subject, with mitral insufficiency, tertiary syphilis and chronic bronchitis, aged 59, with a vast ulcer, twenty-two centimeters long, enveloping the whole leg. Carbolic spray applied during the next six months had brought the ulcer down to about the size of a six sous piece when the patient died by his own hand. As the result of his observations, the author concludes: a. The method of carbolic spray repeated daily for an hour and a half, morning and evening, beter than any other method leads to a rapid cure of large varicose ulcers. b. In the early part of the treatment, the pains seated in the ulcer disappear. In the three cases observed, no erythema ever appeared at the margin of the wound, nor did the patient ever void the black urine indicating carbolic poisoning. c. A state of debility or senility of the patient does not in any way contra-indicate the employment of the method, which, on the conseems formally indicated in this particular case. d. The solutions used are the stronger, as the ulcer is the more atonic; solutions less than I to 50 should be rejected and even the greater strength, $\frac{1}{3}_{0}$, $\frac{1}{20}$, or even $\frac{1}{10}$ could be used. In the interval between the applications of the spray, the dressing of borate of soda and vaseline, 1 to 10 will be found useful.— Revue de Chirurgie, July, 1886.—Annals of Surgery, sen in Munich, has used antifebrin, and reports as March, 1887.

new mydriatic, introduced by Pierd'houy, is, as far sipelas a dose of 8 grains was vomited when given by as my experience of it goes, a useful drug. Since the mouth; when given by injection it was retained. the beginning of the current year 1 have employed. In general the drug was well borne; half the patients it almost continuously amongst my out patients at had profuse perspiration following, and an exanthem the West London hospital, not for the purpose of occurred in one case. Cases of typhoid, treated with testing its qualities as a mydriatic, but as a drug to antifebrin, had an easy course. The influence of supersede atropine in the treatment of keratitis, cor-'the drug was generally manifested two hours after it neal ulcers, and iritis. I have found that in the case had been taken. After a dose of 4 gr. the temperaof troublesome corneal ulcers which had been treated ture sank six times from .1° to 1°, thirteen times respectively with both atropine and eserine without from 1° to 27, fifteen times from 2° to 3°, six times success, rapid improvement followed the installation from 3° to 4, and three times more than 4°. After of scopoline. And especially was this good effect a dose of 8 gr. a depression of temperature of .1° to shown in cases of severe interstitial keratitis, in 1° occurred three times; from 2° to 3° seven times; which attropine had been previously employed, from 3 to 4 twice; from 3 to more than 4 twice. Again, in rheumatic iritis the use of scopoline was tion of the globe. Upon no occasion have I seen Medizinal Zeitung, No. 51, 1886.

I am disposed to believe that, in addition to its publish the results.—British Medical Journal, Jan.

PEROXIDE OF HYDROGEN IN WHOOPING-COUGH.— DR. BENJAMIN WARD RICHARDSON, states that he has treated nine cases of whooping cough with peroxide of hydrogen exclusively, in six males and three females, all children. The solution was given in doses of a fluid-drachm five or six times a day. The remedy in this affection has a decided value. Commencing with it in the acute stages of the disease, and trusting to it alone, he has never seen pertussis cut short so quickly and determinately by any mode of treatment except change of air. He had previously used dilute nitric acid in whooping cough, as advised by the late Dr. Gibb, and with satisfactory The peroxide appears to him to act in a manner very similar, but, he thinks, with more effect. It subdues the spasmodic paroxysm, checks the secretion in the throat, and shortens the period of the malady, lessening, thereby, the dangers of aftereffects. The mode of prescribing it is:

Hydrogen peroxide (10 vols. strength).... 3vj.

To make a solution of three fluid-ounces, of which trary, by the local stimulation, which it determines, let half a fluid-ounce be taken in a wineglassful of water as directed.

When there is a stridulous spasm with the cough he substitutes ozonic ether 3ij for the solution of the peroxide, or adds it to the mixture.—The Asclepiad, No. 13, 1887.

Antifebrin.—Eisenhart, in the clinic of Ziemsfollows: The number of cases observed was 30. The doses given were from 4 to 8 gr., in powder and Scopoline.—Mr. H. Percy Dunn says: This solution, by rectal and anal use. In a case of ery-

In doses of 4 to 8 gr. antifebrin is a very valuable obviously effective in reducing the pain and inject febrifuge, reasonably certain of success.—Deutsche

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THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters, that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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SATURDAY, APRIL 16, 1887.

BERGEON'S TREATMENT OF CONSUMPTION.

mankind, he will have illustrated the saying of Horace: tient, if properly given.

Exegi monumentum acre perennius.

with his in honor: that of Claud Bernard, since his Such are the effects in which optimists see the long experiments thirty years ago laid the foundation for sought cure for consumption. We frankly own they are this present discovery.

treatment will be found a cure for all cases of pul- negligence toward his patients if he does not try the monary phthisis. Yet such are the results already method in suitable cases. gained in numerous cases by the rectal administration of carbon dioxide charged with sulphuretted Are there no considerations which render the treathydrogen as to expose the physician, who does not ment inadmissible in certain cases? Assuredly; and try it in any given case of consumption, to the charge the conservative element in the profession is beginof culpable negligence. Therefore although the ning to direct attention to these. It is not denied majority of our readers are probably familiar with that almost miraculous amelioration of symptoms has this novel treatment through descriptions published followed the treatment in numerous instances. in this and other journals, we propose to state a few. Nevertheless, since bacilli are still found in the scanty points for the sake of any one who may chance to expectoration of patients in whom disease appears to desire enlightenment. Full descriptions of the ap- have been arrested, it is claimed quite justly that a paratus and the method of its employment are to be cure cannot be said to exist. Again, cases are on found in the British Medical Journal of Dec. 18, record in which the treatment was not well borne. 1886, and the Medical News of April 2, 1887, besides Indeed, M. Wiss, of Geneva, cites three cases in various French journals, and a pamphlet published which it was not at all well tolerated, the patients by M. Morel, Bergeon's assistant.

method and his colaborers, by Cornil, Chantemesse, whom it produced such severe colic and diarrhea De La Roche, physicians in Geneva, Marseilles, that it had to be abandoned at the end of a month. Philadelphia, this city and elsewhere, all competent. In this instance Bergeon himself superintended the observers, are strikingly in accord; viz., a lowering treatments. Dr. Osler, of Philadelphia, in some of the temperature, lessening of the sweating, cough comments upon this method before the Philadelphia and expectoration, a feeling of well being, improve- County Medical Society, mentions one case in the

ment of appetite and consequent gain in strength and weight. This improvement of symptoms is manifested, moreover, so soon, that Bergeon says the patients may be considered convalescent oftentimes in from fifteen to twenty days. Is it strange then that the laity and profession alike are being carried away by enthusiasm'. What other line of treatment is there that will accomplish as much and in so short a time, if at all! Moreover, Bergeon, Cornil and others cite cases in which all symptoms of disease have disappeared and only signs remain indicative of once active, but now quiescent pulmonic lesions. Fursigned. When neither is accessible, remittances may be made at the risk thermore, M. Chantemesse has reported this treatment as strikingly efficient in allaying paroxysms of asthma. It is said to mitigate the severity of whooping cough, as well as to abbreviate the duration of the disease. Chronic bronchitis is also favorably influenced; while septiciemia and other blood diseases dependent upon the presence of germs, are likewise amenable to this method of therapeutics. Enemata If experience justifies the claims of M. Bergeon of carbonic acid gas charged with hydrogen sulphide for his method of dealing with this deadly foe to are said to be tolerated without ill effects to the pa-

Such, in brief, are the glowing accounts of M. Ber-There is another name which should be associated geon's method, which is exciting such lively hopes. flattering, and repeat our assertion above, that they It is not likely that in this or any other form of are such as to render every practitioner guilty of

Is there, however, no other side of the picture? dving inside of two months from the beginning of the The results claimed by the inaugurator of the treatment. One of them was a man aged 40, in

Philadelphia Hospital who nearly expired after the diabetes is, on the contrary, glycosuria which cannot first administration of the gas charged with a mixture be connected with a lesion, or with an anterior or of carbon bisulphide and sulphuretted hydrogen. M. existing malady. De La Roche, of Lyons, has also reported a case in but in this there were hamorrhoids and fissure of the other words, in a paroxysm of diabetes mellitus: 1. sary. ment inadmissible when both lungs are extensively lating function of the liver. 2. Glycosuria, the richdestroyed. The reason is clear; the lungs would be ness of which varies according to the degree of the able to eliminate the gas but slowly, and unless the malady, in proportion to the bread and to the sugar injections were made very gradually, a degree of and starchy substances ingested. 3. Exaggeration distension of the bowel would be produced which in defective assimilation, or increasing fatigue of the

by advertising charlatans dangerous. This view of the case also should be set before the press of the country lest enthusiastic, unscientific and exaggerated reports of the success of the method arouse hopes never to be realized, if indeed nothing more serious should result. It is too soon for this treatment to be characterized as a cure for consumption, as it is being heralded by the quacks and the press. It must first be tested critically and established upon a scientific basis. To this end M. Cornil has instituted a series of careful experiments upon tubercularized animals, to ascertain if this treatment possesses microbicidal virtues. or whether its effects are due solely to the power of disinfecting the products of suppuration within the lungs. The profession awaits with interest the results of these experiments. It is to be hoped that Bergeon's method may not share the fate of so many other vaunted weapons against this dire disease. Meanwhile a word of caution to the wise is sufficient.

ESBACH ON DIABETES.

an interesting Thèse on diabetes or glycosuria, which suria, the treatment consists in the method of strict he describes to be a disorder of the assimilating surveillance. In the latter case, the patient may be functions, by virtue of which certain aliments which, allowed a small quantity of ordinary bread, as long ought to be destroyed in the organism to be trans- as the glucose does not augment or reappear in the

Dr. Esbach describes diabetes as being composed which the treatment produced intense colicky pains, of four principal elements in the static period, or, in These are sufficient to render caution neces- Λ nervous disorder, of divers origin, most frequently De La Roche furthermore thinks the treat- from some mental cause, which deranges the assimimight seriously, perhaps fatally embarrass the limited assimilating function, in proportion to the exaggerrespiratory capacity remaining to the patient. Finally, ated consumption of sugar and starch, and to the in cases of intestinal ulceration, a rash degree of dis-overtaxing of the function of the intestines. 4. tension might cause rupture of the weakened bowel. "Physiological misery" (anæmia), the result of im-Such are the considerations which dispel the proper alimentation, and tending to exaggerate the glamour thrown about this new method by optimistic assimilating powerlessness of the diabetic neurosis. supporters, and make its indiscriminate application. The author draws the distinction between fat and lean diabetics, and gives as important rational signs of diabetes, polyphagia, polydipsia, and polyuria. Isolated polyuria (diabetes insipidus) is not rare in women.

Esbach has made persevering researches on the chemistry of glucose, and recognizes only two certain means of discovering its presence in the urine: Fehling's liquid and the polarimeter. The measure of the density is not always significative; however, it is rare that beyond 1030 there is not glucose. As to treatment, he recommends diabetics to drink largely according to their thirst, in order to diminish glycæmia as much as possible, water being the accelerator of all the secretions, of all the nutritive processes—the medicament par excellence. The treatment by drugs, he says, is almost nil. With the exception of the alkalies the general treatment is founded almost exclusively on alimentary hygiene. Two methods are vaunted as being capable of combating the glycosuria: The first is by the complete suppression of all farinaceous and saccharine substances until the entire disappearance of glucose in the urine takes place, the Dr. Esbach, Chef of the Laboratory of Clinical exclusive use of gluten bread being at the same time Medicine at the Necker Hospital, has lately written prescribed. After six months' absence of the glycoformed into force and heat, pass through it without urine. This method is specially applicable to old and being utilized and are eliminated by the urine in the confirmed diabetics. In his menu, the author allows form of sugar. The author reserves the name of his diabetics the use of coffee without sugar, or it glycosuria (symptomatic diabetes) for cases in which may be sweetened with glycerine, without, however, the diabetes has not a special existence. Essential attaching to the latter any curative action on the

diabetes. It is rather disagreeable to the taste, but In some cases last year we had to write to different it does not produce sugar in the urine. Finally, a parts of the country to find out what certain men good deal of muscular exercise should be insisted had said in the discussions. upon, particularly walking. The mind should be kept perfectly quiet, and the patient should avoid honorary one, but he who accepts it should feel it a politics and the reading of medical works.

THE DUTIES OF SECRETARIES OF SECTIONS.

In view of the approach of the annual meeting of the American Medical Association, we would again call attention to some defects in the practical working of the Sections of the Association, and chiefly to the fact that the discussions on papers are not fully reported. The discussions as sent with papers to this office are usually entirely valueless, and in Secretary to be incorporated in his report. The not a single case for two years have they been at all JOURNAL does not publish separate reports of the full. It is of no interest to a reader to know that Sectional meetings of the Association, and when a certain paper "was discussed by Drs. Brown, they come to this office they are only so much waste Jones, Smith, Johnson and several others." We gain paper. What is wanted of the Secretaries of Secno valuable information by reading that "Dr. ____ tions is an accurate and full report of the discussions asked a question about the dose of croton oil, and on papers read in the Sections, giving simply the Dr. - answered it." It is of no value to know name of the author and the title of his paper, and that "Dr. — 's paper was ably discussed by several the date on which a paper is read, so that it may be gentlemen." We must presuppose that all papers published in its proper order. Abstracts of papers read before the Association are discussed by gentle- read in the Sections are of no value whatever, as men when discussed at all, but it is for the readers of the papers are published in full in The Journal. the discussions to say whether the discussions were able or not. Our curiosity is excited by reading in a Secretary's report that "The discussion was closed by Dr. ---," but our stock of information is not papers are published at different times, not in a increased.

the labors of the Secretaries, and have their remarks appear in a much more readable and valuable shape by writing out their remarks, wholly or in part, as far as possible, before going to the meeting of the Association. This can be made more practicable by having the author of a paper indicate to the Sccretary of his Section those who would be likely to take part in the discussion, and have the essential points sent to them before the meeting. It is done may subsequently deprive the members and readers in other scientific bodies. And should any matter of The Journal of much valuable material. come up which has not been embodied in the written discussion, it can be easily added to what has been written. And should no new point come up the dis- - The number of students receiving the degree of cussion is ready to be handed over to the Secretary. Doctor of Medicine at the several recent annual To say the least, those who discuss papers should do Commencement exercises in the regular colleges all that they can to assist the Secretaries in making was, Rush Medical College, 134; College of Physiout a useful report of the Sectional meetings. If a cians and Surgeons, 53; Chicago Medical College, paper is worth discussion it is worth while for those Medical Department of Northwestern University, who discuss it to make a little self-sacrifice in having 44; Woman's Hospital Medical College, 25. Maktheir remarks appear in proper form, and accurately. ing the total 256, representing about 750 matriculants.

The position of Secretary of a Section is a purely duty to do his work properly and carefully. It is regarded as an honor to be elected to such a position, but it should not be regarded as an honor which entails no duty or work on the recipient. No one should accept the position who is unwilling to do the work devolving upon him. It is entirely useless for a Secretary to report in full the business transactions of his Section to the Editor of The Journal. This properly belongs to the business of the Association, and as such should be sent to the Permanent It will be noticed that in The JOURNAL the discussions, such as are sent, are placed immediately after the papers. The reason for this is obvious: the lump, and it would be annoying to have to refer Those who take part in the discussions can lighten back possibly eight or ten numbers to read the discussion on a certain paper. In reporting discussions, and giving names of authors of papers and of those who take part in discussions the Secretaries will prevent much confusion by giving the full, or usually known names, postoffice, and State of each person.

> We know that absolute attention to all details may deprive some of much of the social enjoyment of the meetings, but neglect of these details and duties

> Medical Graduates from Chicago Colleges.

column will be found the usual notice for the annual artificial opening. meeting of the Illinois State Medical Society, to be held on the 17th, 18th and 19th of May, in this city. It is very desirable that the profession in every part of the State should be represented in the coming could be seen between the two openings in the meeting. The recent death of Dr. Wm. T. Kirk, of intestine. Atlanta, devolves the duties of President upon the first Vice-President, Dr. Elias Wenger, of Gilman. Members of the Society will meet a cordial reception from the profession in this city.

SOCIETY PROCEEDINGS.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Stated Meeting, February 23, 1887. The President, Jos. Taber Johnson, M.D., IN THE CHAIR.

(Concluded from page 413.)

Dr. J. Ford Thompson gave the history of a case of

LAPAROTOMY FOR INTESTINAL RUPTURE.

Called in June, 1885, by Dr. Henderson, to see A. B., a young man of 18, who was suffering with the Czerney-Lembert method with three layers of symptoms of obstruction of the bowels. He found fine silk sutures. This fistula was about six inches a large, hard tumor in the right iliac region, which above the ileo-cæcal valve. was very tender on pressure.

and copious injections, however, relieved him.

boy whom he found much more ill than at his first visit. There was vomiting, and a tumor in the right means as before failed to give relief.

On May 4, he explored the tumor with a needle second fistula as he had the first. and found pus and faces. It being impossible, owing to other important engagements, to operate that fourth day an enema brought away fæces *per rectum*. day, the next morning (May 5,) he made a long in- On the eighth day, however, fixees appeared at the cision over the tumor and evacuated an immense artificial anus, and they have been discharging from amount of fieces. He seized a fistula in the colon there ever since, although there is an occasional just below the ileo-caecal valve and drew it into the movement from the regular passage. This proves wound. As far as he could see the abdominal cavity that his estimation of the condition of the ileo-cæcal was filled with fieces. The cavity was washed out valve was correct. with hot water, but the fæces seemed still to be escaping into it.

opening about 1.25 inches in diameter. The condition of the tissues around the opening would not permit him to close it in the usual way, so he stitched ence, as one almost always leads to the other. it at each end to the incision, thus making an arti water and fæces.

HILLINOIS STATE MEDICAL SOCIETY.—In another all the faces were being discharged through the

The wound in the parietes closed so rapidly that it had to be occasionally dilated to admit of the exit of the fæces.

The gut, however, did not unite, and the epiron

About two months after this, having slightly enlarged the parietal wound, he carefully applied Gross' enterotome to the epiron. In six days the instrument came away but the fistula still remained patent.

The patient was now in a good state of health, but was very much troubled by the continuous discharge of faces through the artificial anus. In fact, his life was made unbearable, and both he and his parents were very desirous that some curative operation should be done.

Dr. Thompson having fully explained the uncertainties and dangers, as well as the possibilities, of a radical operation, readily obtained consent to the

On December 11, therefore, assisted by Drs. Henderson, G. W. Johnston, Sprigg, Leach and Cutts, he once more opened the cicatrix of the old incision. Having broken down the adhesions of the gut to the parietes he had no difficulty in finding the opening into the intestine. This was of considerable extent, and to his surprise in the "small" intestine, while it had been the "colon" which he had previously stitched to the wall. He, however, pared the ragged edges of the fistula and joined them by

He was just about to close the wound in the ab-The patient had been treated with purgatives and domen, when he discovered a second and larger enemata, but without relief. The long rectal tube fistula in the "colon" about opposite the ileo-cæcal valve. Had he known in advance of the existence Was called again in April, 1886, to see the same of "two" fistuke, he would probably have resected the gut between and joined the two ends together.

As it was, having closed the first opening, and iliac region was rapidly increasing in size. The same judging from the appearance of the intestine between the openings that it was healthy, he closed the

The abdominal wound was closed, and on the

Dr. Thompson went on to say, that his diagnosis of the cause of this inflammation and sloughing of On the anterior aspect of the colon he found an the caput coli, had been perityphlitis, but that now he was not certain whether perityphlitis or typhlitis had come first. It makes, however, very little differ-

Laparotomy, in these cases, is nearly always a ficial anns. A drainage tube was inserted beside it, late operation, for it is very difficult to tell the proper into the abdominal cavity to allow of the escape of moment for its performance. If we wait until fluctuation appears in the region above the inflammation, The patient rapidly improved and in a few days suppuration has done all the harm it can. He is in favor of treating it as any other abscess, by cutting. So far as the peritoneal cavity was concerned it was down upon the gut at the first signs of suppuration shut off from the external air by the stitching of the without waiting for fluctuation. If only pus be colon to the knife wound, but he failed to see why found this incision is sufficient, but if there are faces, faces did not get into this cavity, in the cavity they must be washed out and the wound in the intestine closed, provided it is a recent stitched to the abdominal incision all the way round, one. If the edges of the fistula are congested and but only at the top and bottom, and that a drainage there is much inflammation, the only thing to do is tube had been inserted to one side. There was, to make an artificial anus, with the intention of clos- therefore, plenty of room at the side for the dising it when the patient has somewhat regained in charge of a fistula of the ileum. health.

litis or typhlitis suddenly disappear without operative fleum would open into the colon, and that, having interference.

colotomy for intestinal obstruction, but has each time succeeded in relieving the patients without it.

The question is, how did the wound in the ileum come there? It might be said that it was made when he put the enterotome on the epiron. This does not seem probable as he had taken the greatest precautions to prevent this very thing.

at the first operation, but that only the fistula in the colon was discovered. The ileum being adherent to the colon, was drawn with it to the parietal incision and discharged itself upon the surface. Only the It was a soft stone, weighing 405 grains. He recolon was, however, stitched to the wound. Either that was the way of it or it was made by the enterotome, for its existence for some time could not be get drainage. There was a great amount of cystitis doubted.

the faces which he says continued to well up even patients temperature was 101° F., and since that after he had seized the opening in the gut? Does time it has come down to a little above normal. this fact not confirm the idea that the break in the ileum was there at the first operation?

escape of some flecal matter.

case anywhere. The peculiarity of the case is that would have been a good task to wash out all of this there were "two" fistuke lying alongside of each stone. He crushed it with a small uterine polypus other with the ileo cacal valve between them, in the forceps. It would not have been possible to remove continuity of the gut.

Dr. A. F. A. King asked if what was taken at ileum?

ent to the colon and was attached with it to the in. other conditions engendered by the presence of the easiest way.

what prevented the fæces from discharging into the fistula to deal with. peritoneal cavity through the fistula in the ileum? DR. L. K. LAIDLEV said, that the question of the

Dr. Thompson explained that the colon was not

If his theory, that the two adhered by the first in-On the other hand, severe symptoms of perityph- flammation, is correct, it is plain that a slough in the been stitched to the belly walls, the faces from the He has recently been called three times to do ileum would discharge through it upon the surface.

ST. LOUIS MEDICAL SOCIETY.

Stated Meeting, March 19, 1887.

His explanation is that both openings were there The President, S. Pollak, M.D., in the Chair.

Dr. F. S. Mooney exhibited

A STONE RUMOVED FROM A FEMALE BLADDER.

moved it by cutting through the vagina into the bladder, and left the opening unclosed in order to which has been quite severe for four or five months. Dr. T. C. Smith asked Dr. T. from whence came. It was removed on Wednesday morning, when the

In reply to Dr. F. J. Lutz, why he did not stretch the sphincter, Dr. Mooney said he dilated the ure-Dr. Thompson replied that he had been unable to thra sufficiently to introduce the finger into the bladtell whether he had the upper or lower opening of der, and there was such a quantity of tough mucus the colon in his hand, and that in all probability he there, and so much cystitis, that he thought it advishad not absolutely excluded it, so as to prevent the able to make a cut simply for drainage, if for nothing else. He believes it is a good plan to make an He has been unable to find the report of a like opening in case of cystitis, and without it it certainly the stone through the urethra without crushing it.

Dr. Lutz said it was surprising to what extent the first for the colon might not have been distended female urethra can be dilated. It is a common thing to put the finger into the female bladder by simply Dr. Thompson replied that he was certain that it introducing the dressing forceps and spreading the blades, and introducing the finger. He believes we Dr. S. C. Busey asked why, if the hole in the should always avoid an incision in surgery if by any ileum was there at first, the contents had not contin- other procedure we can accomplish the object, and ued discharging through it into the abdominal cavity? the stone, in his judgment, ought to be of exceed-Dr. Thompson replied that the ileum was adher-lingly large size before the bladder is cut. There are cision in the parietes, and that the faces escaped the stone, or in some instance giving rise to the formation of calculus which might demand incision, such Dr. Busev said that this point was still not quite as cystitis, as in Dr. Mooney's case. Cutting the clear to him. Dr. Thompson says that the two op-bladder gives a surface favorable for the absorption enings were there from the first. Now, if the colon of noxious material, and thereby increasing the risks was stitched around the edges of the parietal wound, of the operation. Afterwards there is vesico-vaginal

mode of dealing with these cases was very correctly discussed by Dr. Emmet. He bases his reasoning one, he had twice before been supposed to have for the use of the knife on the reports of Dr. Boze- suffered from intussusception. As is usual, the atman in his tables that in a large number of the cases tack came on suddenly. Meteorism was not exwhich were dilated, dilatation destroyed the power tensive. The tenderness was limited to the region of the neck of the bladder, and thereby inflicted in-below a line drawn across the abdomen at the umjury on the patient. The number of cases that Dr. bilicus. Diagnosis approximately made was strangu-Bozeman reported convinces him that there is much lation by a band, based on the previous history of less danger in cutting in than in dilating, and he peritonitis. In opening the abdominal cavity and thought Dr. Mooney was warranted in cutting in this introducing his hand, the first thing he struck was a

portant one, which has only been casually men-pelvis, where it is united with a number of adhesions tioned—the cystitis. From his observation in con- which bound together several of the coils of the innection with the treatment of cystitis in the male, testines. This adhesion, he thought, was the one and from the operation of button-holing the bladder, which caused the strangulation, because it seemed he would think the most proper operation in the pres- that from that part upward the black strangulated ent case would be cutting through into the bladder portion began and extended six inches. The other by the vagina. Dr. Mooney said that the patient portions of the bowel, which were matted together, suffered intensly from cystitis. There would be a were not in that apparently lifeless condition. The greater surface for the absorption of morbid material question came up, whether or not the bowel which if the attempt had been made to stretch the urethra appeared black and lifeless was possessed of sufficiinstead of cutting. He finds that in dealing with ent vitality to warrant its retention in the abdomen. the urethra, even for ordinary trouble, as in irritable It was replaced without performing excision. We urethra, there are not only one, but sometimes three know that in many cases of strangulation the bowel or four fissures made by the dilatation.

operated on, was taking 2½ grains of morphine the band which held a portion of the intestine down, daily to control the severe pains she had. Since the the peritoneum was removed from the portion of the operation she has had one dose of morphine, of 1/4 gut over which it passed. This is an important grain, and no more. The incision has not closed; question in excision of a portion of the stomach or it was only made three days ago. He does not intestine. Whether or not the vitality of the bowel think we necessarily have a vesico-vaginal fistula in suffers to any extent after removal of the perithese cases. Thomas and Emmet say it is very hard toneum, he was not prepared to say, but he would sometimes to keep the opening patent. He ex-judge from observation and reasoning that the limited plained to the patient that she would probably have portion removed from the bowel would not seriously to have another operation performed.

STRANGULATION OF THE BOWEL.

The case was brought to the City Hospital three days since with symptoms of acute intestinal obstruction. He was a delicate looking man, about 34 years of age. He stated that some ten years ago he had dysentery; also again about three years ago, shortly afterwards he had an attack very similar to the one for which he entered the hospital. Three days prior to admittance he was taken very suddenly ill with intense pain in left iliac region, which soon extended over the entire lower portion of the abdomen. It was intermittent in character. His bowels had not moved since the attack, nor had any flatus passed. He had vomited persistently, ejecta being stercoraceous. The least pressure over the abdomen gave intense pain. His condition bordered on collapse. I ordered morphia, stimulants, hot bottles, etc., and concluded to wait for some reaction before operation. The vomiting did not again occur, and reaction was established by the following morning. When Dr. Lutz saw him, his condition appeared so good that we thought it advisable to delay the operation. Dr. Lutz performed laparotomy at 4 P.M. The patient did not rally, and died two hours afterwards. Dr. Lutz will describe the operation.

Dr. Lurz said, the man's history was a peculiar band firmly binding down the gut, beginning in front DR. R. Funkhouser thought one point a very im- and passing over the bowel, downward toward the is returned because the blood supply is extensive DR. MOONEY said that this patient, before she was and the gut soon regains its vitality. In removing interfere with the nutrition, and is not productive of DR. H. C. Dalton gave the history of a case of a sufficient amount of peritonitis to jeopardize the result of the procedure. The fact that the bowel was made impervious by this band had demonstration by the escape of the intestinal contents after the removal of the compressing force. There is no question in his mind that the procedure was justifiable, nor was the diagnosis of intussusception warrantable from the symptoms.

> Dr. I. N. Love thought the developments following the operation fully justified Dr. Lutz in performing it. The important lesion that we learn from this case is that we should direct our attention to the local condition.

GYNÆCOLOGICAL SOCIETY OF BOSTON.

Annual Meeting, January 13, 1887.

THE PRESIDENT, H. O. MARCY, M.D., IN THE CHAIR.

H. J. HARRIMAN, M.D., SECRETARY.

The following were elected

OFFICERS FOR THE ENSUING YEAR.

President, H. M. Field, M.D.

Vice-President, Horace C. White, M.D.

Secretary, H. J. Harriman, M.D.

Treasurer, W. Symington Brown, M.D.

W. Stevens, E. C. Keller.

P. Weeks and H. O. Marcy.

The President Dr. H. O. Marcy, read his Annual Address, entitled "Recent Advances in Abdominal Surgery."

Dr. E. W. Cusming reported a case of

MELANCHOLIA; MASTURBATION; CURED BY REMOVAL OF BOTH OVARIES,

and presented the ovaries. The history of the case was as follows: French Canadian, 33 years old. Since the age of 15 has suffered from dysmenorrhea Since the age of 15 has suncted from a successful and intense pain in both ovaries; has been a con-which might be cared by removar or the ovaries and intense pain in both ovaries; has been a con-which might be cared by removar or the ovaries. That lately lost flesh rapidly, In reply to Dr. Cushing as to whether, in his opinion, and the overlap and and had sunk into a state of profound melancholia there was any hope of curing such cases by moral on account of the belief that she had committed the means. Dr. Bowditch said that there was absolutely unpardonable sin, and was eternally damned. Was no hope from moral means. In reply to Dr. L. F. unable to attend to any occupation, and begged that Warner, he asked if Dr. Bowditch would advise the some operation might be performed in hope of relief, corresponding operation for a similar condition in a She was seen by Dr. H. I. Bowditch and Dr. H. O. man. He said that he had never seen a case in a Marcy, who advised removal of the ovaries. The man resembling the one described by Dr. Cushing, ovaries were removed by Dr. Cushing in the pres- but that if he met such a one he would recommend ence of Drs. H. I. Bowditch, S. N. Nelson and Geo. the corresponding operation. W. Galvin. The Fallopian tubes were somewhat enlarged; ovaries slightly enlarged, and one con- Society years ago by Dr. H. R. Stover, which resemtained a small cyst.

will have in these cases is important. Clitoridectomy is inefficient, but removal of the ovaries has in some He was opposed to all such operations, and believed cases been done with advantage. Dr. Cushing asked that the favorable results reported came from the the sentiment of the Society in regard to the advisa- powerful moral influence of the operation. bility of removing the ovaries in such a case. In reply to Dr. A. D. Norris, as to the condition of the clitoris, Dr. Cushing said that it was somewhat enlarged and congested, but not markedly changed. He had examined the patient but once, and then his before. As to the charge that such an operation manipulations induced a strong orgasm.

tion and found her in a deplorable condition.

At the meeting of the Society held on February rentage are not wanted. 10, exactly four weeks after the operation by Dr. Cushing, the discussion of the case was resumed.

in regard to the case. The patient recovered from mentally capable of giving consent. Have we a the operation without a bad symptom, and now com-right to operate in such cases? plains only of some tenderness about the pelvis. Since the operation she has been entirely free from apply in these cases as to one in which a person was melancholia and sexual passion. She describes her found unconscious with a limb crushed. The conimproved mental condition by saying "a window has sent of relations and friends should be gained, and been opened in heaven." Some scoff at the idea the operation performed. that insanity can be favorably influenced, in any case, by removal of the ovaries, but the operation has that of Dr. Cushing many things should be considbeen done repeatedly, and with a degree of success ered. Is the operation likely to result in a cure? sufficient to prove that ovarian trouble can cause This question can be answered with a fair degree of mental derangement. The operation is not a severe accuracy by determining whether the ovaries are ac-

asked to discuss this case. He said that he had are given to overdoing things, and are likely to err come to the meeting for the sole purpose of saying in the same direction in surgery; one successful something in regard to Dr. Cushing's case. Of all case may inspire similar operations in cases not suitthe triumphs of surgery none equal this operation. able for operation, and thus bring a justifiable oper-

He had seen the patient prior to operation and Committee on Membership: Drs. A. L. Norris, C. found her a poor, miserable, wretched being, on the verge of suicide. Since the operation the change in Committee on Pathology: Drs. E. W. Cushing, A. her condition was marvelons. She is now clothed and in her right mind; her whole manner is changed and she is quiet and pleasant. There is still slight tenderness about the pelvis, but no sexual passion. He had been so much interested in the case that he had visited the patient twice since the operation. He believed that the risks of death should be run in order to gain such a wonderful improvement, and that a physician who would not do this operation or would not permit it to be done would be wanting in humanity. He said that there are many cases in our insane asylums, similar to the one described,

Dr. Warner referred to a case exhibited to the bled in many respects the one under consideration. The question of how much effect the operation. In that case the clitoris and all the tissues down to the pubic bone were removed and recovery followed.

Dr. E. C. Keller saw Dr. Cushing's patient, both before the operation and afterwards. She believed her infinitely better off since the removal of her ovaries. The woman is not now more mutilated than unsexes the patient, Dr. Keller did not regard that DR. A. P. CLARKE saw the patient prior to opera- a misfortune in such a case. Marriage is not for such a person, and children springing from such pa-

Dr. R. J. P. Goodwin ruised the question as to the legal responsibility of the physician who per-Dr. Cushing made a short supplementary report formed this operation upon a person who was not

DR. E. W. CUSHING said that the same rule would

Dr. W. Symington Brown said that in cases like one, and is not as dangerous as a major amputation. tually diseased. If one or both ovaries are diseased, Dr. H. I. Bowditch, a guest of the Society, was remove them; otherwise let them alone. Americans ation into disrepute. If the patient is incapable of nier's forceps were used and mother and child did earning a living, and is a nuisance to herself and well. With version in contracted pelves he has had friends, the operation should be performed. If no experience. Under favorable circumstances the doubt exists as to the state of the ovaries, an ex- operation can be done so easily that it may be recision should be made. He believed that it nymph- garded as without danger in itself. Case 6 was a omania was a disease of any one organ, it was a dis- breech presentation in a contracted pelvis, third ease of the brain and not of the ovaries. On this pregnancy. The first child had been still-born, the theory any shock may cause an improvement, whether second was delivered alive by means of the forceps. it is purely moral or the effect of a radical operation. In this, the third labor, the extraction of the after-A case was cited of delirium tremens, followed by coming head was very difficult and the child was insanity. When the recovery from insanity took still. The day after delivery signs of internal hæmplace the appetite for strong drink had entirely dis- orrhage and peritonitis appeared, and the mother appeared.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated Meeting, March 3, 1887.

THE PRESIDENT, THOMAS M. DRYSDALE, M.D., IN THE CHAIR.

Dr. D. Longaker read a paper on the TREATMENT OF LABOR IN CONTRACTED PELVES.

The most frequent forms of contracted pelves are the flattened and the generally contracted. In the vis, and cites fifteen cases of such application in former the conjugate diameters alone are shortened, proof of his opinion. After some remarks on estiand in the latter all are less than normal. This paper mation of the conjugate diameter, he concludes with is limited to the consideration of those cases where the following propositions: the narrowing is moderate and not sufficient to renor a little less, and generally contracted pelves hav- presents. ing a conjugate of at least three and one-third inches. Dr. Longaker here followed with a description of the forceps, we have the means of extending still further peculiarities of the flat non rachitic pelvis and the flat the possibilities of successful delivery when the head

had failed. The mother ultimately recovered. A inches premature labor should be induced. careful study of the change from a vertex to a brow Case 4. Rachitic flat pelvis, conjugate of three eter must be increased. inches, second pregnancy; delivered by means of Tarnier's traction forceps. Her first child had been considered the paper of Dr. Longaker a very timely strait. He applied the forceps over the face and oc- in which craniotomy has been the custom, axis-tracciput and delivered a living child. The mother did tion will save many lives. A few important rules well. Case 5 was a counterpart of the fourth. Tar-should be borne in mind. First of all, Dr. Kelly

died twenty-four hours after delivery. Rupture of [Reports from Dr. Cushing's patient as late as the uterus and vagina were found at the autopsy. March 10 show that she is still entirely free from Three other cases of uterine lacerations in breech mental derangement and excessive sexual passion.] presentation in contracted pelves were given, and after a study of the mechanism of this tendency to laceration he came to the conclusion that it will be best to restrict version to cases in which there are other reasons for it than the mere existence of flattening-some of these being the presence of the occiput on the smaller side of an unequally contracted pelvis, the saggital suture over the symphysis pubis, presentation of an ear and prolapse of the cord. He extols the axis-traction forceps in these cases, and exhibited an instrument of his own devising, which he had used in two cases. He has no hesitation in applying the forceps high up in the uterus when the head is arrested at the brim of the pel-

In the flat pelvis and in the flat rachitic pelvis der the birth of a living child impossible; this em- decided degrees of disproportion at the brim may braces flat pelves having a conjugate of three inches be overcome by the natural efforts when the head

In the forceps, and especially in the axis-traction is arrested at the brim. The forceps, judiciously Reports of six cases were given. In the first, with used, is a safe instrument for mother and child. The a conjugate of three and one-half inches, craniotomy existence of contraction of the pelvis in itself is no was performed in consequence of the large size of reason for preferring version. In flat pelves with a the head and an unchangeable bad presentation of conjugate diameter of not more than three and onethe head, after attempts to deliver with the forceps fourth inches and not less than two and three-fourths

Dr. Hirst differs from Dr. Longaker on two presentation is given, and the increased dangers in points; the propriety of always applying the forceps multiparae follows, with a criticism on powerful trac- in flat pelves before the head has become engaged tion efforts first with one pair of forceps and then instead of turning and delivering by the breech; and another until three or four have been tried. Case 2 in the propriety of applying the forceps over face was delivered with forceps of a living child. Case 3 and occiput in transverse positions of vertex presentwas also delivered with forceps of a living child, ations, as in this latter operation the biparietal diam-

Dr. H. A. Kelly agreed with Dr. Hirst. He born without assistance after sixty hours of labor, one, which in all its leading features he must heartily A large portion of the posterior cervix had sloughed endorse. It is certain that an intelligent use of the away as the result of this prolonged labor. The axis traction principle is destined to revolutionize the head was transverse and semi flexed at the superior treatment of labor in contracted pelves. In cases would differ from the speaker most decidedly in one with a note, "bring your French forceps." He found practice, and lay down the rule that "axis traction" the head well engaged but wedged tight. The phycannot be applied to the head above the brim, sician had made many well directed vigorous efforts There is no axis above the brim, and any traction with his own forceps and finally gave up in despair, on the rod merely causes the head to rotate around producing no effect. Dr. Kelly applied the Poullet its own axis, but can under no circumstances be effi-forceps, and with a moderate traction on the rod, the cient in inducing it to engage. Axis-traction applies head moved gently and steadily until it came directly to heads engaged in the pelvis. Again, the ordinary to the outlet without apparent effort. Mr. Gemrig, use of this principle should be to assist the pains, of Philadelphia, keeps the rods on hand; they are Further, it is important in using Tarnier's forceps of the only essential part of the instrument. this model to constantly attend to keeping parallel the shanks of the prehensile blades and the proximal Tarnier's forceps which appeared to be barbarous

end of the traction rod. and it is felt by the examining finger that the head intended, by clamping the blades against the child's has not really advanced, then either the head has head, to prevent the slipping of the instrument. rotated in consequence of an excentric grip or the Shpping should be prevented by the proper adjustforceps has slipped; and here lies the great difficulty ment of the blades to the child's head and the modof the Tarnier instrument. The frequency of this crate pressure induced through traction. To accomaccident, together with some other considerations plish such adjustment in extreme cases a pelvic curve regarding the mechanical construction of the instrusshould be given to the shank of the instrument; such ment, have demonstrated to my mind the fact that adjustment cannot with safety be replaced by the it is only approximately axis traction. He showed mechanical pressure induced by the screw. (Amer. a pair of forceps with which he delivered a dwarfed Jour. Obst., April, 1878, p. 341 et seq.) woman two weeks ago of a full sized live female DR. Longaker had not had time to read Dr. Winchild through a three-inch conjugate. This pair of ter's article in the original (Zeitschrift für Geb.), but Poullet forceps holds and works easily. An inter- A little reflection and application of well recogscribed his Poullet forceps to a friend who has a been devised by Breus and by Braun. large obstetric practice. He soon called him out

DR. R. A. CLEEMAN said there was one feature of and unscientific, and this feature was retained in the If the handles of the forceps rise during a traction instrument shown; the device of the screw, which is

forceps was shown him first by Dr. Porak, of the Hôp- gained his information from an editorial in the Mediital St. Louis, Paris; and he believes that by them cal News, which stated that an expectant plan of he attains the most perfect axis-traction which has treatment and forceps are advised for primiparous yet been devised. The principle is applied in a very and early version for multiparous. He still thinks simple manner to any long forceps. Each of the the occipito frontal application of the blades does four blades of the spoons is perforated with a small not appreciably increase the biparietal and bitempooval tube as near the centre of the oval of the spoon ral diameters of the feetal head. It may increase the as possible. Two long tapes are taken and one vertical diameters, as the cervico-bregmatic and subpassed through the holes of one side, the four free occipito bregmatic. A simple experiment on the ends are brought down under the forceps, and after mannikin of Budin demonstrated the truth of this their application hang out at the vulva. These ends proposition. A full term feetus, still-born, was placed are brought through a hole at the extremity of a trac- in position at the brim, the sacrum being thrown fortion rod, curved as ordinary traction rods, with the ward so as to make the conjugate measure three usual transverse handle at the outer extremity; this inches. With the axis traction forceps the relative is then drawn up to the head and the ends of the disproportion between the head and the pelvis, which tapes fastened on the rod at the apex of the angle was considerable, was easily overcome. With blades where the vaginal turns down into the perineal curve. having a sufficiently marked cephalic curve the de-The advantages of this forceps are many: 1. The pression need be but slight. There seems to be some application is extremely simple. 2. It can be applied to any forceps. The Tarnier cannot be, as it at the brim of the pelvis. The head is at the brim is only suitable to narrow heeled instruments. 3. until the greatest transverse diameter, the biparietal, The child's head is grasped by the centre of its figure has passed the plane of the superior strait. With a owing to the position of the attachment of the tapes. head entirely above the superior strait the use of any 4. This same factor renders unnecessary the screw forceps would hardly be appropriate. If fixation of which is so dangerous in Tarnier's forceps, as the the head could not be secured, version would be the traction does not tend to force the blades apart, but best measure. He did not see how traction exerted approximates them. 5. The perfectly movable con- by means of tapes could be more efficient than with nection between forceps and rod, i.e., the tapes, als stiff rods. The fixation screw is a necessity, there lows the head to flex and follow the curve of the being no free hand to make the necessary comprespelvic canal. He has used Tarnier rods and the sion by the handles. Moreover, it is not objection-Poullet forceps on the same patient several times, able. Continuous pressure is avoided by relaxing and his experience accords with that of Dr. Porak: the pressure in the intervals. This was one of the where the Tarnier rods fail and the forceps slips, the chief objections urged by the late Albert H. Smith.

esting incident of a short time since shows well the nized principles would dictate the proper method of comparative value of axis-traction. He had de- applying traction. Simpler axis traction forceps have

(To be concluded.)

FOREIGN CORRESPONDENCE

LETTER FROM PARIS.

(FROM OUR OWN CORRESPONDENT.)

Antiseptic Pulmonary Medication—Pathogenesis of Renal Congestion—Hypnotic Anasthesia.

In a lecture on "Antiseptic Pulmonary Medication," recently delivered, Prof. Dujardin-Beaumetz says, that antiseptic pulmonary medication, cines which are eliminated by the lungs. It was with such as it may be imagined in an ideal manner, constitutes the most important therapeutic measure for Dr. Bergeon has proposed rectal injections of sulphopulmonary affections. The air being the greatest hydric and sulphurous acids, having carbonic acid for factor of the contagiousness of diseases, if one could the vehicle. The medicinal inhalations consist of succeed in removing from it the infectious germs iodine, iodoform, eucalyptol, corrosive sublimate, which it contains, one would have rendered the greatest service to medicine and to hygiene. Thanks to ing should be prescribed. Besides inhalations against the interesting researches of M. Pasteur, and to the patient investigations of Dr. Miquel, we know the number of microbes contained in a limited volume of air, and we know that the greater part of these microorganisms are aerobies, that is to say, they require oxygen to live and develop. Whilst on the summit of Hospitals on the mechanism of the pathogeny of of Mont Blanc, microbes are rarely found in the air, in cities, on the contrary, they abound, and their number varies according to the place. Thus, at the functions of the kidneys, which in consequence do park of Montsouris (which is one of the most elevated positions in Paris, one finds only fifty-one mi-through. These latter, not being eliminated, intoxcrobes to each cubic metre, in the Rue de Rivoli, a icate the patient at different degrees, according to street that runs along the buildings of the Louvre, the Palace, and the garden of the Tuilleries the number amounts to 680 for the same space, and they are found still more numerous in the confined air of the hysterical woman, easily hypnotized. She was habitrooms of apartments and in the wards of hospitals. In a bed-room in the Rue Monge, in the neighborhood of the Jardin des Plantes, they attain the figure of 5,260, but in the wards of the hospitals they literally swarm, for in one ward alone in La Pitié Hospital 28,000 to the cubic metre were found.

Attempts have been made to prevent the penetration of microbes into the breathing passages, and several works have been published on the subject. It is true that by a happy arrangement, man breathes only accidentally by the mouth, and that air penetrates particularly by the nasal fossæ which, by their then desired by him to allow him to open the abanfractuosities, pretty well represent the arrangement of the filtering balloons employed by Pasteur for purifying the air. But this filtration is evidently often incomplete, as it is by the pulmonary passages that sleep, the abscess was incised, the skin having been contagious and infectious maladies are transmitted. Among the antiseptic gases, the author places at the head of the list sulphurous acid, basing his theory on the experiment that a dose of 20 grammes per cubic meter, sulphur destroys micro organisms plunged in a liquid, and that a dose of 40 grammes destroys a single complaint. She then expressed her astonthe same micro organisms in a state of desiccation; ishment that after so much suffering the surgeon but unfortunately this gas is not respirable.

The discovery of the microbe of Koch in 1882, to which must be joined the more recent one of the microbe of Friedlander in pneumonia, indicates the therapeutic measures that should be adopted for the future, which consist principally of two; the one by which we should endeavor to oppose by medicinal

means the multiplication of bacilli, and the other by which we should endeavor to modify by hygienic means the culture soil of these same bacilli. Prof. Germain Sée, in his work on bacillary phthisis has, since the discovery of Koch, insisted on the direction which the therapeutics of tuberculosis should take, and the conditions which the anti-virulent agent which he calls "necrophytic" should fulfil, to attain the object proposed. To the first group of these agents belong principally medicinal inhalations, and medithis idea the elimination by the pulmonary surface, carbolic acid, in a word the antiseptics the least irritatphthisis, Listerian sprays have been employed in this affection. The lecturer considers the latter inferior to inhalations, as it was only exceptionally that the sprays penetrate into the interior of the lungs.

In a recent communication to the Medical Society renal congestion, Dr. Albert Robin reported two cases which led him to conclude that cold excites the reflex not allow the waste tissues of the organisms to pass the duration of the suppression of the functions of the kidneys. Dr. Pitres recently presented at the Anatomical and Physiological Society of Bordeaux a ually hemian: esthetic on the right side, the left side of the body having preserved its normal sensibility. The patient was affected on the left thigh with an abscess caused by a subcutaneous injection of morphia. The tumor was fluctuating, and the surrounding parts were considerably inflamed and very sensitive, so much so that it was impossible to touch the abseess without causing great pain, in consequence of which the patient refused to allow it to be opened. She was then put to sleep by the operator simply fixing his eyes upon her (hypnotic sleep), she was scess without feeling any pain after being awakened, even if a bistoury should be plunged into the skin. The patient was then awakened from her hypnotic cut through layer by layer. A claret wine glassful of a thick, creamy reddish colored pus escaped. The edges of the wound were strongly pressed to evacuate the pus. During the whole of the operation, the patient looking at the surgeon with a smile, never offered should have been able to open the abscess without causing her any pain.

DOMESTIC CORRESPONDENCE

VAGINAL TAMPONNEMENT-GALVANIC MEASURE.

Dear Sir:—I beg the privilege of your pages for the correction of some statements which have of late. appeared in various numbers of THE JOLENAL, as they concern subjects in which I am especially in-septic application to the tissues I know of nothing terested, and which I believe to be of great practical better than pure bismuth (subnitrate); this is a most importance.

sue of March 27, 1887, Dr. Etheridge, in an article best material to keep the tampon sweet, better than entitled "Antiseptic Tamponnement of the Vagina iodoform, and without odor of any kind. Tampons in Pelvic Inflammation," page 344, conveys the idea so prepared may remain in place two or three, even that in my "Dry Freatment," I use medicated cetton four days, without becoming in the least offensive. throughout for all conditions, and very correctly says. I trust that this explanation and my coming paper in that he has found considerable satisfaction from the the American Journal of Obstetrics will do away with use of iodine, tannin, iodoform and other prepared any lingering belief that I have urged the medicated cotton tampons in the treatment of pelvic inflamma- cotton for aught but medication, or for use as the tion. Thinking that he had followed out my plan he tampon body. failed, as he naturally must do as he understood it, and he has now found the antiseptic wool to be the ous statements in regard to electric dosage in The material for tamponnement in inflammatory condi Journal of February 5 and February 12, 1887, tions. He is perfectly correct, and as others may which may mislead greatly and which reflect very have misunderstood my suggestions as Dr. Eth unfavorably upon American electro-therapy if aleridge has, and may for this reason condemn the lowed to stand uncorrected. "Dry Treatment," I will here reiterate what I have again emphasized in my paper on "The Details of ampère.—Apostoli has never used and never claimed the Dry Treatment" to appear in an early number of to have used currents of such intensity. I presume the American Journal of Obstetrics, viz: that for all that Dr. Cutter intended to say that Apostoli had purposes of support, rest and compression an elastic used 125 and 150 milliampères, which is about one-material, non-compressible, non absorbent, must be used eighth and one-seventh of one ampère. If Dr. Cutter's for the tampon. I use finely carded sheep's wool or battery measured 27 to 30 ampères, this does not tell jute, with long and fine fibre, advocating plain, ordi- us the intensity of the current actually used upon nary cotton when these are not to be had, never pre- the patient, as the resistance of tissue and electrodes object in view.

It is natural that when support, rest, or, in inflammatory cases, compression of vessels is desired, the tells us that he has used from 25 milliampères to 10 medicated and absorbed cotton tampon is useless, ampères through a fibroid tumor, with one surface as it soon mats and is compressed into a firm doughy electrode, and without causing pain enough to require wad. In such cases I apply my remedy in the form an anasthetic. Ten ampères, 10,000 milliampères of an outer covering layer of medicated cotton would search the body as would a stroke of lightover the elastic jute or wool tampon, and medicated ning. This is impossible. I am glad to see that Dr. cotton alone; for the entire tampon I rarely use, Martin is seeking to define and record his treatment only in cases where medication solely is desired, and more accurately, and that he is resorting to currents neither support nor compression. The elastic wool of higher intensity. It is a satisfaction to me to see or jute tampon coated with medicated cotton has a that he has accepted my criticism of his paper which double advantage over the tampon solely of wool; I made before the Section on Obstetrics and Disit assists pressure by medication, and it brings a cases of Women, at the St. Louis meeting of the softer surface in contact with the vaginal tissues, in American Medical Association, in 1886. place of the wool, which, when used alone, I have urged the importance of the galvanometer, and the seen to cause discharge by irritation of the parts by necessity of exact measurement, strong currents and

on the new antiseptic absorbent wool, that for general use of high intensities, in three and four sittings. use, for the elastic tampon basis I decidedly prefer that we want, and the quality is deteriorated by the skin and destroy the activity of the nerve tissue.

process of preparation; the wool is rendered less effective for the very purpose by preparation. It is the oily, fatty matter which prevents absorption and keeps the fibre clastic, hence I prefer the natural wool, if of good quality, or the jute to all absorbent preparations. I render the tamponnement antiseptic by the powder with which I dust the tissues or which Linclose in the wool, jute or cotton, and as an antiagreeable, soothing application to the vaginal walls, First, as regards the vaginal tampon: In your is- a sedation, a most excellent absorbent, and the very

Secondly, I wish to call attention to some errone-

In No. 6, February 5, 1887, page 167, Dr. Cutter so often stated, what I constantly teach, and what is says that Apostoli uses currents of 1.25 to 1.5 pared cotton. The medicated cotton I employ merely is not given, and the battery-strength alone does not as a covering, more or less thick, according to the afford any clue as to the strength of current effectively engaged in action on the diseased part.

In No. 7, February 12, 1887, page 195, Dr. Martin short sittings, if electricity were to be made service-I will moreover add, as Dr. Etheridge lays stress able in practice, recording successful cases with the

Dr. Martin's later papers prove him a convert, but the plain finely carded wool: the material I obtain he is seriously at fault somewhere. No man ever is whiter, finer and of longer fibre, and more elastic has or ever will pass ten amfères (10.000 milliamthan the prepared absorbent wool. It is elasticity peres) through living tissue, as this would scorch the

The scientific world was astounded when Apostoli employed 100 milliampères, which he has increased to a possible 250 milliampères (I have even used 280 milliampères with one surface electrode), but this is MEDICAL AND SURGICAL MEMOIRS: Containing Ina current of utmost intensity with surface electrodes. If we use both poles within the tissues of a part meagrely supplied with nerves, we may use higher intensities, but not with surface electrodes and without aniesthesia. The use of ten ampères with one surface electrode, and without giving excessive pain and burning the integument, is simply impossible, and I feel that the error must be corrected, in order that those desiring to follow may not be lead into mischief, and that foreign operators may not lose faith in American reports.

I have waited so long with this correction, as I had expected some explanation from Dr. Cutter or Dr. Martin in one of the following numbers; but as no statement has appeared, I beg you now to insert this. Very respectfully yours,

GEO. J. ENGELMANN, M.D. 3003 Locust St., St. Louis, Mo., March 31, 1887.

HAY ASTHMA IN A CHILD EIGHT YEARS

"Hay Fever," because I have not seen any case re-

ported in a subject so young.

Helen O., farmer's daughter, aged 8 years, has been troubled with hay asthma from the middle of June until September, every year since she was 3 years old. During the remainder of the year she is free. During the summer the symptoms are constantly present, worse at times, especially in going into a meadow or cornfield, and her nights are a torture because of her inability at this season to sleep, the dyspnœa being so great. The patient has two aunts in Vermont who suffer from the same malady, and only get relief by going every year to the White Mountains.

When she first presented herself to me, June 22, 1886, she had been suffering for about one week. Her breathing was truly asthmatic, face flushed, nasal passages were obstructed, eyes red and swollen, and suffused with tears. Her temperature was 100° F. An examination of the nasal passages revealed much tumefaction of the turbinated bodies. After the application of a solution of cocaine, it was seen that the lower turbinated bones on both sides stood away from the outer wall of the passage toward the septum, and on the right side the bone was in actual contact with the septum.

moved a portion of the right lower turbinated bone. This was followed by a vaseline spray, and at intervals of a few days by applications of glacial acetic acid in both nostrils. After the operation repair took place kindly, all symptoms of the disease disappeared promptly and have not yet returned.

Ýours truly,

H. Moulton, M.D.

Stuart, Iowa, April 7, 1887.

BOOK REVIEWS.

vestigations on the Geographical Distribution, Causes, Nature, Relations and Treatment of Various Diseases. 1855-1886. By Joseph Jones, M.D., Professor of Chemistry and Clinical Medicine, Medical Department of Tulane University of Louisiana; Visiting Physician of Charity Hospital; Honorary Fellow of the Medical Society of Virginia, etc., etc.

Volume II. Containing Researches on the Origin and Effects of Epidemic, Endemic, Infectious and Contagious Diseases; Investigations on the Nature, Causes, Relations and Treatment of Malarial (Paroxysmal) Fever, Intermittent, Remittent, Pernicious and Hæmorrhagic Malarial Fevers; Comparative Pathological Anatomy of Malarial, Typhoid and Yellow Fevers; Indigenous Remedies of the Southern States; Albinism in the Negro Race; Oriental Leprosy; Elephantiasis Græcorum, Elephant's Leg (Elephantiasis Arabum). New Orleans, La.: Joseph Jones, M.D., 156 Washington Averue. cor. Camp Street, Fourth District. 1887.

Such is the title of a ponderous volume of more Dear Sir:—I wish to report the following case of than 1,300 pages, copiously illustrated, and containing a large part of the results of a lifetime of untiring, methodical, yet varied and intelligent observation and research. The first volume of Dr. Jones's Medical and Surgical Memoirs was published in 1876, and was occupied largely with the results of his studies and observations concerning diseases of the nervous structures of the body, the various morbid conditions of the blood, pneumonia, etc. It embraced 820 closely printed pages, constituting a most valuable storehouse of facts hardly to be found elsewhere.

The second volume, just issued from the press, is printed on good paper, plain type, with many fairly well executed plates, and substantially bound. It is not a systematic treatise on practical medicine, or on any special department of medicine, but is rather an aggregation of the author's studies and observations concerning a large number of most important diseases, accompanied by the results of long continued original researches, not only at the bedside of the sick, but in the morgue and the chemical and microscopical laboratories, and is consequently a storehouse of etiological, histological and pathological facts of great value. Even a brief analysis of the contents of this extensive work would occupy more time and space than we can give, but the reader may form some idea of their nature and importance On July 1, with the nasal cutting forceps, 1 re- from the general heading of the several chapters as follows:

> Chapter 1. Investigations on endemic, epidemic, infectious and contagious diseases, and on the nature, causes, relations and treatment of malarial paroxysmal fevers; mode of investigating the origin, nature and effects of malaria; classification of the various Occupying 59 pages. forms of malarial fevers. Chapter 2. Physical and chemical characters and changes of the blood in malarial fevers and other

the changes of the blood in malarial fever and other reference; for in it he can find something to throw diseases, pyrexial and phlegmasial; microscopical light on almost every question he meets in relation characters and changes of the blood in various diseases; micro-organisms in malarial fever and other laxis of diseases. And we hope that the author, who diseases - 221 pages. Chapter 4. Hemorrhagic is his own publisher, will receive an ample pecuniary malarial fever; malignant forms of malarial paroxys mal fever; malarial hematuria-199 pages. Chapter 5. Circulation, respiration, temperature, state of the The Functions of the Brain. By David Ferrier, skin, tongue, and changes of the urine in intermittent, remittent and congestive fever. Principles of treatment based upon these observations—142 pages. Chapter 6. Pathological anatomy of malarial fever. Changes of the organs and tissues, and apparatus of the bodies of those who have died with the different types of malarial fever, intermittent, remittent and congestive. Comparison of these changes with the phenomena of malarial fever, and with similar changes in other diseases, and with the organs, tissues, and apparatus of men and animals in the normal condition-149 pages. Chapter 7. Treatment of malirial fever. Prevention of malarial fever. Indigenous remedies of the Southern States of the United States of America; which may be employed as substitutes for sulphate of quinia in the treatment of the various forms of malarial fever. Prevention of malarial fever work interesting to both the physician and surgeon; by hygienic, dietetic and therapeutic measures. Prin-doubly so too, because it is a subject the proper ciples of the treatment of the various forms and effects study and investigation of which present problems of malarial fever-152 pages. Chapter 8. Changes of the greatest intricacy and complexity. of color in the human race. Observations and researches on albinism in the negro race—28 pages. Chapter 9. General observations on leprosy in second and third chapters, containing 57 pages, are America. Chapter to. Yaws, libbens, sivvens, pian, devoted to the spinal cord. epian, frambæsia, syphilis Ethiopica. Chapters 11, ter 13. Etiology: Causes and origin of leprosy by them, as on the other side of the Atlantic; and (elephantiasis Græcorum) in North America, and more especially in the valley of the Mississippi River. Chapters 14, 15. Morbid anatomy of leprosy; bacillus lepræ. Chapters 16, 17. Treatment of Ori- Leurbuch der Geburtshülfe für Aerzte und ental leprosy; views of the older writers. Elephantiasis Arabum, elephant's leg, Barbadoes leg.

The volume is illustrated by 127 engravings, some of them colored. For more than thirty years the author has been actively engaged not only in the general field of practice, but also in the special de- ELEMENTS OF OBSTETRICS for Physicians and Stupartments of hospital, sanitary, and military work, and has at all times brought to his aid in the investigation of the causes, nature and results of disease a thorough knowledge of analytical chemistry and of microscopy. His original researches have not been undertaken for the purpose of rectifying or refuting the theories or discoveries of others, but rather for

diseases—210 pages. Chapter 3. Comparison of its cost, if for no other purpose than as a work of to the etiology, pathology, therapeutics and prophyreward for the sale of so valuable a work.

> M.D., LL.D., F.R.S., F.R.C.S., Professor of Forensic Medicine, King's College, London, etc. Second edition, re-written and enlarged, with numerous illustrations. 8vo, pp. xx 498. New York: G. P. Putnam's Sons.

Our welcome of the masterly work of Professor Ferrier is none the less hearty if it has been delayed so long. It would only be expected that the second edition of the work, published ten years after the first, would be in many respects a very new and much changed work; and such is the case. It was looked upon, from the first, as a thoroughly original work, with nothing of the too frequent mechanical compilation about it. The great advances made in the last few years in the diagnosis of lesions of the brain, and in the surgery of the brain, make such a

The title of the work does not comprehend its entire scope. Including the medulla oblongata, the

A general review of the book may be regarded as 12. Leprosy, elephantiasis Græcorum. Notes on unnecessary. Dr. Ferrier is already almost as well the history of leprosy in the Southern States. Chap-known to Americans, and his work as much respected we think it quite sufficient to notice the appearance of the second edition of this work.

> Studirende. Von Dr. Paul Zweifel, ordentlicher Professor und Director der geburtshülflichgynäkologogischen Klinik in Erlangen. Mit 212 Holzschnitten und 3 Farbendrucktafeln.

dents. By Dr. Paul Zweifel, Professor and Director of the Obstetrical and Gynecological Clinic in Erlangen. With 212 wood-cuts and 3 colored plates. 8vo, pp. iv—792. Stuttgart: Ferdinand Enke. 1887. Chicago: Koelling. Klappenbach & Kenkel.

Those who do not believe in antiseptic, or aseptic. the simple purpose of gaining a more perfect knowl- midwifery, would do well to read the first 18 pages of edge of whatever came before him relating to etiology this thoroughly practical book, the product of a man of and morbid changes in the fluids and solids of the large experience, and written with all the impartiality human body. Consequently, every page of the vol of the scientific man. These pages are devoted to ume bears the individual impress of the author, and the subjects of puerperal fever, disinfection, and the is, in the true sense of the word, an American work. mortality of child bed. He wastes no time in theo-Yet every chapter shows the author's familiarity with retical discussion; to him puerperal fever is not the the entire literature of every subject of which he result of occult atmospheric conditions; disinfection treats. To every intelligent American practitioner does not mean to him the killing or disguising of a this volume would be of more value than ten times smell; the prophylaxis of puerperal fever is not to

be settled by men who have half a dozen cases of Kharkov Medical Society has received from the Kürsk midwifery during a year.

Government Assemply 1,500 roubles (about \$750) to

The discussion of the pathology of pregnancy, labor and child bed, occupy almost 300 pages, and is thorough. The remainder of the book is devoted to obstetric operations. The whole work is singularly free from the redundancy and unnecessary wandering off into minor details, the positive verbosity in fact, which is frequently characteristic of German writers, and unlike most foreign books it has a good index. One gets and retains the idea all through that the author wrote it because he had something to say, not because he simply wished to write something.

MISCELLANEOUS.

ILLINOIS STATE MEDICAL SOCIETY.—The thirty-seventh annual meeting of this Society will be held in the Methodist Church Block, corner of Clark and Washington streets, Chicago, commencing on Tuesday, May 17, at 10 o'clock A.M. All regular City, County and District Medical Societies in the State are entitled to one delegate for every five of their resident members.

The following standing and special committees are

expected to report:

On Practice of Medicine—Daniel R. Brower, of Chicago, A. K. Vanhorn, of Jerseyville, and P. H. Oyler, of Mt. Pulaski.

On Surgery—D. A. K. Steele, of Chicago, C. Goodbrake, of Clinton, and B. F. Crummer, of Warren.

On Obstetrics—Ellen A. Ingersoll, of Canton, C. DuHadway, of Jerseyville, and W. H. Conibear, of Morton.

On Gynecology—Otho B. Will, of Peoria, J. M. Armstrong, of Evansville, and Catherine Miller, of Lincoln.

On Drugs and Medicines—J. G. Tapper, of Elgin, T. M. Cullimore, of Jacksonville, and Maria J. Mergler, of Chicago.

On Ophthalmology and Otology—S. J. Jones, of Chicago, A. E. Prince, of Jacksonville, and C. R. Parke, of Bloomington.

On Diseases of Children - Geo. W. Jones, of Danville.

On Physiology—A. Wetmore, of Waterloo.

On Dermatology—H. J. Reynolds, of Chicago.

On the Diseases of the Throat and Nose—E. Fletcher Ingals, of Chicago.

On Hydrophobia—Geo. N. Kreider, of Springfield, and others.

President—Elias Wenger, of Gilman.

Permanent Secretary—D. W. Graham, of Chicago. Chairman of the Committee of Arrangements— Ephraim Ingals, of Chicago.

BACTERIOLOGICAL LABORATORIES IN SIBERIA AND RUSSIA.—The Medical Society of Irkutsk, the capital of Eastern Siberia, will soon have a "bacteriological station" in the little city of 40,000 inhabitants. The

Kharkov Medical Society has received from the Kürsk Government Assemply 1,500 roubles (about \$750) to establish a bacteriological laboratory in Kharkov, and will receive 700 roubles yearly to support the laboratory.

MISSOURI STATE MEDICAL ASSOCIATION.—We are informed by Thos. B. Jackson, M.D., Chairman of the Committee of Arrangements, that the next annual meeting of the Association will be held in Macon, Mo., May 10, 11 and 12. A full attendance is expected.

HEALTH IN MICHIGAN.—For the month of March, 1887, compared with the preceding month the reports indicate that erysipelas, measles, tonsilitis, and consumption of lungs increased in prevalence. Compared with the preceding month the temperature in the month of March, 1887, was slightly higher, the absolute humidity and the day ozone were about the same, the relative humidity and night ozone were less. Compared with the average for March in the nine years, 1879-1887, measles and erysipelas were more prevalent, and remittent fever, intermittent fever, pnenmonia, scarlet fever, influenza, bronchitis and diphtheria were less prevalent in March, 1887. For the month of March, 1887, compared with the average of corresponding months for the nine years 1879–1887, the temperature was lower, the absolute humidity and the ozone were about the same, the night ozone slightly less.

Including reports by regular observers and others diphtheria was reported present in Michigan in the month of March, 1887, at forty-six places, scarlet fever at fifty-two places, typhoid fever at thirteen places, and measles at thirty-five places. Reports from all sources show diphtheria reported at twelve places more, scarlet fever at ten places more, typhoid fever at three places less, and measles at eleven places more in the month of March, 1887, than in the pre-

ceding month.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM APRIL 2, 1887, TO APRIL 8, 1887

Capt. John Van R. Hoff, Asst. Surgeon, ordered for duty at
Ft. Reno, I. T. S. O. 43, Dept. Mo., April 4, 1887.
Capt. W. H. Corbusier, Asst. Surgeon, granted leave of absence

 Capt. W. H. Corbusier, Asst. Surgeon, granted leave of absence for one month. S. O. 35, Dept. Ariz., March 29, 1887.
 Capt. H. G. Burton, Asst. Surgeon, ordered to Platisburg Bks.,

Capt. H. G. Burton, Asst. Surgeon, ordered to Plattsbirg Bks.,
N. Y., for temporary duty. S. O. 78, A. G. O., April 5, 1887.
Capt. L. A. La Garde, Asst. Surgeon, ordered for duty at Ft. Assiniboine, M. T. S. O. 78, A. G. O., April 5, 1887.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U.S. MARINE HOSPITAL SERVICE FOR THE WEEK ENDED APRIL 9, 1887.

Bailhache, P. H., Surgeon, detailed as chairman Board of Examiners, to meet in Washington, April 25, 1887. April 4, 1887.

Purviance, George, Surgeon, detailed as member Board of Examiners, to meet in Washington, April 25, 1887. April 4, 1887.

Godfrey, John, Surgeon, detailed as recorder Board of Examiners, to meet in Washington, April 25, 1887. April 4, 1887. Irwin, Fairfax, P. A. Surgeon, to proceed to Baltimore, Md., on special duty. April 8, 1887.

Pettus, W. J., Asst. Surgeon, to proceed to Norfolk, Va., for temporary duty. April 4, 1887.

Journal of the American Medical Association.

EDITED FOR THE ASSOCIATION BY N. S. DAVIS.

PUBLISHED WEEKLY.

Vol. VIII.

Chicago, April 23, 1887.

No. 17.

ORIGINAL ARTICLES.

TREATMENT OF FIBROID TUMORS OF THE UTERUS BY ELECTROLYSIS, WITH A DESCRIPTION OF APOSTOLI'S METHOD.

Read before the Chicago Medical Society, Dec. 20, 1886. BY FRANKLIN H. MARTIN, M.D.,

PROFESSOR OF GYNECOLOGY IN CHICAGO POLICLINIC, CLINICAL LEC-TURER ON GYNECOLOGY IN SOUTH SIDE DISPENSARY, CHICAGO , FELLOW OF CHICAGO GYNECOLOGICAL SOCIETY, ETC.

Unfortunately, the term "electrolysis," as applied to the treatment of disease, has been by many, for some unaccountable reason, greatly misunderstood. of treatment by electrolysis, the term has become of fibroid tumors of the uterus, because it does not synonymous with any form of electrical application, whether of the galvanic, faradic or static variety. However, to facilitate a description of my method of This is a mistake. To successfully treat any partic-treatment, I will make the old division according to ular diseased condition by electrolysis, certain scien- location into, 1, submucous; 2, interstitial; 3, subtific principles are involved, that are as necessary for peritoneal. The nomenclature of this division suffius to understand as it is for an inventor to understand ciently explains itself. To still further expedite matters, certain scientific principles before he can successfully allow me to divide these tumors according to their construct an electric motor.

phenomenon. It is necessary for us to have certain that produce from a simple excess of the menstrual conditions present in order to obtain this phenome-flow to the most alarming continuous hemorrhage. non: 1. A continuous current of electricity; 2, an The non-hæmorrhagic will include all others. electrolyte; 3, means of conveying the current elements, we do not get electrolysis.

of the current must be at hand.

stant galvanic current, which do not properly come under the head of electrolytic action, but which are utilized in the treatment of fibroid tumors. I refer, 1, to the cataphoric action of the current; 2, to the local effects of the two poles.

The subject of the treatment of fibroid tumors of the uterus by the continuous galvanic current, therefore, presents the following points for our considera-tion: r. The tumor. 2. Means for generating a continuous current of electricity. 3. Means of measuring or gauging the current. 4. Electrolytic action of the current. 5. Cataphoric action or electrical osmosis. 6. Local effect of the poles. 7. The

apparatus and general detail.

I. Consideration of Tumors.—I will not go into a Because an electric battery is one of the requisites long discussion of the history, causes and pathology particularly bear upon the subject of the evening. condition, into the hæmorrhagic and the non hæmor-Electrolysis is simply an expression for an electrical rhagic. By hæmorrhagic we will include those tumors

II. The Current.—The current of electricity used through the electrolyte. And unless we have prese in electrolytic therapeutics should be one of moderate ent in every case upon which we operate these requi-quantity compared to the intensity. It should be sites, and bring them into such relationship that the very uniform and without interruption. The direcelectrical current conveyed through the electrolyte tion of the current should always be known. Any by means of suitable conductors will dissolve the means of generating electricity that will be practimolecules of the electrolyte into their constituent cable, and at the same time answer the above requirements, will be suitable for our purpose. I have So far as the phenomenon electrolysis has been found nothing better than some form of the chemutilized in medicine, it has been for the purpose of ical battery. In the beginning of my work with removing abnormal tissue. In order to accomplish electrolysis I used some form of the ordinary zinc this, certain other requisites are necessary. 1, the and carbon battery with a solution of dilute sultissue to be dissipated must be an electrolyte or con-phuric acid and bichromate of potash. For purposes tain electrolytes; 2, the tissue must be in a position of epilation, strictures of the urethra and uterine where it may be electrolysized without endangering canal, and other of the smaller operations, this batneighboring tissues; 3, its surroundings must be such tery answers the purpose admirably, where it is propas will favor the removal of the ions by absorption erly cared for. For accomplishing more decided or otherwise, that have been freed by the electrolytic work, however, this variety of battery becomes imaction; 4, some means of ascertaining the strength practicable, because of the labor required to keep it in proper order. The results of my experiments have Before considering the above points more in detail, led me to adopt for office purposes the ordinary crow-I wish to refer to two other phenomena of the confoot gravity cell. This cell is furnished to me by the

McIntosh Galvano-Faradic Co., of this city. These rience and knowledge, is about 1,000 milliam icres. cells are coupled in tandem, and connected with a To get this power I use a battery composed of 115 selective switch board arranged in such a manner gravity cells.1 that any number of cells from any part of the battery. can be brought into the circuit. A large number of in causing the absorption of fibroid tumors or any these cells can be placed in a closet or other con-other pathological growth, is not a new phenomenon venient place and attached to the switch-board by in electro-chemistry. This action has been utilized means of a cable of wire. The storage battery can in the commercial world for a number of years, and be utilized for this purpose, but is as yet impractilits value is constantly increasing. The same princil cable for long and constant work. The dynamo has ple that is used in electro-plating can be made value. been suggested, and will without doubt, with time able in medicine, in relaxing the loosely combined and improved motors, take the place of all other elements of a fibroid tumor and causing their deposit forms of generating electricity for office use, both for where they will be carried from the system. cautery and, with proper resistance coils, for electrolytic work.

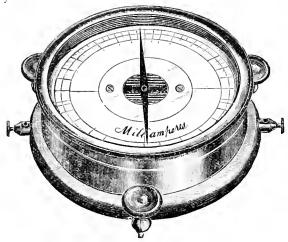


Fig. 1.-McIntosh's Milliampère Metre.

111. Measurement of Current.—With the advance in electrical therapeutics we have found it necessary to adopt some means of measuring approximately the strength of current employed. Especially is this desirable when the enormous strength of current is its osmosis into the surrounding absorbents, and used that is necessary in the treatment I am describ-thereby accomplishes its removal. ing. It is unwise to employ a current of more than 25-milliampère strength through the vital tissues of the battery is very different with a high tension curthe body, without being in a position to watch every rent. The effect of the positive pole is termed by variation of intensity, and this can only be determined. Dr. Apostoli the galvano caustique effect of the posiwith accuracy by the employment of a galvanometer tive pole. This is an action of a great deal of im-(Fig. 1). I take pleasure in being able to exhibit a portance, and from which a great advance is contrigalvanometer to the Society this evening that answers buted in the treatment of hæmorrhagic fibroid tumors all requirements for therapeutic purposes. This in- of the uterus. The phenomenon is obtained only by strument was constructed, after a large amount of the employment of a very strong current, from 50 to work and experimentation, by Dr. McIntosh, of the 1,000-milliampère strength, and concentration of this McIntosh Galvano Faradic Co., of this city. It has current at the point of contact of the positive pole been graduated in the presence of an absolute gal- of the battery to the tissues. This electrode must be vanometer, and each instrument that is constructed of small size, and of some unattackable metal. The is graduated by actual comparison in the same way, effect obtained upon vascular tissues or mucous mem which is a point that is absolutely necessary if accu | brane by thus concentrating the current is to produce racy of measurement is to be obtained. Many of an eschar. This eschar, however, if the current has the galvanometers that have been thrown upon the been proper, will be found to be simply a coagulation market of late, for medical purposes, have been little and a hardening of the mucous membrane and the better than worthless. This instrument is graduated tissues beneath it for some little distance. This profor milliampères, and will measure accurately a cur- cess of contraction and coagulation modifies the tent from 1 to 1,000-milliampère strength.

The maximum current that can be safely passed through the body, consistent with our present expe | rents in special ca

IV. Electrolysis, the principal action that we seek

A strong current of electricity is passed through a growth of this character, and in its substance it finds many electrolytes which are dissolved into their constituent elements. These elements, according to their electrical tendencies, travel toward the negative or the positive pole of the battery, and may be disposed of in the following four ways: 1. "Many of them immediately make similar or dissimilar combinations with neighboring elements of opposite electrical tendencies, making thereby new compounds which act as foreign particles; as foreign bodies they are promptly removed by the nearest absorbents. 2. Other elements, as they become free from their original inal molecules, make combinations with elements which are already leaving the tissues through one of the innumerable minute vascular canals. 3. Many, in the form of gas, pour into the atmosphere beneath and surrounding the electrodes. 4. Others attack the electrodes and are disposed of in the form of deposit on their surfaces."

The cataphoric action of the galvanic current should also be recognized as playing its part in the promotion of absorption. It is by this property that fluids are determined in mass from the positive to the negative pole. This action, in producing an unnatural turgescence of fluid at the negative pole, favors

The local effect of the current at the two poles of calibre of the vessels of the circulation so that hæm-

¹ Since writing the above I have been able to use still higher cur-

orrhages are less liable to occur at the point of applies oft metal, of appropriate dimensions, has loosely cation; at the same time it does not destroy the stretched over its concavity an animal membrane circulation sufficiently to produce strangulation and which is fastened to its circumference securely enough death of the part. There is nothing that will so effectually stop all forms of excessive hemorrhages or leucorrheea, without producing a troublesome slough, and a subsequent contraction, as this partieular application of electricity when made to the mucous membrane of the uterus.

The local effect of the negative pole is the opposite of that of the positive when the current is strong and concentrated. The action of this pole is one of liquefaction instead of hardening and coagulation. Its eschar resembles much that of a caustic alkali.

V. The Electrodes used in the treatment of fibroid tumors by Dr. Apostoli's method are few in number. Two electrodes are always necessary at every operation. One of these is applied externally on the active one. This is either a sound that fits accurately surface. the uterine canal, or a pointed electrode which enters sound, platinum and iridium when in form of needle. all irregularities, covers a large surface, and causes a



Fig. III - Martin's Abdominal Electrode.

surface of the body, the other in some form inter- to render it water-tight. Between the concavity of the nally. Where powerful currents are employed, such disk and the membrane is left a space one and oneas I have described, the first object is to devise means half inches in thickness, which is filled with a warm of conducting them through the parts desired, saturated solution of chloride of sodium. The elecwithout producing harm to innocent tissues, or pain trode is filled through a stopper on the surface of the to the patient. One pole, the internal, is usually the metal. The connections are also made from this

This electrode, when filled, is applied to the sura presenting portion of the tumor. This is constructed face of the body so that its membrane surface is in of unattackable metal, platinum when in form of contact with the skin. It adapts itself accurately to



Fig. II.-Martin's Inter-uterine Electrode.

Some means of insulating the vaginal portion of the diffusion of the current so perfectly, and makes conelectrode must be devised. (Fig. 2.) Needles used nections so complete, that I have been able repeatin electrolysis should be insulated up to within one edly to use a current of 75 to 1,000 milliampères inch of the point in order to protect external tissues. without producing the slightest blistering of the in-After the proper internal electrode has been selected tegument and without producing even a disagreeable and placed in position, and before the current is sensation. turned on, the circuit of the battery must be closed by applying some form of convenient electrode extinct operations that are called for in the rational ternally that will give the minimum resistance with treatment of fibroid tumors of the uterus by elecout excessive pain. This has been one of the most trolysis. They vary both according to symptoms difficult things to accomplish in the use of strong and conditions. The first that I will consider is for currents. This external electrode should be placed the relief of excessive homorrhage. I consider this upon the abdomen in as close proximity to the in- of first importance because it is one of the most disternal one as possible. It should have a large surface tressing symptoms we meet with in dealing with these face should conduct equally, and fit accurately into other resource. all irregularities of the surface.

tion. Dr. McIntosh has succeeded in constructing tion is preferably given in the office. for me this electrode (Fig. 3). A concave disk of The patient's clothing is toosened, and she is in-

VI. Details of Application .- There are three disin order to diffuse the current. All parts of the sur- difficulties, and a symptom which often baffles every

I will not go into a description of the different Dr. Apostoli at last hit upon the following plan, conditions that may be present in hæmorrhagic fibwhich he has found to answer the purpose perfectly: roids, but will confine myself to the few conditions A mass of potter's clay is made about into the con- that must be present to allow of benefit from this sistency of soft dough by moistening with water, and treatment. We have excessive hæmorthage which is then spread upon the abdomen of the patient in a may be continuous or periodic. The haemorrhage is mass an inch or more in thickness. This is connected with the battery by placing upon its free surface a plate of soft metal with appropriate connections. This apparatus, while it answers the purpose of the patients of the parametritis present. With these requisites, positive and negative, we may be a present the purpose of the parametritis present. pose, is a very inelegant form of electrode. In this proceed to operate. An assistant, if the patient is direction I am able to offer a very decided innova- reasonably strong, is not necessary. The applica-

sound electrode composed of pure platinum, cor- portion of the tumor by means of negative-galvanoresponding as nearly as possible with the size of the puncture entering the tumor from the cervical canal. uterine canal, is selected, and made to conform to For this operation the patient is also placed in the the general direction of the canal as indicated by the dorsal position. The position of the cervix is ascerprobe. This electrode is then introduced to the bot-tained, and by aid of a proper speculum a sharpened tom of the uterus, and the insulating shield is pushed probe of platinum and iridium is thrust a safe distance up until it touches the cervix and covers perfectly the into the centre of the presenting fibroid. The vagintra vaginal portion of the metal. When the elec- inal portion of the electrode is properly insulated as trode has been satisfactorily applied and connected in the other operation, and is then connected with with the positive pole of the battery, Martin's large the negative pole of the battery. The abdominal abdominal electrode, properly prepared and attached electrode is attached to the positive pole and applied to the negative pole of the battery, is applied to the as for the previous operation, and with proper prelower portion of the patient's abdomen in such a cautions the current is gradually turned on until the

be done very gradually at first in order that the pa-tion of the first séance, when the new canal is estabtient may experience no shock. If the patient com- lished, the succeeding treatment is no more disagreeplains of a dull pain internally while the current is able than the ordinary use of the internal electrode being increased, the operator should stop for a few in the uterine canal. Before any internal needle or seconds, and he will often find that the pain will puncture operation a vaginal injection of 1 to 5000 cease, after which the current can again be increased bichloride of mercury should be given, and repeated to the desired strength without excessive pain. At each day as long as the treatment is continued. An the first not more than a 50-milliampère current interval of about five days should elapse between the should be used. If the patient bear this well, it first and second applications, and the duration of the should be increased at each succeeding operation séance should be from five to ten minutes. until a strength of from 100 to 500 milliampères is | The first effect derived from the employment of obtained. The first operation should last about five this method is the establishment of a new channel to minutes, and if well borne the succeeding ones can take the place of the distorted and obstructed utersafely be lengthened to ten or twelve minutes. In ine canal and by which subsequently the tumor will finishing the operation the current should be de- be treated. The second effect is the direct electrocreased in strength a cell at a time very slowly, until lytic action of the current upon the growth. The it is entirely excluded. After the operation the pa-channel left after the withdrawal of the probe is sometients should remain quiet for half an hour, when they what larger in diameter than the electrode itself, and can return to their homes, with instructions to keep will remain for a number of days penetrable to the very quiet for at least twenty-four hours.

rhages, and reduces the size of the tumor. The local rhage from the artificial canal, one application of the coagulating effect of the platinum electrode upon the electrode with the current reversed making the posiinner surface of the uterine canal checks the homor-tive pole the internal will give relief. One imperarhage, and the electrolytic effect of the powerful cur-tive point in these operations is the proper selection rent through the tumor favors its absorption. A of poles to be employed. The immediate effect of number of repetitions of the operation are necessary the negative pole is to liquefy the tissues with which to control severe hamorrhages. It is impossible, at it comes in contact like a caustic alkali, and it should one sitting, for the internal electrode to come in con- be selected for the establishment of a canal, while the tact with all the surface of the canal, no matter how effect of the positive pole is to coagulate and harden much pains may be taken to make an accurate ad- tissues coming in contact with it, like a caustic acid, justment. Nothing but repeated operations can ac- and it should always be employed to check hæmorrhcomplish this. Unless the current is too strong there age either from the artificial canal or the natural uterwill be but very little subsequent sloughing at the ine canalitself. Therefore for the rapid reduction of place of contact of the positive pole. If troublesome the tumor the negative pole is decidedly preferable, sloughing should occur after an application, a some- and should always be applied unless the presence of what weaker current should be used afterwards. It hemorrhage demands the use of the positive. must be remembered that coagulation, and not cauterization of the tissues, is the point sought.

attention is for the reduction of tumors that have for this form of treatment are those that are not

structed to assume the dorsal position upon an oper- grown in such a manner that they have distended or ating chair or table. A speculum is introduced or occluded the uterine canal so that it will not admit a not according to convenience of operator, and the sound electrode, and thereby renders intra-uterine direction, size and depth of the uterine canal is as- treatment proper impossible. In these cases an articertained by means of a soft metal probe. A uterine *ficial* canal should be established in the obstructing manner as to bring its whole surface in contact with desired strength is obtained, this being as high as 150 milliampères, often without pain or harm to After the electrodes have been securely placed and the patient. Contrary to ordinary expectations, the the connections are found to be perfect, the operator pain produced by this operation is not sufficiently should commence turning on the current. This should severe to require an anæsthetic, and with the excep-

probe. There is but slight suppuration from its sur-This operation has two effects. It checks harmor- face, but should there be any considerable harmor-

The third and last operation to which I will call your attention is the extra-uterine galvano-puncture, The second operation to which I will call your or the needle operation proper. Tumors that call amenable to the other two forms already considered. be placed upon the abdomen in close proximity to

often pedunculated, can be reached either by punc- milliampères strength, and the duration of the opture through the vaginal wall, using great care not to eration ten minutes. injure the bladder or other important organs, or where this is not feasible by puncturing through the ab- the present status of the treatment of fibroid tumors dominal wall. needle should be introduced into the tumor through tricity. The use of the strong current was adopted the vagina, because if it is at all possible, the tumor by Dr. Apostoli, of Paris, he being the first to devise lies in contact with the vagina; consequently the tis- electrodes and rational means by which it could be sues that it is necessary for the needle to traverse made tolerant. To the extent of discussing the strong are unimportant, while the abdominal wall with its current and utilizing the coagulating effect of the fat, muscle, and peritoneal layers is too formidable positive pole for the checking of uterine hemorrhages, to penetrate even with a needle unless actuated by I have described Dr. Apostoli's methods. Otherwise absolute necessity. If the puncture is to be made I have not confined myself to any one system, but through the vagina, a thorough vaginal injection of the have endeavored to give the best means, according bichloride solution should be employed, and for this to my knowledge and judgment, that have been deoperation, unless the patient has more than ordinary veloped, up to the present time, for the relief of this fortitude, an anaesthetic should be administered. For distressing malady. The scope of the subject is too this purpose I employ, as preferable, the mixture of broad to admit its being satisfactorily dealt with in equal parts of alcohol, ether and chloroform, on ac- one short paper, and, I therefore beg to submit, at count of its prompt action and transient effects.

operation is the only alternative the patient is placed ance that time would not allow me to discuss in the in the dorsal position, and all instruments being in body of the paper. readiness, the anæsthetic is pushed promptly to a surgical degree and then entirely withdrawn. A suitable speculum is introduced and a needle with proper 1 1. A means of generating a continuous current of into the tumor. The position of the bladder should tain all the benefits of this treatment. have been ascertained by means of a probe or catheter, before commencing work. When the needle has can be cured by the local coagulating effect of the been satisfactorily adjusted the speculum is carefully positive pole applied inter-uterine. withdrawn and the needle connected with the negative pole of the battery. The same external elec- should be of unattackable metal, conforming as nearly the same manner as in the other operations described and having the vaginal portion insulated. and connected with the positive pole. The current is now gradually turned on until a strength as indicated negative galvano puncture should be made into the which usually occurs without any struggling; a pecu-ments be formed. liarity of the anæsthesia by the A. C. E. mixture which makes it very desirable for this work.

the first time, and subsequently, if it is deemed desir- The same patient may, however, present successive able, a longer time can be given. When the opera-symptoms demanding the use of each pole. tion is terminated, and the current has been gradually withdrawn, the needle will be found loosened and its est possible consistent with the desired therapeutic removal is accomplished with ease and very little effect and the endurance of the patient.

where the tumor rises above the cavity of the pelvis, ine and profusely hæmorrhagic. and is in contact with the abdominal wall. Here, after necessary antiseptic precautions have been care eight to ten minutes, according to the toleration of ried out, the needle is thrust through the abdominal the patent. wall into the substance of the tumor at its most promvariety as described in the other operations, should from four to five séance, while a general reduction of

This variety, usually of the sub-peritoneal type, the needle. The current should be 300 to 1,000

Herein I have endeavored to give you an idea of Everything else being equal, the of the uterus by means of the strong current of electhe risk of wearying your patience, the following After it has been definitely determined that this conclusions, which may cover a few points of import-

CONCLUSION.

curve, and insulated with hard rubber to within one electricity which can be increased per 10 to 1,000 inch of the point is thrust through the vaginal walls milliampères in strength, is necessary in order to ob-

2. Hæmorrhages from hæmorrhagic fibroid tumors

3. The inter-uterine electrode, when positive, trode, should be adjusted with the same care, and in as possible to the size and shape of the uterine canal

4. When the cervical canal cannot be entered a by the galvanometer is reached of 500 to 1,000 mil- presenting part of the obstructing mass of the tumor liampères. In the meantime the patient is allowed and an artificial canal, which is to take the place of to come out from the influence of the anæsthetic, impenetrable uterine canal, in all subsequent treat-

5. The intra-uterine electrode should in all cases be negative, unless there is hæmorrhage or excessive This operation should last for about eight minutes leucorrhea, when the positive pole is always required.

6. The strength of the current should be the strong-

7. Cases of intolerance of high doses arrange The abdominal operation is performed where the themselves under the three following heads: 1. Hystumor is of the large sub-peritoneal variety, that canteria. 2. Enteritis. 3. Acute nephritis, peritor not be safely attacked from the uterus or vagina, and parametritis; the most tolerant being the deep uter-

8. The duration of the operation should be from

9. The number of operations is necessarily dependinent part, and is then connected with the negative ant upon and influenced by the result to be accompole of the battery. The other electrode, the same plished. A severe hamorrhage can be checked in course, according to size and location. In many tive cases in which it had been used by him. cepted as a substitute for an actual cure.

ters but little, if the tumor is not rapidly growing, tumor of considerable size. should be as regular as possible.

a final alternative the abdominal puncture.

12. Strictest cleanliness and thorough antiseptic connected with this treatment.

163 State Street, Chicago, February, 1887.

VAGINAL PRESSURE IN THE TREATMENT OF ·CHRONIC PELVIC DISEASE.

Abstract of a paper read before the Chicago Gynecological Se- follows: ciety, February 18, 1887.

> BY A. REEVES JACKSON, M.D., OF CHICAGO.

The brief paper which I have to present this eve- metamorphosis. ning, was suggested by some remarks, with which the society was favored at its last meeting by Dr. Etheridge, entitled a "Preliminary Note on Autiseptic Tamponnement of the Vagina in the Treatment of treatment, and determined to give it a trial. the past eight or nine years.

reading a paper which was published by Dr. V. H. that have been made concerning its efficacy. Taliaterro, of Atlanta, Ga., in 1878, on "The Ap-1" Dr. P. F. Munde, who gives an abstract of Dr. The method consisted in firmly packing the vaginal tonitic or cellulitic exudations and adhesions." pressure and moisture.

the tumor necessitates many operations, varied, of treatment. Dr. Jackson detailed a number of instruccases simply a restoration to health and a relief from of these, the patient was suffering from supra vaginal the prominent and annoying symptoms must be accelelongation of the uterine cervix, complicated with complete cystocele and vaginal eversion, the invo-10. The time of commencing the treatment mat-; luted parts protruding from the vulva and forming a The uterine canal and no excessive hemorrhage is present. The op- measured six inches. The parts were restored and eration should be inter-menstrual, if possible, but if the vagina packed with cotton, a process which was hæmorrhage is continuous operate during the flow, repeated every two or three days for a fortnight, at The séances should occur two or three times a week the end of which time the depth of the uterus was if compatible with the endurance of the patient, and reduced to three inches. Other symptoms were correspondingly improved. The patient, who had been 11. Extra uterine puncture should be regarded only able to drag herself along with pain and diffionly as a last resort, but every means of reaching the culty, could, after the first packing, move with rapidtumor through the uterus being impracticable, seek, ity and comfort. She was subsequently cured by a if possible to make the operation extra-peritoneal, plastic operation on the vagina. A number of other should this in turn prove equally unadvisable, use as cases, some of them furnishing results almost equally striking, were detailed by the writer.]

Dr. Taliaferro strongly emphasized the importance precautions are absolutely demanded in operations of applying the tampon with the patient in the Sims' position, in order that the vaginal canal should be distended and elongated to its utmost capacity. He further advised that the first few pieces composing the tampon should be of cotton, for the reason that a greater amount of glycerine may be incorporated with that substance than with wool. It was claimed that the therapeutic effects of this treatment are as

1. It diminishes blood supply and nutrition.

2. It promotes absorption.

3. It removes hyperplastic tissue by retrograde

4. It diminishes nervous action.

It rectifies malpositions.

I was much impressed by the stated results of the Pelvic Inflammation." It would have afforded me seemed to promise a valuable substitute in some of pleasure to endorse the treatment which was advo- the objectionable and uncertain methods of local cated at that time, had an opportunity been given treatment then and now in vogue, such as cauterizafor so doing, for 1 have had occasion to make fre-tion, local blood letting, tents, intra-uterine medicaquent use of it, and to learn its advantages, during tion, iodine painting, hot douches, etc. Since then I have used it in many cases of chronic pelvic disease, My attention was first called to this subject by and am able to corroborate the favorable statements

plication of Pressure in Diseases of the Uterus," in Taliaferro's paper in his "Minor Surgical Gynæcolwhich the writer presented many facts and arguments ogy," edition of 1885, says: "Of the value of this to prove the great therapeutic efficacy of the princisteady and elastic pressure and support in reducing ple of pressure as applied to the treatment of diseases—the size of an engorged hyperplastic or (better still) of the uterus and other pelvic organs, which are subinvoluted uterus, and restoring the normal circucharacterized by habitual passive congestion and its lation to the ædematous and congested pelvic celluresults, namely, uterine displacements, enlargement, lar tissue, I have no doubt whatever; neither of the relayation, cervical crosions, menstrual disorders, etc. potent alterative effect of this pressure on old peri-

with sheep's wool made antiseptic with carbolic acid, I had not applied this dressing many times before with the aid of a Sims' speculum, the patient being 1 observed occasionally on removing the tampon, in the knee-chest posture. At first Dr. Taliaferro that on various parts of the vaginal wall, and also used cotton pledgets, saturated with glycerine, but around the os uteri, erosions appeared sometimes observing that the cotton packed quite hard, he bleeding slightly on exposure. I attributed this to very soon substituted wool because of its resiliency, the fact that the packing had either been too firmly or a quality with which it was found to retain under unequally placed. In cases of moderate laceration of the cervix uteri, this accident is especially likely [In illustration of the results of this method of to occur if the packing is so applied about the vaginal portion in such a manner as to widely open the os-disparage in the least the use of hot water irrigations, possible.

the more important element in the treatment.

tion of Dr. Taliaferro. But it was difficult to ob- as turgid and as purple as before. tain a well prepared article, and next to impossible and jute. These substances were elastic—especially nant contents, and which may be continued day since sheep's wool has been so prepared as to be free to be found in this persistent pelvic pressure and from fatty matter, and is comparatively absorbent of tissue drainage. water and glycerine, it more completely and perfeetly meets the indications than any of the other tive of the beneficial effects of this treatment, but substances I have named.

As regards the form of the tampon, I have used it both in single and multiple pieces, and unhesitate two children at term, and subsequently a miscarriage ingly give preference to the latter in many cases, at the fifth month. After this latter event menstrua-It is very important that the vagina be packed in tion became more profuse and the periods were prosuch a way as to insure an equable pressure against tracted. At the end of two years her general health every part. This cannot be so certainly done with was greatly impaired and she was markedly anemic. a tampon made from a single piece, or a few large. Ordinary remedies were used without success. At ones as with a number of smaller sizes. When my suggestion, her physician curetted the interior of moistened the pieces should not exceed a walnut in the uterus, and then swabbed the cavity with Churchsize. Time may be saved, however, and the object ill's solution of iodine. Febrile symptoms followed, accomplished, by using a single piece of wool for the and lasted a week. Temporarily there was improvelower half of the vagina.

the tampon besides the glycerine or vaseline, has from a bloody discharge. It was then determined been the occasional addition of tannin or alum, that I should repeat the curretting. Remembering But when, for any reason, I have wished to have the the inflammatory sequel to the previous operation, I dressing remain longer than two days, I have, after was moved to pack the vagina a few times as a prepasaturating the separate pledgets, rolled them in tory measure. She was flowing when the first packboracic acid so as to take up two or three drams ing was placed. When the latter was removed at of the latter.

used.

uteri. Hence, in all such cases I endeavor to at first in the treatment of chronic pelvic inflammations, I push the uterus upward with a single pledget, and desire to say that for some years I have held the then to pack the entire vaginal fornix about it so as opinion that their efficacy great as it is, has been to press the cervical labia together as much as overrated. Indeed, they have been so enlogized that perhaps we have expected more from them than When any part of the mucous membrane appears, was reasonable. One serious drawback to their usesoft and succulent, I have found advantage in com-fulness arises from the fact, that the sittings cannot bining with the glycetine a solution of tannin or be continued usually for a sufficiently long time. If alum. The contact of glycerine is not equally well—it were practicable to keep a stream of hot water borne by all vaginas, and in a few cases I have not playing against an inflamed or engorged tissue for been able to persist in its use on account of the irri-thirty hours rather than thirty minutes, we should tation it caused. In these cases I find an excell doubtless obtain more prompt and more permanent ent substitute in vaseline, which, although it does results. But as the hot water douche is usually emnot produce the peculiar serous drain which comes ployed, it effects in constricting the over full vessels with the use of glycerine, is unirritating, and makes are of short duration. I have seen a turgid, purppossible the employment of the pressure, which is lish cervix subjected to a hot stream for forty minutes; at the end of the time it was pale and shrunken; When I first began to use this pressure treatment at the end of another hour, the patient continuing I chose carded wool, in accordance with the sugges- meanwhile on her back, I have found the same cervix

Now, just on this account, a manifest and very to incorporate any considerable quantity of glycerine great advantage may be urged in favor of a means with it. I was obliged to use cotton for the upper of treatment which, equally with the hot water part of the vagina. I next tried successively oakum donche, has power to unload the vessels of their stagthe former—and also antiseptic; the former contain-lafter day and week after week, without remission ing tar, and the latter carbolic acid. However, and without reaction. Such a means is, I believe,

> Were it needful I could cite many cases illustrawill content myself with but two.

Case z.—A married woman, 34 years of age, had ment as regarded the hæmorrhage; but in three Commonly, the only medication I have used with months she was worse than before, and rarely free the end of forty eight hours, the only appearance of The cases in which I have found this method of blood was a slight staining of that portion of the treatment especially beneficial are those which are tampon which had been pressed against the os nteri. characterized by soft engorgement—such as the Another tampon, larger than the first, was placed, earliest stages of subinvolution, with or without carrying the uterus as high as possible in the pelvis. cervical laceration. In these cases I have seen more. On its removal two days later no blood at all was marked change effected in two weeks than is com- perceptible. This treatment was continued three monly seen in two months-or more than is seen at weeks, combined with suitable medicinal and hyall sometimes—under the use of hot water douches, gienic means, with the result of permanently stophowever perfectly and assiduously the latter may be ping the hæmorrhage, and the ultimate restoration of the patient's health.

Permit a slight digression. Without wishing to Dr. Mundé, in speaking of this means of treat-

these words: "When the retro-displaced fundus portion of his nights in the sitting posture. The pauteri is adherent, these daily emollient and hydro-tient had never had syphilis, and the only thing to gogue tampons may in time, by their combined which he could attribute his present condition was a pressure and alterative action, bring about the ab- severe fall upon the right shoulder which had occurred sorption, or at least stretching, of the adhesion, and two years previously. permit a replacement of the organ." I submit a

case in point.

duced abortions; no child at term. Had been inches to the right along the line of the clavicle. treated for displacement by pessary, with apparent Inspection showed decided pulsation in the swelling benefit. Afer a time the symptoms returned, and and palpation revealed its expansile character. the physician introduced a larger instrument. It Auscultation detected no bruit or thrill in the tumor, caused pain at once, and in a few hours there was a but the heart sounds were heard over the area of chill and then rise of temperature. I saw the patient swelling with great clearness; no murmur was denext day and advised the removal of the instrument, tected over the right carotid or subclavian arteries; which was taken away. It was a very large one, examination of the heart showed that its sounds were A sharp attack of inflammation ran its course in ten clear. There was noticed great venous suffusion of days. No abscess formed. A few weeks later I the face with distension of the venous trunks when found the uterus retroverted and the fundus immova- the patient leaned forward. The left pupil was large, bly fixed by adhesions in its mal position. At the the right of moderate size; the right pupil promptly request of the attending physician I then took charge responded to light, the left one acted sluggishly. The of the patient. The treatment consisted wholly in the radial and other accessible arteries were soft to the use of tampons of cotton with glycerine and boracic feel, so that there was no evidence of widespread arteposition with as much force as the patient could is subjoined. As the result of his examination, Prof. The pledgets were increased in size Pepper was of the opinion that the patient was sufand others were placed in front of the cervix. The fering from an aneurism of the innominate artery. vagina was packed below more and more fully adhesions.

SIMULTANEOUS DISTAL LIGATION OF THE RIGHT CAROTID AND SUBCLAVIAN ARTERIES. RECOVERY.

Read before the College of Physicians, of Philadelphia. BY H. R. WHARTON, M.D.,

ASSISTANT SUPGEON, HOSLITAL OF THE PHIVERSITY OF TENNSYLVANIA

John Ashhurst, Jr.:

Andrew C., aged 42 years, who was born in Scotland and served for a time in the British army, and from the application of the ligature, nor were there whose present occupation is that of a gardener, pre- any cerebral symptoms. The patient did well after sented himself at Professor Pepper's clinic at the the operation, and on the succeeding day the tem-University Hospital with the following history: perature and color of the right arm were good. The Eighteen months before his admission to the hospital wounds did well and in the course of a few days it he began to experience pain running from the throat was noticed that the tumor at the root of the neck to the right shoulder and arm, and this continued to had become smaller and firmer and that its pulsabe noticed at intervals until six months ago, when he tions had diminished in force; the dysp.cea and dysbegan to be troubled with shortness of breath and phagia had also diminished very markedly, and the complained of a paroxysmal cough and difficulty in patient was able to sleep comfortably in the recumswallowing; at this time he noticed a swelling above bent posture. Up to the time of his discharge from and a little to the right of the sternum.

ment in connection with another class of cases, uses sleeping in the recumbent position and spent a large

The result of the examination by Prof. Pepper was as follows: The patient presented a swelling above Case 2.—Mrs J., aged 24 years; had several in the sternum extending from the middle line two acid. The pledgets were small at first, and were rial disease. A sphygmographic tracing taken by Dr. placed in the posterior vaginal fornix, pressed into Westcott, showing the differences in the radial pulses,

The case was referred to Prof. Ashhurst and was and firmly each time with wool, until the canal admitted to the surgical ward. Prof. Ashhurst, after was distended to its utmost capacity. At first the a careful examination of the patient, concurred as to dressing was renewed daily, then every two days. the diagnosis of innominate aneurism and decided At the end of two months the uterus was thoroughly that the treatment by simultaneous distal ligature of replaceable, all tenderness had disappeared, and the right common carotid and right subclavian arteries no evidence remained of the former presence of was that which offered the most hope of a cure of the aneurism or at least of benefiting the patient's condition.

On November 13, one week after his admission to A CASE OF INNOMINATE ANEURISM TREATED BY the hospital, the patient was etherized and Prof. Ashhurst cut down upon and ligated the right common carotid artery just above the omohyoid muscle with a catgut ligature; the right subclavian artery was next exposed and ligated in its third part just outside the anterior scalene muscle with a ligature of the same material. The wounds were closed with silver sutures, drainage tubes being introduced, and were The following case was operated upon by Professor dressed with oiled lint, the whole right arm being wrapped in cotton.

No immediate effect was noticed in the aneurism the hospital repeated examinations failed to discover From this time he suffered much from the symp any pulsation in the radial artery. After this time toms above described, and had also great difficulty in the patient's improvement was continuous and he

was discharged from the hospital on January 13, just two months after the operation, at which time he was simultaneous or consecutive ligation of the carotid examined by Prof. Osler, who made the following and subclavian arteries in this form of aneurism, is

Inspection shows no pulsation visible; right sterno sound over first bone of sternum. Over the swelling diminishing the amount of blood passing through the at the right clavicular articulation, first sound is dull, aneurismal sac. He concludes that the result of ty-free from murmur, and the second sound is loud, ing the right carotid artery alone for innominate

secutive or simultaneous application of distal ligature times, and in only one instance has it proved benefito the right common carotid and subclavian arteries cial; he concludes, therefore, that in low innominate has been employed in a sufficient number of cases, aneurism, which almost always involves, to a certain and the results following the operation have been of extent, the aorta, it is safer to tie simultaneously the such a nature that it is now established as a well-; carotid and subclavian arteries than to tie the carotid recognized surgical procedure in the treatment of this alone. affection.

tion of a laminated clot on the inner wall of the sac, aortic aneurism, as suggested by Mr. Cockle. or from the extension backward of a thrombus which carotid or subclavian arteries.

blood current through the aneurismal sac is dimin- one of the fatal cases. ished to a less degree upon the application of the after this operation the aneurismal tumor diminishes right carotid and subclavian arteries for innominate less distinct, and the pain and pressure symptoms, if followed by recovery in twelve cases, death in sixthey had previously existed, disappear; that pulsation teen cases, and by temporary improvement in four

The question as to whether it is better to practise one upon which the highest surgical authorities hold some diversity of opinion. Mr. Barwell, whose succlavicular articulation prominent. Palpation reveals cessful cases and writings upon this subject have systolic shock at right sterno-clavicular articulation given a great impetus to the treatment of innominate and upon firm pressure a feeble pulsation can be aneurism by distal ligature, is of the opinion that the felt; this is also noticeable when the finger is placed most rational form of treatment consists in the appliin the sternal notch. Percussion gives a clear sound cation of simultaneous distal ligatures to the carotid beneath the first bone of the sternum until you ap- and subclavian arteries in properly selected cases. proach close to the clavicle. There is a small area. He opposes the application of consecutive ligatures of dulness beneath area of prominence. Examina unless in exceptional cases; and in this opinion he is tion of the heart shows the apex beat visible just be-sustained by Mr. Erichsen, on the ground that by low the nipple; feeble cardiac pulsation felt on deep—tying one vessel only, time is allowed for the gradual pressure. No increase of heart dulness; heart sounds dilatation of the collateral vessels given off from the clear at apex; at second right interspace, first sound first part of the subclavion artery, thus rendering the feeble, second sound loud and ringing. Accentuated application of the second ligature less effective in The accentuation of the second sound is heard as far aneurism is not satisfactory, as this vessel has been as the middle of the right clavicle; most careful exligated for innominate or aorto innominate aneurism amination fails to discover any indication of murmur. thirty times, with twenty deaths; and in case of aor-The treatment of innominate aneurism by the contic or aorto-innominate disease it has been tied seven

Mr. Holmes, upon the other hand, looks with more The rationale of the treatment of innominate aneu- favor upon the consecutive application of the ligarism by the distal ligation of the right common carotid tures; he considers the carotid ligature most imporand subclavian arteries are as follows: By the occlustant, and recommends its application first, and resion of the right common carotid and subclavian serves the ligation of the subclavian for a subsequent arteries, if both be tied simultaneously, the amount period. He is in favor of ligating first the vessel in of blood passing through the aneurismal sac is dimin- the direction in which the aneurism exhibits the ished about two thirds, and there is a proportionate greatest tendency to spread. He also believes that slowing of the circulation of the blood through the the distal ligature is efficacious in the treatment of sac; the circulation continuing through the aneu-innominate aneurism which is of the mixed variety, rism is, probably, about one third of the usual amount, which is associated with marked aortic disease; in representing the blood sent to the large branches this opinion controverting the previous teaching that given off from the first part of the subclavian. By innominate aneurisms associated with aortic disease means of this diminished and retarded circulation we are unfavorable cases for distal ligation. In this lathave, in favorable cases, consolidation, to a greater ter opinion he is supported by the favorable results or less extent, of the aneurism, either from the forma-following the ligation of the left carotid artery for

So far as I am able to ascertain, consecutive double starts at the site of the distal ligatures upon the distal ligation of the right carotid and subclavian arteries has been practised for innominate aneurism (as If the ligatures be applied consecutively to the diagnosed) in eight cases, with three recoveries and carotid or subclavian arteries, the circulation of the five deaths, although there was temporary relief in

I have been able to find the records of thirty-two first ligature. In cases which terminate favorably cases of simultaneous double distal ligation of the in size and becomes firmer, the pulsation becomes aneurism (as diagnosed), in which the operation was at the site of the aneurism is seldom entirely wanting cases. It will be seen that the results of both is accounted for by the fact that a certain amount of methods of treatment as regards the number of reblood still finds its way through the sac to supply the coveries are nearly equal, but it must be remembered vessels given off from the first part of the subclavian. that the number of cases in which consecutive ligathat in which simultaneous ligation was employed. I the passage; paralysis of the dilator alae nasi prethink, therefore, that at the present time the weight vent free nasal respirations; enlarged tonsils, tumors of surgical opinion is in favor of the views of Mr. of the palate or uvula may interfere with nose Barwell that, in innominate aneurism, the simultane- breathing. Adhesions of the soft palate to the posous double distal ligation of the right carotid and sub terior wall of pharynx, and bands uniting the two clavian arteries is both a more efficient and safer lateral walls of the nostrils, the result of cicatricial procedure than the consecutive ligation of these contraction from strumous or syphilitic ulceration, vessels.

MOUTH BREATHING AND ITS TREATMENT.

BY N. R. GORDON, M.D., OF SPRINGFIELD, ILLS,

The evil results of mouth breathing, are due to the inspiration of atmosphere at a low temperature, the presence of dust and foreign matter in the air, the desiccating effect on the mucous membrane over which the air passes, and the disuse of the nasal passages for the normal function of respiration.

The pathological results are: chronic inflammation of the pharynx, larynx, and bronchi, and the adjacent tissues, accompanied with cough, hoarseness, loss of resonance of voice, impairment of sense of smell, and hearing. The pernicious effect of oral respiration is not impressed upon the minds of medical men, nor is it scarcely recognized as being an evil practice by the public. The practice is a very there are a great many habitual mouth breathers.

A condition which gives rise to partial or complete nasal stenosis, is adequate cause for mouth breathing. Chronic hypertrophic catarrh is the most frequent cause of partial stenosis; the frequent congestion of the cavernous tissue from repeated colds, causes hypertrophy of the turbinate bodies, which partly close the nasal lumen, requiring the subject breathing is in proportion to the nasal stenosis; the transition from nose breathing to mouth breathing is but upon taking exercise such as walking, they resort to mouth breathing to supplement the deficiency in the nose; others resort to it only during sleep; for the cure of mouth breathing will depend upon of thickened mucosa.

ostosis of vomer may produce partial or complete require removal by the galvanic cautery or Jarvis' stenosis of the nares; foreign bodies, such as seeds, wire snare.

tion was resorted to is very small in comparison with buttons, stones, may lodge in the meati, and occlude will prevent nasal breathing.

The function of the nose is of a three-fold character: 1. Respiration. 2. Special sense of smell. 3. Vocal resonance. The temperature of the air, in its passage through the nose, is increased, and foreign substances, such as dust, is lodged on the irregular mucus surface of the nasal passages. If the inspired air is dry, it also gathers moisture. The terminal filament of the olfactory nerve are very properly distributed to the superior portion of the nasal passages, where it readily comes in contact with the odor bearing atmesphere. In order that the vocal resonance should be perfect, the nasal and postnasal passages should be free and open; any increase in tissue or obstruction in these passages impair the resonance of the voice.

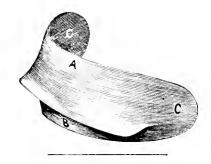
In oral respiration the air enters the larynx at a temperature somewhat lower than is given it by a passage through the nasal chambers; this cold air excites inflammatory action, producing soreress, cough, hoarseness aid other symptoms of pharyngeal, common one, especially during the winter season; laryngeal, and bronchial irritation. The dust and foreign matter floating in the air finds but little to impede its progress until coming in contact with the vocal bands, and the adjacent sensitive tissues, thus adding another factor, in the production of inflammation. Owing to the dryness of the atmosphere in our dwellings, the mucus membrane of the mouth and throat, in its efforts to furnish the required additional moisture, becomes very dry and parched. Infiltrato resort to oral respiration; the necessity for mouth tion with thickening of the mucus, submucus, and glandular tissue, of the entire nasal and post-nasal passages occur, as the result of deprivation of the gradual, and the parts by degrees become accustomed normal stimulus, afforded by respiration; such thickto the transfer of function. Many persons have a ening interferes with the resonance of the voice, hearpartial obstruction of the nasal passages; they breathe ling, and sense of smell. The results arising from with comparative ease while in a state of repose, the loss of nasal breathing, are as important as the direct evils from mouth breathing.

Treatment.—The method of treatment adapted many contract mouth breathing from a careless the cause. If the obstruction is due to deflection of habit, or possibly from a succession of colds in which | septum, I have found the rotating built and dental the subject is forced to breathe through the mouth; engine, the most practical and satisfactory method in such cases the obstruction in the nose is the result of relieving the difficulty. Exostosis can be removed in the same way. Abnormal growths of whatsoever A deflection of the septum to one side or the character, must be removed by such means as seem other, will produce a partial obstruction of the narcs; best adapted to the various conditions existing in the septum may be contorted like the letter S, giving each particular case. The adhesions of the soft a stenotic effect in each nostril; often coupled with palate with the posterior wall of pharynx, should be deflection there is hypertrophy of the opposite tis dealt with in the most approved method for relieving sues, making the stenosis complete. Any of the such conditions; adhesions of the nasal walls should tumors that occur in the nasal cavity, such as the be severed, and pledgets of cotton kept in situ until gelatinous, or mucous polypi, malignant growths, the part heal. If the nasal stenosis is due to indurthe adenoid growths of the post nasal passage, or ex | ated hypertrophy of the turbinate processes, these will

So far as the successful treatment of the habit of cation, therefore, to see the same lesson strongly than the use of bandages, or similar appliances, all that he said in his paper. around the head for holding the mouth closed, which are unsatisfactory and produce great discomfort to only animal that can be taught to sleep on an empty the evil consequences, are sufficient to enlist our atteaching may fail even in man. Unquestionably a tention in the prevention and cure of this practice, lunch at bedtune is wholesome and conducive to As we have said, the greater number of cases of sleep, especially in brain workers who sup early and mouth breathing are due to nasal catarrh; a succes retire late. But the lunch should be simple. Indi sion of colds have produced a soft and cedematous gestible food taken at bedtime may easily disturb the condition of the nasal mucosa, and mouth breathing sleep. ensues as a necessity; upon recovery or partial subsidence of the cold, the subject continues to breathe lent hypnotic and a rational one, since it at the same through the mouth, and the conditions which chartime diverts blood from the brain to the capillaries

In all such cases, and indeed, in all others where stenosis, where it is desirable for the patient to over- large numbers of persons whose chief complaint is come the habit of mouth breathing while asleep, I that they cannot sleep. Most of them have taken have found an instrument, the device of Mr. William bromides persistently and often without advantage their relief. It is made of celluloid, simple in con- finite instructions from their physicians to persevere struction, and fits nicely between the teeth and lips with a course of some bromide mixture, I have always is worn during sleep without any apparent discom- but when the cause of the insomnia has been, as it of this instrument in the treatment of mouth breath the result has generally been disappointing, even in ing, due to the above causes; it is also a useful ad- this air which is exceptionally bracing and predisjunct in the treatment of nasal disease where month poses most persons to sleep. breathing is present. It acts by actual prevention of oral breathing, and the normal stimulus of respira tion restores the intra-nasal tissues to a healthy con-business and a sojourn here at the seashore, fredition. It also overcomes the habit of snoring, which is due to ora-nasal respiration.

the instrument.



THE RESTORATIVE TREATMENT OF SLEEP-LESSNESS FROM BRAIN EXHAUSTION.

BY BOARDMAN REED, M.D.,

OF ATLANTIC CITY, N. J.,

my experience in practice is that insomnia when due may usually be advantageously combined with very (as is most frequently the case) to brain exhaustion, small doses of strychnia and quinine as well as with is best cured by tonic or restorative treatment, rather moderate doses of iron when this is otherwise inthan by narcotics. It has been a source of gratific dicated.

mouth breathing is concerned, I am unable to find inculcated by Dr. W. G. Eggleston in The JOURNAL anything in the literature upon the subject, better for February 19. I desire to confirm emphatically

> It has been alleged by somebody that man is the The frequency of mouth breathing and stomach. But when suffering from brain fag this

The cold plunge or sponge-bath is another excelacterize chronic hypertrophic catarrh are developed. of the surface and invigorates the nervous system.

At this health resort, where many of the broken the obstruction is not indurated, fixed, or complete, down people of the United States sooner or later and in cases after an operation for the relief of come as to a sort of Mecca for the attlicted. I see Fisher, of this place, to be admirably adapted for except at first. When such patients come with dewithout the aid of bandages or other appliances, and encouraged them to give the remedy a thorough trial, fort. I wish to call especial attention to the value is nine cases out of ten, some form of cerebrasthenia,

The cases of nervous break down which are serious enough to have caused a compulsory vacation from quently require medical treatment to reestablish the habit of sleeping, and thus enable the exhausted The accompanying cut gives a very good idea of nerve centres to be rested and reinvigorated; and no sedative or narcotic drug yet tried by me, whether opium, chloral, the bromides, hyoscyamous, hyoscine or paraldehyde has proved satisfactory in such cases. The tonic effect of the sea air with good food, moderate exercise and cheerful company often prove sufficient. When it does not, a light lunch at bedtime with occasionally a few teaspoonsful of whisky in milk added and the sponging of the body with seawater followed by a thorough rubbing with a Turkish towel are highly useful measures. But sometimes these all fail, and when they do, my experience teaches that to begin administering any narcotic medicine is usually a mistake. My most frequent recourse now is to give some one of the nutrient nerve tonics, such as the compound syrup or glycerite of the hypophosphites—a teaspoonful two or three times a day—or in some cases the compound syrup of the phosphates, commonly known, in Philadelphia at least, as Parish's Chemical Food. When the patient has a weak FORMERLY PHYSICIAN TO THE MERCER MEMORIAL HOUSE FOR INVALID heart and insomnia results from a passive congestion of the brain, a condition frequently met with among One of the lessons strongly impressed upon me by neurasthenics, a little digitalis may work wonders and

Of course it goes without saying that bad sleepers early death of the bacilli in peptonized broth, while should have their stomachs and liver put in as good in simple broth their growth is slow and their vitality order as possible, and when kidney or other organic is retained a much longer time. Cantani draws these diseases has a causative influence it demands the conclusions from his experiments: 1. There is a chief attention.

cases in which drug treatment of all kinds has been living bacilli found in the intestinal canal. 3. The tried and failed, and continues to fail even when tried dead bacilli yield more poison to the fluids in which again under the better conditions existing with rest they have lived than do the living bacilli. Cantani and good hygiene in this invigorating seaside climate. is of the opinion that the comma bacilli are in themafter one or two treatments by the continued galvanic consisting of an irrigator holding 3 or more litres, hung current from eight to fifteen cells passed directly up 2, 3 or 4 metres above the bed of the patient and is another promising auxiliary.

erable experience with insomnia serve to help phy- acid in 11/2 to 2 litres of sterilized water of a tempersicians who are not satisfied with the effects of the ature of 38, 39, or even 40° C., with 30 to 50 grams so called hypnotic drugs, my object will have been of gum arabic and 10 to 30 drops of landanum. achieved. Nerve tonics are often the best hypnotics. Prof. Maragliano, of Genoa, has employed with great At my last visit, this evening, a puerperal woman who success as much as 20 grams of tannic acid. The had been sleeping badly, said to me, "You put some results were astonishing. After every enteroclysis quieting medicine in that last mixture." It was the discharge ceased for six, eight or twelve hours. simply compound syrup of the phosphates.

Atlantic City, N. J., March 1, 1887.

MEDICAL PROGRESS.

THE TOXICITY OF THE CHOLERA BACILLI AND THE TREATMENT OF CHOLERA.—Much in the course of cholera, especially in foudryante cases, points to the toxic action of the bacilli. The poison may be after a passage, so that it may be retained as long as derived from the vegetative activity of the commabacilli, may be a ptomaine that has been formed in the than two to six it jections are required a day. Canintestinal canal, or it may be secreted by the bacilli, tani states that during the Naples epidemic he was or the bacilli in themselves may be poisonous, those savitary inspector to the orphan asylum for children that have perished in the intestinal canal being digested and acting in the manner of poisonous mush-first weeks as many as six cholera cases developed a rooms. To determine upon what this toxic action, day which had to be taken to the cholera hospital. depended Cantani, of Naples, by boiling sterilized a He then began to inject the hot tannic solution as three-days pure culture of comma bacilli and injected, soon as diarrheea began to appear, and from this it into the peritoneum and the subcutaneous tissue of time, of several hundreds of orphans admitted to the dogs. The animals sickened with symptoms of chol-linstitution, he had seventy-six cases of mild and thirera and recovered in twenty four hours. Control in-, ty-two cases of severe diarrhea (fifteen with vomitjections of sterilized meat-broth gave negative results. ing) which, from the genius epidemicus, must be The older the culture the less poisonous was its action. ascribed to cholera infection, and in none of them Cultures of living bacilli gave negative or almost did the specific symptoms of cholera declare themnegative results. Living cultures in simple meat-broth selves. This method has gained great popularity were almost without effect, while living cultures in among the profession and the people of Italy. Tanpertonized broth gave rise to violent symptoms of nic acid in 1 per cent, solution of 37° C. destroys cholera intoxication.—Cantani thinks he can explain the bacilli, and in 12 per cent, solution prevents their the latter observation by the luxuriant growth and the further development. The stimulating and the vivi-

cholera poison which is dependent on the comma There will remain, then, a certain proportion of bacilli. 2. The cholera poison is independent of the When such patients fail to sleep and are driven selves poisonous, like the poisonous mushrooms. almost insane for want of sleep, it is impossible to There are two indications for the treatment of choldeny them a trial with narcotics. Yet I have seen era: to limit the multiplication of the bacilli in the an overtaxed journalist take astonishing doses of intestinal canal, and to hasten the excretion of the morphia besides really dangerous amounts of chloral poison from the blood. The fact that tanners escape and hydro-bromate of hyoscine without getting more cholera, directed Cantani's attention to tannic acid. than an hour or two of sleep and then sleep soundly He had constructed many years ago an enteroclysma, through the brain. This was an exceptional case, terminating in an intestinal tube. With this apparbut it is a constant experience with me to see elec- atus he can overcome the ileo-cocal valve in the matricity in some of its forms prove of the utmost value jority of cases, and, as he has demonstrated by many in cases of insomnia as well as in all the other forms experiments, also the pylorus, for infusion of senna, or manifestations of nervous exhaustion. Massage etc., injected by the apparatus, is vomited after fifteen to thirty minutes. In cholera he injects, by If these few hastily recorded results of a consider means of the irrigator, 3, 5 or 10 grams of tannic The sooner the treatment was begun the better results were obtained. After the cholera diarrhœa had lasted a number of days the symptoms of cholera intoxication could no longer be forestalled, though even then they were much milder. And in the premonitory diarrhea, he had obtained the impression that the disease had frequently been aborted.

> A few moments after the enteroclysis the patient goes to stool and voids one-third to one-half of the injected fluid. The injection should be made shortly possible in the small intestine. Usually no more whose parents had died with cholera. During the

fying effects of the hot injections are of great importerpine, as the neuralgial shows a tendency to recur, tance in this treatment.

indication, to hasten the exerction of the cholera cases of obstinate neuralgia, it might be advisable to poison from the system, than does hypodermoclysis give it for three days every week. The second case of hot saline solution. Cantani employs in the algid was that of a married woman, aged 35. At the age stage ½ to 1 litre of sterilized water at a temperature of 22 she had intermittent fever. From the age of of 38 to 39° C., in which 4 per cent. of sodium chlo- 13 or 14, she had suffered from headache from time ride and 3 per cent, of sodium carbonate have been to time, and when she was 22 she had intermittent dissolved. Of 187 most desperate cases, that had fever. Menstruation had ceased for six years. A been given up, he was able to save 60 per cent., while week ago she was attacked with pain in the right the mortality for this class of cases, according to side of the head differing from her habitual headache. Griesinger, is 80 per cent.; a reduction of the death. This pain, which gradually increased, extended in rate one half. Hypodermoclysis is borne well. Even front, around the ear, and over the temple and in the cases that finally succumb to cholera typhoid cheek, and behind, over the mastoid region. There the temporary good results are astonishing. The in- was also pain in the external auditory meatus. The jections are best used in the sides of the abdomen pains were accompanied by a humming in the ears. below the costal arches, where the skin can be most. Terpine (.60 centigramme) was given in three pills, sorbed.

schr., No. 52, 1886.

Dr. Ducroux, in a paper recently read before the after the last dose. Dr. Ducroux believes that the Société Médico pratique, described some cases show-disappearance of the pains was due to the use of ing the good effects of terpine in neuralgia. The terpine, and that it had some effect upon the sounds first was that of a woman, aged 47. Two years be in the ears. The third case was that of a man aged fore, she had been attacked with neuralgia, conse 23. Fifteen years before he had suffered from quent on occupying a damp house. Sulphate of bronchitis, with hamoptysis. In May, 1885, he was quinine, and afterwards aconitine, gave temporary attacked with severe pain over the right eye, in the relief. On February 15, 1886, she was suffering supra orbital notch, and about the occiput. A blisfrom constant neuralgia on the right side of the lower ter was applied to the temple, and dressed with I jaw, in the right cheek and temple. There was also centigramme of morphine; terpine (.60 centigramme) pain in the supra orbital notch, the mental foramen, was given in the way already described. The first in a few days, terpine was again administered in the British Medical Journal. Jan. 8, 1887. same manner on February 25. The pains ceased, then recommenced, but in a milder form, and with four pills, beginning on March 16, and being conmended by Dr. Schede at the last Surgical Congress tinued for three days. During the month of April, in Berlin—viz., to allow blood to fill the wound, and these doses were repeated at intervals. At the end to lie between the lips after they are brought to-

though in a milder form. The therapeutic effect of No method of treatment fulfils better the second the terpine seems to cease after a few days. In easily pricked open and the solution is rapidly ab- to be taken between meals. On April 29, the pains had disappeared, but the humming in the ears con-In conclusion, Cantani recommends the tannic tinued; .50 centigramme of sulphate of quinine was enteroclysis as a prophylactic during the prevalence administered during three days. This had no effect. of cholera epidemics. The chief of the cholera hos- A few days before May 17, the humming in the ears pital in Buda-Pest has adopted Cantani's method, and diminished, and took a different form. The sound from it alone has obtained positive results in the in the ears was no longer that of humming but of runtreatment of cholera.—St. Petersb. Med. Wechen- ning water. The patient could neither hear herself nor others speak. Terpine was again administered in the same way. The sounds in the ears dimin-TERPINE IN THE TREATMENT OF NEURALGIA. ished and completely disappeared two or three days and in the occiput. The patient complained of a morphine dressing did not relieve the pain, but the constant feeling of heaviness in the head, and of cold second, applied the following evening, was more in right side of head. Terpine (.60 centigramme) effectual. The patient had then taken three terpine was given in three pills between meals, during three pills. As the improvement continued, only eight days. On February 19, considerable relief was ob- pills were administered in the three days following tained. The pains and the feeling of cold had dis the second day. The neuralgia was completely appeared, and also the heaviness of head, which had cured. Dr. Ducroux attributes this result to terpine. persisted for two years. The pains having returned as the morphic application produced no effect.-

Schede's Method of Dressing Wounds.-Proout any heaviness of the head. Terpine was again FESSOR MIKUTICA communicates to the Przeglad given on March 8. Neuralgia having again come Lekarski an account of fifty cases of surgical opera-on, doses of .80 centigramme were administered in tions which were treated by the method recomof that month, the back of the head was still sensigether, any deficiency in the quantity of blood being tive, but all other pains had ceased. At the begin-remedied by the use of the knife, the idea being that ning of May and June, terpine was again admin- the blood either actually becomes organized or istered, the pains having reappeared. On June 15, serves as a protection for the granulations as they are the patient was able to go out without extra covering formed. The wound is covered with protective, to on the head. Dr. Ducroux is of opinion that the prevent evaporation. Professor Mikulicz's observapatient may be again obliged to have recourse to tions included six resections of joints, four amputa-

tions, six dissections, two ligatures of arteries, seven reaction, therefore, are dependent on the space in extirpations of large tumors, etc. of the fifty cases union took place without suppurain five superficial suppuration starting from the points of suture, and in the remaining cases pus had existed previously to the operation, and the disinfection at the time not having been complete, it continued subsequently. The general condition of the patients was highly satisfactory, even in those cases where suppuration occurred, the temperature in no case rising much beyond normal. The dressings were not removed or changed for at least a fortnight, sometimes not for a month. This appears to be of great advantage in the case of bone and joint operations, where complete immobility of the parts is a desideratum. Other specified advantages attributed to this plan are that wounds attended with a loss of substance rapidly fill up, and the cicatrices that form are peculiarly soft and smooth. Professor Mikulicz does not find, as Schede did, that the existence of silver sutures in osseous lesions has any unfavorable influence on the cicatrization of the wound. He remarks that it is important not to bind the external dressings too tightly to the wound.—Lancet, March 19, 1887.

"DEAD SPACE" IN CERTAIN CHEMICAL REAC-TIONS.—The most important discovery now spoken of in Berlin medical society is that of Prof. Lieb-REICH, who only a year ago presented us with the new basis for ointments. His latest discovery is more in the sphere of pure chemistry, but it is also interesting to physicians. Professor Leibreich observed that when reaction takes place only some time after mixing certain liquids together, it does not occur throughout the whole liquid; in some parts a space is left, in which no reaction is seen, and this he calls the "dead space." He has observed the same in several reactions—for instance, on mingling sulphuric acid, iodic acid, and starch together, or hydrate of chloral with carbonate of sodium, or chloride of gold, sodium lye and sugar, and in many other cases. The so-called "dead space" is not always the same, but varies according to the kind of vessels into which the liquids are poured. If, for instance, narrow tubes are used, the "dead space" is very small, while in capillary tubes no reaction whatever takes place. If the liquids are poured into closed vessels with above mentioned liquids is poured into it. in each of less, but positively dangerous.—Lancet, April 2, 1887. the compartments the reaction is seen taking place in the middle, while at the top and bottom there is a "dead space." As the "dead space" depends upon Emesis.—Респоллен uses liquified carbolic acid 5ij, the size of the vessel, it may be inferred that for every acctum opii 5vj, gtt. 4 in sweetened water t. i. d. five chemical mixture yielding a reaction, proportions can or ten minutes before meals.—Therap. Monatshefte, be imagined in which reaction ceases. The laws of March, 1887.

In thirty-six which the effect takes place, and hence, these observations have an important bearing on the organism. tion, in four there was extensive formation of pus, In testing the effect of certain medicinal agents, not only must their chemical constitution be taken into account, but the laws governing their reaction in large and small spaces respectively.—British Medical Journal, January 8, 1887.

> Adonis Vernalis in Heart Disease—Dr. J. G. HERRMANN, of St. Louis, writes that he has recently had considerable experience with the use of adonis vernalis in cardiac affections. He believes that his experience, which has extended over ten months, warrants his statement that, while free from the evil effects of digitalis, infusions of adonis vernalis are quite as efficacious as that drug. He prescribes it i the form of an infusion, of the strength of three drachms of the herb to six ounces; of this he gives a tablespoonful every two hours. He refers to several cases in which this drug proved successful even after digitalis had failed. One was a case in which the feet were highly cedematous, and there was general anasarca from heart lesion. In two weeks of treatment with the infusion of adonis vernalis every two hours, in tablespoonful doses, almost perfect relief was secured. So also he states that he has caused great relief to a case of ascites, produced through heart disease. He noticed that it increased the fulness of the pulse and strengthened the cardiac pulsation. In asthma also he has combined it with quebracho with very satisfactory results.

The following are some of the prescriptions which

he has employed:

R. Fl. ext. adonis vernalis. Sig.—From 2 to 6 drops, as necessary.

opii camph.

Sig.— $\mathbf{\bar{5}}$ i to $\mathbf{\bar{5}}$ i every two hours daily.

In asthma:

R. Fl. ext. adonis vernalis 58	
Fl. ext. quebracho	1
Syr. menth. pip. 5v Sig5i every two hours.	ıij

-Therapeutic Gazette, March 15, 1884.

THE ANILINE TREATMENT OF PHTHISIS.—Dr. KRErigid_sides, the "dead space" cannot_be seen, but if "MANSKI's_idea_of_curing tuberculosis by converting the closed vessels are of membranous structure, it the blood into a dilute solution of aniline has been may be observed. Thus, for instance, in a prepared tried by Dr. Nesteroff on a patient who was about rabbit's bladder the "dead space" is at the top and to be sent to the south, with the result that he bebottom, whilst the reaction takes place in the middle-came-rapidly worse and died in a fortnight. The in the shape of the yolk of an egg. If a piece of gut Moscow Medical Society, before whom the matter is taken and divided by means of little rings into a was brought were nearly unanimous in the opinion number of small compartments, and if one of the that the aniline treatment would be not merely use-

"BLACK DROP" AND CARBOLIC ACID IN PAINFUL

THE

Journal of the American Medical Association. PUBLISHED WEEKLY.

THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters, that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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SATURDAY, APRIL 23, 1887.

A NEW PATHOLOGY OF PREGNANCY.

In the March and April numbers of the American one side of the woman's spine. Journal of Obstetrics, may be found a most interest-

presentation (commonly known as a transverse pre- mal for primiparæ as well as multiparæ.

sentation). A head presentation (presentation of the head towards the centre of the canal of the pelvis and os uteri, with the long axis of the child parallel with the axis of the plane of the pelvic brim) is therefore abnormal.

The normal position of the gravid uterus is thus defined: The normal position of the gravid uterus, in abdomine, during the later months of pregnancy, before labor begins, is the lateral oblique position corresponding, more or less, with the oblique position of the child; the fundus uteri, maintaining the pelvic extremity of the fœtus, being usually directed towards the right side (exceptionally to the left) of the lumbar vertebræ. This definition of course, applies to the position of the uterus as shown by ab dominal palpation, the apparent position being partly due to the shape of the uterus as it conforms to the shape of its contents; vaginal examination will show that the os and cervix have little or no deviation from the median line, while the fundus is towards

Having stated that the renal troubles, etc., are ing article by Dr. A. F. A. King, of Washington, produced in consequence of the child and womb not entitled "A New Explanation of the Renal Troubles, retaining (or maintaining) their normal lateral ob-Eclampsia, and other Pathological Phenomena of liquity above the pelvic brim, Dr. King now draws a Pregnancy and Labor." The purpose of the paper contrast between the abdominal and pelvic cavities. is to present a new explanation (as the author thinks) The womb and child having risen, after the fifth of the etiological relation between pregnancy and month, from the pelvic to the abdominal cavity, "in the nephritic derangements that so often attend it; the latter they should remain until the advent of though the paper does not deal with renal difficulties labor. The pelvic canal, in so far as it is concerned alone, but other correlative pathological states also, with reproduction after this period of gestation, is Passing over the preliminary discussion, though it simply, or chiefly, the channel of exit, and no part is interesting, we come to the following brief state- of the child should again enter here until it is ready ment of the theory: Disturbances in the renal cir- to go out and be born." It should remain entirely culation and renal functions are produced chiefly by within the abdominal cavity until the time of labor. pressure of the gravid uterus upon the abdominal This leads to a remark that may astonish many obaorta or its branches, or upon the vena cava or its stetricians, but which, though lacking in direct proof, branches, or upon both or all of these, in conse- is certainly in accord with reason: normal reproducquence of the child and womb not maintaining during tion is the same in primiparæ as in multiparæ. pregnancy their normal lateral obliquity above the That is to say, under normal conditions, there is no pelvic brim. This, says Dr. King, is the pith of the reason why in multiparæ the head of the child should whole matter. Before going further, however, it is rest during pregnancy upon one of the iliac fossæ, necessary to define what is meant by the nermal at- and in primiparæ should descend into the pelvic titude of the child in utero during pregnancy, before cavity three months before full term; if such be the labor begins, and the normal position of the gravid case, why do obstetricians teach that descent into uterus. In regard to the first, it must be understood the pelvic cavity is (not the first, but) the second that it does not refer to the attitude or presentation stage in the mechanism of labor? Can it be, asks of the child during labor, but during pregnancy be- Dr. King, that this second step in the mechanism fore labor begins. He defines this attitude as fol. of labor normally occurs in primiparæ three months lows: The normal "presentation" and "position" before it is time for labor to begin? He therefore of the feetus in utero during pregnancy, before labor believes that the oblique presentation, with the lower begins, is the dorso-anterior position of an oblique end of the feetus resting upon an iliac fossa, is northe womb and child be maintained during pregnancy, tion of the child-presentation of one end of the feetal there will be no injurious compression on any blood- ovoid instead of an oblique presentation. As to the vessels, with the usual dorso anterior position of the cases with albuminuria, nephritis and uramia, we child. The long axis of the child, when thus ob- know that renal trouble is the prime cause; but as liquely placed, explains Dr. King, will occupy a regards the cases explicable upon the "uterine irritatrebly complex diagonal position: oblique to the tion" theory of Tyler Smith, we must account for horizon, the breech being higher than the head; ob- this abnormal irritation of the uterine nerves. It lique laterally, the breech to the right, the head to certainly is not physiological; "and with our hitherto the left; and oblique antero-posteriorly, the head prevalent notions of what constitutes normal pregmore in front, the breech more behind. With this nancy, the occurrence of eclampsia from uterine position there is space posteriorly for the projecting irritation before labor begins is the more difficult. lumbar vertebrae and the large vessels placed upon. When, however, we have decided that conditions them. So also, the lower part of the gravid uterus, hitherto called normal are really abnormal, the matcontaining the feetal head, resting upon the psoas ter becomes more easy. I therefore beg to maintain and iliacus muscles in the iliac fossa, will, on account that premature obliteration of the cervix uteri, preof the downward and forward inclination of this mature distension of the cervical canal and lower base, tend to glide forwards, away from the left side uterine segment, with thinning of its muscular wall, of the spine, away from the large vessels. In this and tearing of its decidua; and the premature deposition there is most economy of space. But with scent of the lower end of the feetal ovoid below the the womb and feetus in a vertical position, that is, pelvic brim;" all due to a want of the lateral obliquity with their long axis in line with the axis of the plane of the feetus during pregnancy, "are amply sufficient of the pelvic brim, there is no economy of space; to account for the uterine irritation. Whether the they are crowded by their abdominal surroundings, convulsions be due to uramic intoxication, to uterthe crowding being towards the lumbar vertebrae and ine irritation, to cerebral hyperæmia, or to reflex the large blood-vessels.

branches produce renal trouble? and we may answer, normal obliquity of the latter is wanting." this affirmatively without discussion. To this we whether arteries, veins, ureters, or lymphatics, may is the atmosphere. receive disastrous pressure and interference with the transit of their contents. renal derangement.

several kinds of cases and their alleged preceding pital from 1834 to June, 1880.) the head presented

If what Dr. King calls the "normal obliquity" of pathological states, may be traced back to malposilocal irritation in other viscera, or to several of these We now come to the question, will pressure of the coincidently, they may all be accounted for by gravid womb upon the aorta, vena cava, and their pressure of the gravid womb and child, when the

The causes of the disturbance of the normal latmay add the effect of compression of the ureters upon eral obliquity of the womb and child, and of their the kidney, for admitting either one by no means premature descent below the pelvic brim, especially excludes the other; in fact, it is more than likely that in primiparæ, are, according to Dr. King, dress, a body compressing one will compress the other at corsets, coitus, and certain abnormal postures. It the same time. Now, when the head presents dur- would certainly add materially to our knowledge of the ing pregnancy at the brim, and descends into it three influence of these factors could a study of pregnancy months before full term, all neighboring canals, be made among those nations whose only clothing

We now come to a question which must be more Aortic and vena-caval correctly answered in the future than is now possible: compression during pregnancy and labor are easily Do convulsions, nephritis, etc., occur in cases of diagnosticated. As a point of exclusive diag- "transverse" presentation during labor, and in most nosis of the former Dr. King gives feeling the pulsa- of which cases the child was, it may be presumed, tion of the femoral arteries below Poupart's ligament, oblique and wholly above the pelvic brim during In twenty one pregnant women examined in this way pregnancy? In discussing the "obstetric treatment" the femoral pulses could be easily felt, and appeared of eclampsia authors refer almost exclusively to head to possess their normal tension, but in none of these presentations. In regard to "obstetric indications" women was there any abnormal tension of the radial in transverse presentations they are silent; and we pulse, nor any albuminuria or other indication of may conclude, though not with certainty, that such cases are rarely or never met with. It is interesting Having proceeded thus far, Dr. King hopes to to note that Schauta has found that in 315 cases of show that eclampsia during pregnancy and labor, the eclampsia (in 134,345 deliveries in the Vienna Hosthere is no concise account.

at all disproving it, we may now rest the case with all topics of interest to the whole profession. the reader, but with the regret that we cannot go more fully into the subject. The theory, or explanation, is reasonable, and the paper is one of rare dence in this city on the morning of April 18, 1887, interest.

LOUISIANA STATE MEDICAL SOCIETY.

in Alexandria, La., April 11, 12, 13, 1887. Some purity of Christian character, Dr. Jewell will be revaluable papers and reports were presented, and membered and honored by all who knew him. A several topics of special interest to the profession of more extended sketch of his life and labors will be that State were discussed. The following officers given next week in the proper department of The were elected for the ensuing year: President, Dr. JOURNAL. Joseph Jones, New Orleans, La.; Vice-Presidents, Drs. F. H. Parham, of New Orleans, H. D. Bruns, of New Orleans, Thomas Hebert, of New Iberia, F. M. Thornhill, of Arcadia, I. J. Newton, of Bastrop, and T. T. Tarleton, of St. Landry; Secretary, Dr. P. B. McCutcheon, of New Orleans. The next annual meeting is to be held at Monroe, La., on the third Wednesday in April, 1888.

TENNESSEE STATE MEDICAL SOCIETY.—At the annual meeting of this Society, held in Nashville, April 12 and 13, 1887, the following officers were elected 12 and 13, 1887, the following officers were elected logical group. J. P., aged 36, had for many years for the ensuing year: President, Dr. P. D. Sim, of been an invalid. In his youth he had been sexually Chattanooga; first Vice-President, Dr. Happel, of imtemperate and had used liquor to excess. He Trenton; second Vice President, Dr. R. Douglas, of was of a family every member of which had been Nashville; third Vice-President, Dr. J. M. Masters. of Knoxville; Secretary, Dr. Ambrose Morrison, and Treasurer, R. Cheatham.

the International Medical Congress to be held in Washington, D. C. Its next annual meeting, in 1888, will be held at Knoxville.

304 times, face, 4; breech, 5; foot, 1; and transverse medical journals in this and other countries have 1. In 306 of these cases 253 were primiparie. From announced the fact that Professor F. Semmola, of an analysis of Rambotham's 50 cases of eclampsia, it Naples, Italy, is to give a general address on "Bacis fair to assume that there was not one of transverse teriology and its Clinical Therapeutics," to the Conpresentation. Of the 14 cases in 7,404 deliveries in gress in general session; and we will add that general Guy's Hospital Lying in Charity, there were 13 head addresses are also promised by Dr. Neudorfer, of presentations, no transverse. In short, in a total of Vienna, Austria, "On the Military Medicine of the 300,018 labor cases collected by Dr. King, with 212 Present and of the Near Future;" Dr. Esmarch, of cases of eclampsia, there is only one distinctly isolated. Kiel, Germany, "On Bloodless Operations in Surcoincident occurrence of eclampsia and transverse gery;" Dr. Lutaud, of Paris, France, "On the Influpresentation during labor; and in regard to this case, ence of the Discoveries of American Surgeons on the Development of Gynecology in Europe," and As Dr. King very fairly adduces arguments against. Dr. Austin-Flint, of New York, N. Y., on "Fever, his theory, and discusses them impartially, yet without Its Cause. Mechanism and Rational Treatment"-

JAMES STEWART JEWELL, M.D., died at his resiaged 49 years and 7 months, after many months of progressive exhaustion. For mental activity, persevering industry, extent and accuracy of knowledge The ninth annual meeting of this Society was held of the specialty to which he was devoted, and in

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Stated Meeting, March 21, 1887. THE PRESIDENT, EDMUND J. DOERING, M.D., IN THE CHAIR.

Dr. James I. Tucker reported a case of HERPES OMO-BRACHIALIS.

This class of skin diseases belongs to the neuroafflicted with some form of nervous disorder. When he came under the author's care five years ago he was emaciated, antemic and suffering from profuse diarrhœa. He had pursued the vocation of proof The Society contributed \$250 for the Treasury of reader until six months previous, when he broke down. His habits were and had been for some time past good in every respect. His principal trouble was a cough of deep, sepulchral sound, which gave him no rest night or day. No mucous or other foreign matter was expectorated. On the 3rd of December there was a neuralgic pain in the right Addresses in the General Sessions of the In- shoulder; on the next day an eruption appeared there TERNATIONAL MEDICAL CONGRESS.—Many of the attended with an almost insufferable sense of heat.

The vascular eruption was fully developed by the have seen. In one case there was not sufficient of the arm, following the branch of the brachial or that of the patient. tions and oleate of cocaine and ointment of glycer-glandular swellings and characteristic eruptions. No inc. It was of no use to employ opiates, for although evidence of a lesion could be found on the genital no effect upon him. He took 240 grains of chloral getic mercurial treatment. hydrate of his own accord at a single dose without any other effect than to make him slightly delirious, also a workman in a rolling mill received a "flash,"

thought cases of herpes zoster were comparatively swollen, red and tender, with a hard, dry, thin and rare here; in the last two years he had met with only red incrustation as one sees on a superficial abrasion one, affecting the fourth and fifth intercostal spaces of the skin. The patient stated that he had rubbed of the right side. Although physiological and ana the lids several times during the week with the back tomical examinations have not yet proven the exist- of his hand, which was more or less covered with ence of true trophic fibres in the nerves, there can grime and sand. He did this to relieve the irritation be no doubt that zoster must be considered as a of the eye. There was nothing in the appearance of trophoneurotic disease. The case was especially the lids or of the eye to excite my suspicion of any interesting from the possibility of syphilis being the complication. For ten days I treated the eye with

minates in that way.

author had not found that these cases almost always to delay definite opinion for a few days. In a week require the same tonic treatment that neuralgias do, or more the characteristic eruption appeared with viz., the exhibition of quinine and iron, and a good, increased severity of the local symptoms. generous diet, before a cure can be effected.

seen suffering from the disease have been depleted, assumed its normal appearance in about three weeks. and certainly the remedies just mentioned would be needed.

Dr. E. L. Holmes reported a case of

CHANCRE OF THE EYELID.

has been the fact in four of the five cases which I the fact that this man was syphilitic.

oth and occupied the shoulder and outward aspect swelling of the gland's to attract either my attention

plexus and terminating in an immense boil on the Some months ago I mentioned in this Society the ball of the thumb. These vesicles passed through case of a laborer in a rolling mill who received a sethe various stages of vascular irritation, inflamma- vere burn on the side of the body from a "flash" and tion and resolution, and had entirely disappeared by on the left upper lid from a drop of the molten slag. December 15th. And more remarkable still the This small round burn became infected from some chronic cough disappeared altogether. To relieve source unknown to the patient, and after some time the pain and burning sensation I used hot fomenta- presented the appearance of a true chancre with the patient was nervous and sleepless, morphia had organs. Every symptom disappeared under ener-

Very recently Mr. P. M., 45 years of age, married, The question arises what may have been the relation a portion of which struck the left upper lid and inbetween the cough and the eruption and why did the flicted quite a severe burn of the integument. The cough cease on the disappearance of the eruption?; conjunctiva was also slightly burned. At the end of Dr. Joseph Zeisler, in opening the discussion, a week the patient came to me with the lids much cause of the disorder, and from the large area involved. mild lotions and ointments without the slightest ben-DR. TUCKER said that one point in reference to efit. On the appearance of preauricular and subzoster, especially zoster frontalis, is that chronic maxillary swelling I referred the patient to Dr. bronchitis is sure to follow it, and life generaly ter- Hyde. I suspected the true nature of the case, although there was still no trace of ulceration on the Dr. Charles Warrington Earle asked if the lid. Prof. Hyde could simply suspect, but preferred doses of blue mass and iodide of potassium relieved DR. TUCKER replied that all the patients he had all the symptoms, local as well as general. The eye

Dr. F. C. Hotz said that as the author wished the discussion to be conducted on the line of experience of general practitioners, not specialists, he hardly felt that he was the right person to open it. As the author states, these primary syphilitic ulcerations, Cases of chancre of the lids are of interest not so chancres of the cyclids, are of very rare occurrence, much on account of their rareness as of the difficulty and in a long experience of private and hospital in establishing a certain and early diagnosis, and the practice in this country and Europe he could rememfact that suspicion even may not be awakened till ber but one case coming under his observation of a quite late in the development. It is many years, primary syphilitic sore, and it was located on the probably twenty, since I have seen a case of primary conjunctival surface of the upper lid, a most curious specific sore on the genital organs. If I remember place for the infection. A patient came to him about correctly what I formerly observed and what I two years ago with the lid tender and very much learned from competent authorities, it is undoubtedly swollen, and on turning it he saw a large ulcer with true that even an ulcer on the genital organs cannot all the typical appearance of chancre of the prepuce. always be easily diagnosticated. The swelling of There was no doubt of its syphilitic character, but it the preauricular glands is quite often the result of puzzled him as to how the infection could have taken simple abscess of the lids, especially if it is situated place there. On questioning the patient he learned near the external angle. When, however, a circum-that four or five weeks previously he got a little cinscribed disease of the lids is accompanied by mul-der or something in his eye and his room mate turned tiple preauricular and submaxillary glandular enlarge. the upper lid, saw the foreign substance and removed ment, suspicion becomes almost certainty. This it with his tongue. Further questioning brought out

contamination by kissing and by instruments. The will stand, while the abdomen is being carefully mamost peculiar cases of chancre in regard to the nipulated by an assistant. I patiently, persistently locality, had been related by Deloir in his "Decours, and repeatedly employ these measures coupled with sur la Syphilis," some of which could only be explained massage, abdominal taxis, inversion of child etc., by certain French habits.

are well nourished there need be no ulcer, but as a mechanical method. rule some of the cells that are formed die and ulceration is the result. Occasionally the inflammation that Dr. Steele had presented the symptoms of this is so slight that neither ulceration nor even indura-terrible difficulty so fully that there is little more to tion is produced locally; since syphilis is undeniably be said. He was glad that the author dwelt upon inoculated—in exceptional cases—without the pro- the symptom of constriction of part of the bowel, inhalation.

Dr. D. A. K. Steele read a paper entitled

INTUSSUSCEPTION IN INFANTS.

the lower part of the intestine, embraces three lay- and found a very distinct intussusception. In that ers of the bowel which include all the coats of the case we could get none of the symptoms Dr. Steele intestines. The diagnosis of intussusception in an has spoken of; there was no tenesmus, no bloody infant is usually an easy matter; a baby previously discharge, no protrusion of the invaginated portion in good health, is taken with sudden violent vomit- of the intestine, no sausage shaped tumor of the abing, with loud cries and evidence of abdominal pain domen, and yet the child had intussusception, proband nneasiness occurring at frequent irregular inter- ably from eating a large amount of cherries as a numvals accompanied with severe straining and the pas- ber of cherry pits were found in the bowel at the sage at first of fecal matter, then a mucous tinged with autopsy. blood, and later of blood alone in considerable quantities. Thirst, anxious expression and collapse are would oppose a surgical procedure, but the medical marked symptoms. A distinct sausage shaped tumor treatment of this difficulty is so absolutely hopeless can frequently be felt at the seat of the obstruction in that it seems to him if laparotomy offers anything at the abdomen.

Treatment may be divided into medicinal, mechanical and operative. The medicinal plan is palliative but rarely curative.

plan of treatment as follows: Having clearly established a diagnosis of intussusception and previously given an opiate to quiet all peristalsis. I anæsthetize any other cause. But if the diagnosis is well the child with chloroform and then carry a rectal made out, and particularly if the pulse is rapid and anns. Attached to this tube I have a flexible rubber tube two or three feet long attached to a small glass. of soda bi carbonate and tartaric acid, thus generating the ordinary methods and proceed to do the operation. carbonic acid gas and rapidly and safely inflating the enough gas to completely distend the colon of a child. If this pressure is not sufficient to relieve the ob-

Dr. Joseph Zeisler mentioned the possibility of and inflate with air about as much a 1 think the bowl from twenty-four to forty eight hours, when, if there Dr. William T. Belfifin said, in reference to is no relief, I advise laparotomy. In case the obone point raised by Dr. Holmes, viz., infection with struction is at the ileo clecal valve and is irreducible out ulceration, he thought it was a well known fact, and an artificial anus cannot be readily formed, an that it has frequently occurred. There is nothing ileo-colotomy or implantation of the divided ileum about syphilitic infection that implies ulceration, above the obstruction into a slit-like orifice in the The morbid material is introduced into the skin and colon below the obstruction would be justifiable prooccasions a certain amount of inflammation at the cedure. Senn's recent experiments on animals prove point of infection. Whether that results in ulceration that it can be done with success. Several cases were depends upon the nutrition the parts receive, if they reported which had been successfully treated by the

DR. C. W. EARLE, in opening the discussion, said duction of any features of the hard chancre. Nor is which is probably one of the chief causes for this acthe syphilitic the only virus whose local effects are cident. He must take issue with him in regard to the thus variable; thus, the virus of charbon, or "wool ease with which he diagnosticates some of these cases. sorters' disease" while usually producing a malignant Dr. Steele's experience has been very different from pustule at the point of inoculation, may be communishis own when he is able to say that the diagnosis cated without any local ulceration, indeed by simple of intussusception in a child is made out without much difficulty. In a number of cases he has seen there has been an absence of all the symptoms which the author has narrated. He remembered a case which occurred several years ago in an outside vil-Intussusception or invagination of the upper into lage, in which he made the post-mortem examination

As a medical man it might be expected that he all we should be ready to accept any procedure the surgeons have to offer. However, the results of Dr. Steele's process of treatment by inversion and shaking and filling the bowel are really better than those The author described the details of the mechanical of surgeons up to this time. It is a well known fact that laparotomy for the relief of intussusception is followed by greater mortality than laparotomy for tube or large catheter about six inches within the the child shows profound symptoms which point unmistakably to this difficulty, it seems to me we are hardly justified in waiting three days; he thought at funnel. Into this funnel I pour alternately solutions the end of twenty four hours we should cease to try

DR. F. É. WANHAM said he agreed with Dr. Earle large intestine. Three drachms of each will generate in regard to the difficulty of making the diagnosis in cases of intussusception, especially in infants. In many cases he thought the diagnosis very difficult structions, I attach an ordinary double bulb syringe indeed, and sometimes a certain and absolute diag-

nosis is almost impossible. This is true for the real more sudden in case of intussusception. In peripaction is rare in infancy, but is more frequently toms exactly corresponding to intussusception. observed in the adult and in the older children. It of inflammation at the ileo caecal valve we will have tion is delayed the less the chances are of recovery. vomiting, intestinal pain, tympanitas, obstinate conpected intussusception.

son that all the symptoms that have been enumer- tonitis we have the symptoms of acute inflammation ated as characteristic of the disease are not present existing for several days before we get symptoms of in every case; the tumor is as frequently absent as pre-obstruction. In intussusception the symptoms of sent, if a small amount of intestine is involved in the obstruction and shock appear early. In peritonitis, intussusception it is impossible to detect it. Again, although the constipation is often obstinate, yet the the bloody discharges are frequently absent, and the vomiting is not as frequent and uncontrollable as in protrusion of the intestine from the anus which is intussusception, nor do we have the rapid prostragiven as a prominent symptom, is often absent. In tion in the former disease that is so characteristic of deed, in many cases the incessant vomiting, obstinate the latter. There are other forms of obstruction, constipation and the tenesmus are the only symp- such as the twisting of the intestine upon itself, toms. He would refer to the differential diagnosis pressure upon the intestine by a band of lymph, or of intussusception: fecal impaction occasionally pre-strangulation of the intestine in a congenital opening sents symptoms analogous to intussusception. Im in the diaphragm, any of which will give rise to symp-

In regard to the treatment, little remains to be may give rise to a tumor, vomiting, tenesmus, tym- said. Not infrequently when an intussusception is panites and even protrusion of the intestine from the suspected, the cases are treated with physic, castor anus. These symptoms closely resemble those of oil, croton oil, or quicksilver, in order to prove the intussusception, but in impaction the vomiting is not diagnosis. This treatment should be mentioned only usually as obstinate and large, copious enemas will to be condemned. No remedies should be given cause the disappearance of the impaction. Again, that will increase the peristaltic contraction, but in impaction we do not get the rapid and great pros- opiates given to prevent it. Quicksilver may be tration that is observed in intussusception. Cholera used with benefit in those cases where the invaginainfantum may be mistaken for intussusception, for tion is low down in the bowel, or where the intuswe have the same rapid and great prostration and susception is of such extent that it reaches into the collapse, we have the incessant vomiting, but in lower bowel, or perhaps near the anus. In such cholera infantum we have the large, copious watery cases the child should be inverted and the quicksilpassages instead of the obstinate constipation fol- verused per rectum, and the pressure and weight of lowed by the bloody discharges. Dysentery presents the quicksilver will assist greatly in the restoration symptoms closely resembling intussusception in of the invaginated mass. He fully agreed in the many cases; we have vomiting tensmus, frequent recommendation of laparotomy in cases where mestraining, bloody passages and not unfrequently chanical measures fail. When we have faithfully but protrusion of the intestine from the anus, but in dys- unsuccessfully tried medicinal and mechanical measentery the vomiting is not so obstinate nor the pros | ures, he thought we should resort to laparotomy, tration so great. Typhlitis may present symptoms providing a positive diagnosis can be made, and we very closely resembling intussusception, as the result should not delay too long, for the longer the opera-

Dr. A. E. HOADLEY wished to make one suggesstipation which it is impossible oftentimes to over-tion as to the surgical treatment of these cases. The come. The diagnosis in these cases is very difficult, author, on going into the surgical treatment thorand I know of one case of typhlitis where several oughly, had left the idea, he thought, that about all surgeons thought seriously of operating for a sus-that can be done for cases of acute invagination of the intestine is to unfold the invaginated intestine, But in typhlitis the tumor, which results from in- and if this cannot be done, it must be excised and flammation and infiltration is in the right side, while an artificial anus made. Of course he does not adin intussusception the tumor when observed is in the vise the resection of the invagination, but advises an left iliac region or in the transverse colon, for although artificial and as a temporary means. Now where the intussusception takes place at the ileo careal valve, this invagination is acute it obstructs the lumen of if the tumor is large enough to be observed the theintestine, and all the urgent symptoms are consesmaller intestine rolls in the larger until the tumor quent on the obstruction of the bowels, not that the appears in the left side instead of the right. In tissues are liable to ulceration or sloughing provided typhlitis we have a history of acute inflammation, that the tension above the invagination is promply not so in case of intussusception. Peritonitis will relieved. If the tension above the stricture is realso frequently give rise to symptoms resembling lieved the tissues at the stricture can take care of those of intussusception; we have frequent vomit- themselves, the strangulation will be immediately ing, obstinate constipation, abdominal pain and tym relieved in a measure, so that the circulation can be punites. He remembered a case that was treated for carried on at the seat of invagination. Relief of several days for intussusception, and not until the tension controls peristalsis and no further invaginaadministration of morphia and lime water was the tion will take place, congestion will be relieved and vomiting overcome and a correct diagnosis made, the tissues saved. There has been an operation The vomiting could not have been relieved by med suggested for that purpose which is applicable in all ication in a case of intussusception. In peritonitis cases where to unfold the invagination is more danwe usually have the gradual onset of the disease, gerous than to leave it alone or excise and establish

an artificial anus. The operation is to bring that mistaken; that the child had acute gastritis. When portion of bowel above the invagination to that im- he went back in the evening the child was purging mediately below and there make an opening in each, and passing blood. He made an examination and stitch the openings together, and thus form an outlet found a tumor corresponding to the tumor described for the distended intestine above. In case the in- to night. He gave a grave prognosis, left directions vaginated portion loses its vitality there is no object for the use of some remedies, and promised to see tion to its sloughing, as the slough can readily pass the child in the morning if it was still alive. The down, as the gut is not closed above. In his own next morning when he called the mother told him the practice he had seen two cases of recovery from in- child was better, and showed him a chicken's foot and tussusception, in which there was no doubt about leg that it had swallowed. the diagnosis; in one case a sausage shaped tumor could be felt across the median line, with all the in regard to the use of chloroform and ether with acute symptoms except, perhaps, the bloody dis-children. charges. The invaginations in these cases were of the colon, and not ileo caecal, and the lumen of the gard to Dr. Earle's query as to the ease of making gut was not completely closed. There was no part the diagnosis: I would say that the diagnosis is not ticular distension, but there was a large and painful always an easy matter, and I do not wish to convey tumor, with tenesmus and diarrheea. In one case, that impression. In the first case I reported the in which the diagnosis was confirmed by several phy diagnosis was easy, because the ease presented the sicians, the tumor remained for more than a year, and symptoms laid down in the books as nearly as could at any time, if pressure was made over it, there would be: there was vomiting, tenesmus, bloody stools, abbe tenesmus of the bowel, yet the child, who is now solute constipation and a lozenge shaped tumor—but 8 years old, has fully recovered. He has a patient that is the only case of the four reported in which we now under treatment in whom two and a half months had all the symptoms; in two there were no tumors ago there was probably intussusception of the colon. at all, in one the tumor was indistinct and irregular A painful tumor presented on the left side which in outline. There was no pain in that case. In none could be plainly felt from day to day, associated with of the cases was the diagnosis verified by a postall the irritable symptoms of the bowels, but the in-mortem. There is an element of doubt as regards vagination did not occlude the lumen of the bowel, the diagnosis, but it had been formed in each case therefore the most distressing symptoms were absent. after careful examination by competent physicians, This tumor has gradually grown smaller, less tender, and was considered fairly certain. In regard to the less painful, and the child is now about free from the relative safety of ether and chloroform in children, I irritation caused by that invagination.

situated above the ileo caecal valve, water injected compared with its administration to adults. In rewould pass the valve itself? He hardly thought the gard to the differential diagnosis, Dr. Waxham presmall amounts the author speaks of having injected scated all the points very fully. In a paper of this would have reduced the invagination. He was not character I did not wish to go into that subject. In opposed to giving cathartics in cases where they might regard to the operation of cutting the bowel above do good, and thought sometimes they do not do as and below the point of obstruction, that I alluded to much harm as an operation. The intestines are held as an operation having been done experimentally on up by mesenteries, and if the principal part of the animals with success by Dr. Senn, of Milwaukee. intestine cannot invaginate itself where it is held fast. So far as I know there are no statistics showing that it cannot come down. A cathartic which produces it has been done on man. The case of obstruction a peristalsis is always towards the rectum, and if the occurring in a child, with painful tumor, spoken of part is held up by the mesentery, the peristaltic mo-by Dr. Hoadley, was a case of chronic obstruction tion will not bring it down any further, and yet will in which the lumen was not perfectly occluded, and relieve the intussusception. He thought many cases those cases are not dangerous. So long as the lumen are cured by cathartics. He had a case some time is not absolutely interfered with the processes of nuago where the child was pulseless and cold, the eyes trition go on. Cases of chronic obstruction were turned on the sockets, there was tenesmus and vom- not considered in the paper; I spoke only of acute iting. After trying nearly everything an enormous obstruction due to intussusception. Water passes dose of calomel was given, and as soon as there was the ileo caecal valve by dilatation from over-distena movement of the bowels the child was all right.

had an interesting case; in the early morning he the colon would become distended to its utmost cawas called to see a child whom he found breathing pacity, and by-and-by the tissues would begin to with great difficulty and presenting many symptoms, yield, the valve would become incompetent and the of acute bronchitis. He listened carefully and thought water would pass. The quantity of water used for he located the region of the disturbance. Leaving injections was smaller than if the obstruction had some remedies he went away, promising to call late been higher up. The case of acute obstruction menin the afternoon. During his absence the family be-tioned by Dr. Frank, that was relieved by a large came alarmed at a change of symptoms and called in dose of calomel, was probably acute enteritis, such another physician, who assured them that he was a case as would have been relieved by bleeding,

Dr. Earle asked Dr. Steele to give the statistics

Dr. Steele, in closing the discussion, said, in recannot give the statistics, but the administration of Dr. J. Frank asked if, when the invagination is chloroform to children is a very safe procedure as sion. I have seen the experiment tried on animals; Dr. J. E. Colburn said that some years ago he by opening the abdomen and forcibly injecting water

of acute intestinal obstruction where there is a doubt-small plaque in which the connective tissue of the as to its cause, we should take into consideration all capsule is largely increased. The cut surface of the the factors: the age of the child, the sex, the sudden- organ presents a mahogany color and as a whole is ness of the onset, the presence of a majority of quite firm, verifying the diagnosis of what we would symptoms that are said to be present in intussuscep- expect to find in such cases, chronic passive hypertion, and then make a thorough, complete and systemia of the spleen causing an increase of the contematic palpation of the abdomen, aided, if necessary, nective tissue. The kidneys were hardly enlarged at by the distension of the colon with carbonic acid gas. all, the capsule was not thickened and was easily re-By the alternate injection of an acid and alkaline moved. Upon section the cut surfaces of each of solution into the rectum you can distend the colon the organs was a very dark red color, the vessels all so that it can be mapped out perfectly, and you can full of dark colored blood, and the organs slightly distermine the location of the obstruction.

specimens, and said: These specimens were ob little granular, and that seems to be due to a wrinktained at the County Hospital to-day, and I bring ling of the capsule. There was a similar appearance them to you to-night because specimens are more along the anterior border, and near the line of the interesting when they are fresh. The case came to suspensory ligament. This large spot was triangular kept. The man was about 60 years old and very fat. of demarcation between this wrinkled and the unserous fluid, and the heart was considerably larger characteristic appearance of advanced simple atroout adhesions. The surface of the lung presented a increase of adipose tissue throughout the body. few spots of emphysema, and upon section the bron- There was also considerable cedema of the right leg, chial tubes were found extremely congested and lined but no thrombosis in the iliac vein. Examination tree. On the right side there was an adhesion along permitted. With the conditions described as a basis, the median line, and on breaking this found 3700 cu. the diagnosis is: chronic endo myocarditis with fatty cm. of a clear serous fluid, slightly reddish, contain-degeneration; chronic pleuritis (costal) with effusion, ing no shreds and no plaques of fibrin. The entire atalectasis from compression, right side; chronic torn in manipulation. The deposit of fibrin could omentum; chronic venous thrombosis with ædema be removed only by considerable force, and the of the right leg. pleural surface then showed manifold small red dots, resembling the mouths of severed capillaries. Completely covering the surface of the right lung there was a film of lymph which varied in thickness from that of a heavy sheet of blotting paper to 1 or 2 mil limetres. Over the lower lobe this had taken on organization and contained bands of connective tissue. Throughout the extent of the visceral layer of the pleura it could be removed, leaving the surface marks on smooth and glistening. The lung on the cut surfaces is of a steel gray mottled with spots of pigment discoloration. It is completely devoid of air, and a piece cut out from it and thrown into the water sinks. slippery elm tents in the treatment of uterine disease.

many years ago. When we are called to these cases. Upon the superior border of the spleen there is a firmer than normal. The left lobe of the liver pre-DR. ELBERT WING exhibited some pathological sented a peculiar appearance. It looks and feels a the dead-house without any history except that the upon the surface, say 5 cm. along each side, and man was known to have some trouble with his heart. extended into the organ in a pyramidal shale, the The internes were careless and no careful record was apex being near the hylus of the organ. The line There was no fluid in the abdominal cavity. The changed surface of the organ is sharply defined. Pericardium contained perhaps 30 cu. cm. of clear On section these portions of the organ present the than the man's fist, with one or two of the so-called phy, a dark brown slate color, the lobule distinct but "milk spots" on the surface. The right anricle was distended with dark, partly clotted blood, the right organ not described is in the condition known as ventricle contained a very small quantity of fluid "nutmeg liver." The omentum is in a condition blood and a small clot; the left auricle and ventricle rarely seen. It is 25×12×1.5 cm., somewhat lobuwere empty. Upon section the heart showed no lated, and along the anterior surface there are broad lesion of the valves; there was slight atheroma at radiating bands of fibrous tissue. The organ as a the base of the aorta. The endocardium showed whole is very firm and solid, and on section little the streaks and bands of grayish discoloration which lobules of fatty tissue can be isolated. The condiare taken as evidence of chronic endocarditis; there tion is that of marked hypertrophy of the fatty tissue was also, over the surface of the endocardium, the of the organ, together with a great increase of the mottled appearance of myocarditis with fatty degen-connective tissue, the latter due to chronic passive eration. The left pleural cavity was empty and with hypersemia, the former part of the general marked with a thick coat of mucus throughout the bronchial of the veins outside of the abdominal cavities not costal plenra of this side was much thickered, of a passive hyperaemia of spleen, kidneys and liver, with slightly velvety appearance and bright red color, added circumscribed simple atrophy of the latter; easily separated from the underlying tissue and easily hypertrophy and chronic passive hyperemia of the

(To be concluded.)

CHICAGO GYNÆCOLOGICAL SOCIETY.

Stated Meeting, Friday, February 18, 1887.

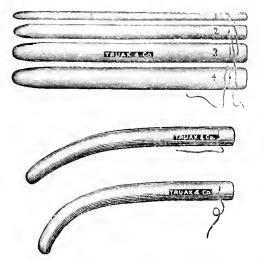
PHILIP ADOLPHUS, M.D., IN THE CHAIR.

DR. HENRY T. BYFORD made the following re-

THE SLIPPERY ELM TENT.

For quite a number of years, I have been using

Within the last few weeks, I have received from that the form in which they are now presented by to render it useful as a substitute for tupelo, sea tangle and compressed sponge in many cases.



dilators of this class. Another advantage is the for many months. This makes a great difference to rapidity of its action. The tents expand sufficiently the patient, who otherwise is obliged to have the insize, or two or three of the same size. This may be flexible soft rubber stem, which may be introduced with a minimum amount of injury to the parts.

and left for twelve or twenty four hours and thus the end of some weeks or months the desired change serve, providing it be used once or twice a week, as is produced. I think the use of a substance that is a mild substitute for the intra-uterine stem in cases not absorbent and does not dilate superior in these of sterility. The patient can go home and keep cases. quiet until she removes it by the attached string, upon the advent of severe pain, or at the end of the sterility of several years' standing, dating from martwenty-four hours. A glycerine tampon placed riage, cured by three or four or more small tents used under the cervix is necessary in such cases to retain once or twice a week. Their power is milder than it in place.

limits its action.

As dilators and applicators in vaginitis, vaginismus, nrethritis, nrethral stricture, etc., they are also useful, and may be ordered of any size, shape or curve desirable.

They should be kept in a tightly covered box or bottle, as they become brittle and lose their rapid expansive power when they get too dry. It would be a good thing to dip them in gelatine or cocoa butter when they are to be preserved for a long time.

Dr. A. Reeves Jackson: I have used slippery elm tents a great many years, and I have no doubt

Messrs. Charles Truax and Co., of this city, some Dr. Byford will render them more suitable for dilatimproved tents made out of the compressed bark, ing purposes than heretofore. In this form, however, By compression, its dilating power is increased so as I have made use of them recently, and have been disappointed as regards their dilating power. Slippery elm forms a slimy mass at the expense of its substance, and while this mucilaginous mass and the mucous discharge which appears with it causes the tent to seem large, the latter does not exert much dilating power, and I was surprised to find that after moistening one of these compressed tents for several hours in water, it was very little larger than before. I have had a great deal of satisfaction in using flat pieces whittled out of the slippery elm bark, in the following manner: I use a small sponge tent, and in order to get the expansive power of that material surround it with a cordon of these slips, so as to protect the mucous membrane from injury. 1 think that in the combination of sponge tent and slippery elm we have the best means for tent dilatation. In this way we get the dilating power of the sponge with the protective effect of the slippery clm.

In cases which stenosis seem to be the cause of sterility, I use non-expansive stem pessaries. My experience in the use of the intra-uterine stem has been very large, and I find, in order to effect any change of structure, that it is usually necessary to The characteristic of slippery elm back is that carry out the treatment for many months. I have upon being moistened a slippery substance exudes, never succeeded in changing materially and permawhich acts both as a lubricant to the tent, and as a nently the direction of the cervical canal in less than protection to the mucous membrane against that in- six or eight weeks, and sometimes over a year has jury or abrasion which sometimes follows the use of been required. The stem may remain undisturbed within an hour or two for the introduction of a larger strument changed frequently. I use chiefly a very repeated until the desired dilatation is obtained, and and worn for months without irritation. It may be since the expanded tents are both soft and slimy, of different degrees of flexibility, a very small one at th a minimum amount of injury to the parts.

A small elm tent may be introduced at the office and by another, larger and stiffer, and so on until at

Dr. H. T. Byford: I have had many cases of that of compressed sponge, and less radical than These tents are also available as applicators, for that of the intra-uterine pessary. These negative the exuding lime carries the drug out from them in-qualities are the accompaniments of nearly all safe stead of into them, gradually dilutes it, and thus remedies. If Dr. Jackson had watched the compressed elm tent, which seemed to expand so little in several hours, he would have found that it expanded two or three times its own diameter in less than two hours, and then became smaller again by having its softer portion dissolved out. In the uterus its substance is not washed away as rapidly as in a basin.

Dr. W. W. Jaccard exhibited a

PLACENTA WITH MARGINAL INSERTION OF AN ABSO-LUTELY SHORT UMBILICAL CORD, MEASURING

NINE INCHES IN LENGTH.

The specimen, placed at his disposal by Dr.

Charles Caldwell, was of interest in connection with enough to require an anæsthetic. mother.

Dr. Jaggard also made some remarks on

THE ANTISEPTIC OBSTETRICAL PADS OF DR. H. J. GARRIGUES AND DR. WM. L. RICHARDSON.

Dr. H. J. Garrigues describes the application of the pad in the following words: The well closed vulva is covered with a pad of absorbent cotton, wrung out in the solution (1,2000). Outside of that comes a piece of oiled silk or preferably thick guttapercha tissue dipped in the solution. To keep this antiseptic part of the dressing in place I use a large pad of dry absorbent cotton, and a rectangular piece of canton flannel or square piece of unbleached muslin, half a yard in both directions, and folded diagonally like a cravat. Dr. Wm. L. Richardson substitutes absorbent scrap or waste done up in cheese cloth for the absorbent cotton. Of course, Dr. Richardson does not insist upon the pad as essential. There is nothing peculiar about the pad except that it seems to me to be a very convenient and use of antiseptics all through the delivery, and the "destroying the activity of the nerve tissue." pad is all that is needed for the convalescence.

sion and community, in the prophylaxis of child-bed his treatment more accurately." I am surely very fever, by Garrigues and Richardson, demand recog-much gratified to have the fact duly recorded that he nition. In the New York Maternity Hospital the mortality from sepsis—Oct. 1, 1882, Oct. 1, 1883, 429 patients—was 6.06 per centum. Garrigues has reduced this mortality to—Oct 1, 1885, Oct. 1, 1886, 463 patients-21 per centum.

In the Boston Lying-In Hospital, the mortality from sepsis. Jan. 1, 1882, Dec. 31, 1882, 288 patients-was 5.55 per centum. Richardson has reduced this mortality to—Jan. 1886, 373 cases—.o per centum.

The American woman insists upon wearing some one at all, it must be antiseptic.

(To be continued.)

GALVANIC MEASUREMENT.

Dear Sir:—The enterprising spirit of Dr. Engelmann, as exhibited in his letter to The Journal of ruary 5, is really very refreshing.

First, he says: "In No. 7, February 12, 1887, of hearing Dr. Engelmann's views. p. 195, Dr. Martin tells us that he has used from 25

Ten ampères Dr. John Bartlett's paper, read at the January meet- . . . would scorch the body as would a stroke of lighting. The absolute shortness of the cord in Dr. ning. This is impossible." Dr. Engelmann con-Caldwell's case did not constitute a mechanical tinues on this line: "No man ever has or ever will hindrance to the progress of labor, although there pass 10 ampères through living tissue, as this would was some slight difficulty in ligaturing the organ, scorch the skin and destroy the activity of the nerve after birth of the child, on account of the proximity tissue." I would like to inquire as to the kind of of the navel of the child to the vulvar orifice of the scientific man who dates to make such unqualified statements in regard to the past, and assert such absolute prophesies of limitations in regard to the future of a subject which all unbiased minds admit is but in its infancy! It is with reluctance that I must remind him that for once he occupies the position which the scientific world did when it "was astonished when Apostoli employed 100 milliampères, which he has increased to a possible 250 with one surface electrode." Here, in Chicago, by means of our improved abdominal electrode of very large surface, the principles of which I described in a paper to the Chicago Medical Society December 20, 1886, an abstract of which appeared in The Journal, of January 15, 1887, and the full text of which appears in this week's number of THE JOURNAL, I have frequently used a current of 500 to 1,000 milliampères without an anæsthetic, without severe pain, and with the same surface electrode double, I have used on one tumor, with very great depth of uterus, a current of 10 ampères; and this, too, without an anæsthetic, without "giving excessive pain;" without "burning the insafe form of dressing to use. The main thing is the tegument;" without scorching the skin and without

Secondly-Dr. Engelmann says: "I am glad to The important services, rendered to the profes-see that Dr. Martin is seeking to define and record notes signs of improvement in my later writings, be they ever so slight; because to admit no progress would be to infer retrogression. At the same time, I am willing to have my first paper on electrolysis thoroughly examined, by an impartial critic, for any loose or inaccurate statements.

Thirdly - Dr. Engelmann further modestly remarks: "It is a satisfaction to me to see that he (Dr. Martin) has accepted my criticism of his paper which I made before the Section of Obstetrics and Diseases of Women at the St. Louis meeting of the kind of a napkin to absorb the lochia. If she wear American Medical Association in 1886." "I then urged," he continues, "the importance of the galvanometer and the necessity of exact measurements, strong currents, and short sittings." If Dr. Engelmann remembers—and if he does not a perusal of DOMESTIC CORRESPONDENCE my paper referred to may serve to freshen his memory—he will find that the above advice was entirely superfluous so far as it was applicable to me, with the exception of his reference to stronger intensity. In regard to this latter point I will confess, in order not to seem under too great obligations to Dr. En-April 16, in which he criticises me for statements in gelmann, that I had heard of Apostoli, and had inreply to Dr. Cutter's letter in THE JOURNAL of Feb- vestigated pretty thoroughly his method and recognized its advantages, long before I ever had the honor

Finally, I will state, in order to more definitely milliampères to 10 ampères through a fibroid tumor, define my present position, that I am obtaining very with one surface electrode and without causing pain gratifying results in the treatment of fibroid tumors employment of improved surface electrodes by which scientists of his day. While attending a large country the current is widely diffused, by which the complete practice he therefore made his desultory studies and adaptability of the surface of the electrode to the observations in geology and botany a sort of recreasurface of the body is accomplished, by which the tion. His love of study and high appreciation of minimum resistance is obtained consistent with min-scientific education made hum the more solicitous to imum pain, I have been able, as stated above, to use secure a good education for his son. This was not a current of much higher intensity than Dr. Apos- a difficult task, for from his early youth he took to toli, or even Dr. Engelmann. The current that I books and rapidly acquired knowledge. But notordinarily employ now varies, according to indica- withstanding the father desired him to select some tions in different subjects, from 100 to 1,000 milliams profession or pursuit other than that of medicine, his pères, and this without ever arousing one alarming son adopted physic after mature deliberation, prefersymptom. Respectfully yours,

Franklin II. Martin, M.D.

163 State St., Chicago, April 8, 1887.

NECROLOGY.

DANIEL DRAKE CARTER.

Woodford Co., Kentucky, was born in that place, the Long Island College Hospital, New York, for October 12, 1837, died of congestion of the lungs at the spring or reading term. He also returned the the residence of his mother, in Versailles, December following year. His tickets to the course in prac-12, 1886. He was the son of Dr. Joseph Coleman tical chemistry bearing date March 29, 1860, and Carter, who was born in Charlottesville, Va., Decem- for 1861, now lie before me. The second was, howber 23, 1808. A kinsman on his mother's side of ever, abruptly terminated by the medical students of Dr. Daniel Drake with whom he studied medicine. the South withdrawing from the College and return-He took his medical degree at Jefferson Medical ing to their homes, owing to the political excitement College, Philadelphia, Pa., 1831. Died January 26, and the beligerent attitude assumed by the Southern 1876.

His grandparents on his father's side were Goodloe and Mary (Crenshaw) Carter. He was therefore the University of Louisville where he attended lecdescended from the eminent Robert Carter, of tures the remainder of the season, and was examined "Carter's Hall," Virginia. The mother of the sub- and received his diploma at the commencement in ject of this notice, still living at the age of 77, is the January, 1862. youngest daughter of George Carlyle and the granddaughter of Robert Carlyle, who came to Virginia its Function." Dr. Carter warmly espoused the from Scotland, in 1730. George Carlyle removed cause of the South, and without going to his home from Virginia to what is now known as Woodford accepted the position of surgeon in the 5th Ken-Co., Kentucky, in 1784, and in 1790 married Martucky Cavalry under Col. Howard Smith, in the garet Crockett, daughter of Alexander Crockett. command of Gen. Buford. He also served as brigade George Carlyle died in 1827, aged 73 years. This surgeon on the staff of Gen. John H. Morgan, and branch of the Carlyle family is somewhat noted for was captured at Buffington's Island in the Ohio longevity, as five sisters and one brother of Dr. river, in July, 1863, as was most of that command. Carter's mother lived to celebrate their golden wed- After having been paroled he went to the City of ding. Dr. Daniel Drake Carter, the subject of this New York, where he resumed his medical studies note, was of delicate constitution from infancy. In with his warm personal friends Drs. James R. Wood consequence of this his education was mainly con- and Lewis A. Sayre. He spent the winter in the ducted by his father, or at home schools, the village hospitals and at the Clinics of Profs. Wood, Sayre, academy and by private tutors. With a view to Flint and of other leading teachers in that city. In strengthening his constitution his father had him the spring of 1864 he grew impatient and could no spend as much time as possible in the summer sea- longer remain idle while his friends in the South were sons on his farm, near Versailles, and endeavored to putting forth all their energies to repel coercion and have him become interested in agricultural pursuits. maintain their sovereignty. Not being able to pass Knowing the severe labor and exposure attending through the army lines to the South, he went to the practice of medicine in that section, he did not Halifax and from thence sailed in a blockade runner wish his son to enter the medical profession. Dr. for Wilmington, N. C., hoping to get into the South-Joseph C. Carter was a scholarly man, who enjoyed ern Confederacy and render such services as he could and deserved a large practice, and had his residence to aid the cause. The vessel, however, was capbeen in a populous city, his proficiency in chemistry tured just as she was entering port. He was one of

by a modification of Dr. Apostoli's method. By the won him a place among the leading teachers and ring it to any other calling.

icine his father made a most advantageous business arrangement for him with a firm of bankers at Davenport, lowa, where he spent one year. Drake, as he was familiarly known, then made known to his father that he earnestly desired to study medicine and pursue the practice notwithstanding all the exposure and exactions attending a physician's life. Returning home, he at once entered upon its system-Daniel Drake Carter, M.D., of Versailles, atic study with his father. In 1859, he entered

Before Dr. Carter began the regular study of med-

and Northern States toward each other. Dr. Carter at once returned to Kentucky, and matriculated in

He wrote his thesis on "The Blood, its Source and and the natural sciences would have of themselves three on board who would not swear that they were

British subjects, and was consequently sent as a pris- handsomely mounted and forms a part of the great transferred to Fort Warren, Boston harbor, where he ian Institute, in Washington, D. C. was kept as a prisoner of war until May, 1865.

enthusiastically devoted both to the study and In the fall of the same year he suffered an attack of the practice of medicine. His efficiency and zeal hilious fever, which ran a more than ordinarily pro-He was a man of high culture, gentle in disposition, covered. courteous and dignified in his intercourse with pabusiness man, collecting his earnings and invested at a disadvantage from a naturally delicate constituhis means with rare judgment. He was a consist-tion which was farther impaired by disease. ent member of the Presbyterian Church from his youth. His parents and grandparents on both sides belonged to the same religious denomination.

Although Dr. Carter was of slight frame, he possessed much mental activity and great physical endurance. The amount of labor he was capable of performing was a surprise to all his friends. was for a time, in 1875, somewhat out of health, and his soul returned peacefully to the Giver of life. having accepted an invitation to rest a couple of which it is evident his memory is held by the pro- which were published in the Versailles paper. fession in Kentucky, has been fully justified. We a cation and Dr. Carter's intercession, and is now good citizen and a beloved physician.

oner to Fort Lafayette. New York, and afterwards collection of comparative anatomy in the Smithson-

In 1875, Dr. Carter met with an accident while Dr. Carter, on regaining his liberty, returned home performing a surgical operation by wounding the and immediately entered upon the practice of his pro- index finger of the left hand, and from which he suffession in conjunction with his father. The young fered blood poisoning. This accident and its results doctor was well prepared by extensive reading, care- for a time alarmed his friends and did seriously imful college and hospital training, to discharge the pair his health, and it is probable that he never enresponsible duties of a physician. He was most tirely recovered his full degree of vigor afterwards. soon won for him an extensive and lucrative business. tracted course, from which he, however, slowly re-

In 1876, he had an attack of pneumonia which tients and his medical brethren; fond of music and still farther debilitated him. His practice was at that the fine arts and of cultured society. He was strictly period large, and being ambitious, he overworked and temperate, never using tobacco or intoxicating liquors, entirely neglected himself. Although he continued And what is rather uncommon with physicians a good to labor efficiently for years, he nevertheless labored

Dr. Carter was twice married. His first wife was Miss Louisiana Hart Gibson, a most lovely and accomplished lady, the sister of Senator Randall L. Gibson, of Louisiana, to whom he was united February 15, 1876. She survived her marriage by but one year, dying February 14, 1877, leaving a daugh-He ter, who followed its mother to the spirit land April possessed special aptitude for surgery, having a com- 12, 1880. His second marriage was on the 31st of prehensive and an accurate knowledge of anatomy October, 1882, to Miss Sallie, daughter of Humphrey and physiology, and the dexterity, courage and for and Elizabeth (Scott) Fullerton, of Chillicothe, Ohio. titude so essential to make the successful operator. From this union one child, a son, Joseph C. Carter, He performed with success some capital and haz- was born July 28, 1884, who, with his mother, surardous operations in the circuit of his practice, rarely vives. Dr. Carter's mother and three sisters survive undertaken except by specialists in well organized him. During the later years of the doctor's life, he hospitals. His neighboring physicians, too, had a attempted to lessen his professional labors and retired high regard for his judgment in difficult cases, and to his farm, "Rock Castle," but his patrons followed frequently called him in consultations. His great him there and he was obliged to seek rest at a disforte was at the bedside, where his real genius showed tance. He made three pilgrimages to Florida for his itself in diagnosis and in the suggestions of new health. In April, 1886, he had an acute attack of methods and in giving encouragement and comfort double pneumonia, which seriously impaired his to the despondent patient. For a busy rural prachealth and alarmed his friends, and after spending titioner he made an unusual number of post-mortem some time on his farm was advised to go to Asheville. examinations, and was, to the close of his busy life, N. C. This change brought no relief, but added to a student and a careful observer, and would undergo his suffering and discomfort, and he returned home, any amount of labor to verify or disprove the diag-l where he received every attention from medical friends nosis of an obscure case. The writer of this sketch and from a devoted wife, his mother and sisters, until

Dr. Carter was a member of the Kentucky State weeks at one of Kentucky's most hospitable of homes, Medical Society and was sent by it as a delegate to on the splendid estate of "Spring Hill," near Ver-1the American Medical Association in 1872; he also sailles, where he became well acquainted with the attended the meetings in 1873, 1874, and 1875. He subject of this sketch. Here he met daily and often was a member of the Masonic order and a Knight during the day, Dr. Carter, then in excellent health, Templar of the Commandery of Versailles. This and in the enjoyment of a full practice. The high Commandery held a special meeting and passed a opinion then formed of Dr. Carter as a skillful physically series of appropriate resolutions of respect for his sician and affable gentleman, the universal esteem in worth, and of sympathy for his bereaved family,

His funeral took place from his late residence and visited the celebrated stock farm of Mr. Alexander, that of his mother, in Versailles, on Wednesday the known as Woodburn, and together attended the 15th of December, 1886. The services were solemn burial of the great race horse "Lexington," whose and impressive, and were largely attended by the skeleton was obtained from the owner on my appli- community which sincerely mourned the loss of a

INTERNATIONAL CONGRESS.

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COMMITTEE OF ARRANGEMENTS.

The following memorandum is published by order Henry O. Marcy, M.D., 116 Boylston Street, of the local Committee of Arrangements for the information of persons desiring to attend the Ninth Meeting of the International Medical Congress, in

RATES OF TRANSPORTATION.

Red Star Line, \$100; Antwerp to New York and

Inman Line, \$100; Liverpool to New York and

Hamburg Line, \$90; Hamburg to New York and

Royal Netherlands, \$80; Amsterdam to New York and return.

North German Lloyd Line, \$187.50; Bremen to New York and return.

Same rates are allowed for the families of members. Cunard Line, 10 per cent. reduction for members of the Congress only.

HOTEL RATES IN WASHINGTON.

Arlington Hotel, from \$3.00 to \$3.50 per day. Riggs House, from \$3 00 to \$3.50 per day. Willard's Hotel, from \$3.00 to \$3.50 per day.

Metropolitan Hotel, \$3.00 per day.

National Hotel, \$3.00 per day.

Other hotels conducted on European style will furnish rooms at \$1.00 to \$2.00 a day. Good lodging houses will also furnish rooms from \$1.00 to \$1.50 a day.

Proper accommodations have been secured for the meeting places of the Congress and its Sections.

Transportation within the limits of the United States has not yet been determined upon, but will soon be made public. Particulars of the plan of entertainments will be published in the official programme, and all notices will be published in THE JOURNAL in due time.

Official: A. Y. P. GARNETT, Chairman.

C. H.A. Kleinschmidt, Secretary.

BOOK REVIEWS.

A TEXT BOOK OF MEDICINE for Students and Practitioners. By Dr. Adolph Strümpell, formerly Professor and Director of the Medical Policlinic at the University of Leipsic. Translated from the second and third editions by HERMAN F. VICKERY, A.B., M.D., and PHILIP COOMBS KNAPP, A.M., M.D., with editorial notes by Frederick C. Shat-TUCK, A.M., M.D., Instructor in the Theory and Practice of Medicine in Harvard Medical School. With 111 Illustrations. Svo., pp. 981. New York: D. Appleton & Co. 1887. Chicago, A. C. Mc-Clurg & Co.

This is one of the most compact and yet full treatises.

that has appeared on this subject during the last four without obstruction to ventilation. Each tenement-

of the Organs of Locomotion; Diseases Affecting the Blood and Tissue Metamorphosis.

The section devoted to nervous diseases is very complete and presents in a collected form the latest in-

formation pertaining to the subject.

In reading the volume through many thoughts are noticed that have not yet found their way into the freely the most advanced views of the bacteriologists, acute articular rheumatism: "Acute articular rheumatism is an infectious disease. This is shown by all clinical and anatomical peculiarities of the disease; and although the specific organic pathogenic poison cannot yet be demonstrated, still this view of understand its symptoms and course."

The book is a valuble addition to medical literature, as it gives us in a compact and yet comprethe most famous German physicians.

MISCELLANEOUS.

THE MURPHY TENEMENT BILL.—The New York OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM APRIL 9, 1887, TO Legislature has passed what is known as Murphy's Tenement bill. It provides for the detail of fifteen policemen to enforce the sanitary code of New York city, so far as it relates to tenement and lodging houses. The Board of Health is to make a report annually upon its work. The Mayor, one Commissioner of Public Works, First Lieut, Freeman V. Walker, Asst. Surgeon, ordered from one delegate from the Bureau of Inspection of Buildings, and the Street Cleaning Commissioner shall meet annually between Nov. 15 and Dec. 30 to consider the subject of tenement and lodging houses in New York and make such recommendations for the change of the laws as will best protect the interests of the people, which are to be made to the Governor and Legislature before Jan. 15. The bill provides Grinths, S. H. P. A. Surgeon, detached from the U. S. S. that certain conditions must be observed by owners of these are that where more discovered by the second state of the s of tenements. Some of these are that where more than one family reside on a floor the halls must open Marsteller, E. H., P. A. Surgeon, ordered to duty on iron-clads directly to the outside air with sufficient windows and

The work has been very popular in Germany, house shall be provided with such privy sinks as the having rapidly gone through three editions there. Board of Health may require, one for every fifteen The characteristics of the work are conciseness and occupants in lodging-houses, and one for every two completeness, coupled with a presentation of the families in dwelling-houses, which shall be plumbed most recent and best views concerning etiology and properly and be adequately ventilated; all such repathology. The clinical history of diseases is clearly ceptacles shall be connected with the sewer by airand well described. In many ways the treatment tight pipes as directed by the Board of Health. The advocated differs from that followed in this country. law also contains a provision that every owner of a The topics taken up are described in the following tenement or lodging-house must file with the Health order: Acute General Infectious Diseases; Diseases Department his name and address; a description of of the Respiratory Organs; Diseases of the Circula- the property by street numbers, the number of aparttory Organs; Diseases of the Digestive Organs; Dis-ments, the rooms in each apartment, the number of eases of the Nervous System; Diseases of the Kidneys, families occupying each apartment, and the trades the Pelvis of the Kidney and the Bladder; Diseases or occupations carried on in them. In case notices are served for the abatement of nuisances, they shall be posted five days in the house and mailed to the owner also. The law requires a semi-annual inspection by the Board of Health of all tenements and lodging-houses, and in case the owner fails to comply with the rules of the Board of Health, any court of record is authorized to issue injunctions restrain-American text-books generally. The author adopts ing the owner. Water is to be plentifully supplied on each floor, and cellars shall be concreted and accepting as facts what in this country are regarded made water tight. The bill is a long one and emas still under judgment. To illustrate, the following | bodies the experience of New York sanitarians with is the first sentence under the head of etiology of this vexed question.—Sanitary News, April 2, 1887.

MEDICAL ASSOCIATION OF THE DISTRICT OF CO-LUMBIA.—At the regular meeting of this Association held April 5, 1887, the following officers were elected for the ensuing year: President, Dr. J. W. Buckley; the disease, which was first brought forward by Vice-Presidents, Drs. J. W. Bayne and W. O. Bald-Hüter is the only one which enables us properly to win; Secretary, Dr. Lachlan Tyler; and Treasurer, Dr. S. S. Adams.

CHICAGO MEDICAL SOCIETY.—At the annual meethensive manner the best and most recent views of ing of this Society, held at the Grand Pacific Hotel. April 4, 1887, the following officers were elected for the year: President, Dr. Wm. T. Belfield: Vice-Presidents, Dr. J. H. Etheridge and Dr. A. E Hoadley; Secretary, Dr. Frank Billings; and Treasurer, Dr. H. N. Moyer.

The Army Medical Board, New York City, N. Y., is dissolved. S. O. 82, A. G. O., April 9, 1887.

APRIL 1 .. 1887

Capt. Jno. J. Kanc, Asst. Surgeon, resigned April 13, 1887. S.

O. S5, A. G. O., April 13, 1887. Capt. Chas. Richard, Asst. Surgeon, granted two months' leave

Ft. McIntosh, Texas, to Post of San Antonio, Texas. S. O. 45. Dept. Texas, April 11, 188

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY, DURING THE WEEK ENDING THE U. APRIL 16, 1887.

clads, City Point, Va., and waiting orders.

at City Point, Va., the 20th inst.

Journal of the American Medical Association.

EDITED FOR THE ASSOCIATION BY N. S. DAVIS.

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CHICAGO, APRIL 30, 1887.

No. 18.

ADDRESS

SOME NEW ASPECTS OF THE CHOLERA QUESTION SINCE THE DISCOVERY BY KOCH OF THE COMMA BACILLUS.

Delivered before the Medical Society of the District of Columbia, March 10, 1887.

BY E. O. SHAKESPEARE, M.D.,

OF THILADREPHIA

LATRIA U. S. CHOLERA COMMISSIONER.

followed him in various fields concerning this matter. of prevention, as absolutely necessary to be enforced. At the commencement of the invasion of Egypt, in The English Government was being most interwhen Koch undertook to discover this specific germ of the report of that Commission was flatly contra have an existence.

And, notwithstanding the fact that various microorganisms in past years had been found associated with cholera, because of the fact that Koch was the recognized leading bacteriologist of the world—with the exception perhaps of Pasteur—and because of the fact that in all of his announcements to the medical world of his previous discoveries he had universally, as I understood without exception, received a wide confirmation of the announcements which he had made. Therefore more than a usual I appreciate the honor of an opportunity of com- degree of expectancy was created by the mission of ing before your learned body this evening to say Koch to Egypt and India, with a view of undertaksomething, although in a desultory manner, about ing an investigation of the etiology of choiera. some of the new aspects of the cholera question When his announcements were made, in various since the discovery of the comma bacillus of Koch, bulletins to his Government, of the discovery of a particularly those aspects which have more forcibly peculiar organism in the dejecta of cholera patients, struck me in the study which 1 have had the oppor- with characters enabling one to distinguish it readily tunity to make of this question during my wander- from all other micro organisms; and when he anings in Europe and India, under the direction of the nounced at the same time that this micro organism President of the United States, for the purpose of was not to be found in any other disease, and thereinvestigating the cholera subject, with a view of fore constituted a reliable diagnostic sign indicative making a report to the President concerning my of Asiatic cholera, many medical men throughout the labors. The subject is so vast that, of course, it world were already predisposed to accept these anwould be utterly impossible to speak to any extent nouncements as at least worthy of serious investigaof all the features of cholera. In fact, I can only tion. The result of his discoveries confirmed the very briefly advert to some of the points which I conviction of those who believed in the existence of think worthy of bringing to your attention to night, a living contagium as the cause of cholera, regarded It is unnecessary before this Society to go much cholera as a contagious or communicable and a into the history of the investigations of Koch and transportable disease, and also thought that in order his associates of the German Commission, or into to prevent visitations of the rest of the world by the investigations of other Commissions which have cholera, some quarantine measures and other means

1883 by Asiatic cholera, it has been pretty well ested in the question of quarantine, and held—esagreed, as you know, by most of the medical world, pecially their representatives in India-that there is including the gentlemen, who, under the direction of nothing contagious about the disease, that it is no the Marine Hospital branch of this Government, more transmittible from place to place than malaria, made an investigation and a most valuable report of and that measures of quarantine, and other restricthe last cholera epidemic in this country-that of tions are not only useless, but unjustifiably harmful 1873—that the disease was in all probability due to to the conduct of trade between the East and the a specific action of a specific virus, which in all West. That Government was, therefore, naturally probability was of material form, which had a the first to send out another Commission to the scene natural habitat in some part of India, and was exotic of Koch's labors, for the purpose of reexamining his in the rest of the world. They regarded cholera as investigations. As you know, that Commission rea contagious or an infectious disease; that is trans-turned to London in due time, and published a remittible from man to man and, therefore, transporta- port in which not only the conclusions of the German ble from place to place in various ways. So that, Commission were contested, but almost every detail he did nothing more than endeavor to bring before dicted; at the same time the report of the British the eyes an object which already was believed to contained indirect statements-I should rather say contained statements which indirectly supported the

India, of the non-infectiousness of cholera dejecta. had been exposed to the air of my laboratory. Following this contradiction many others occurred. in due course, but is not necessary for me here, nor and plate cultures of the comma bacillus and of have I the time to relate them.

interested in the question of the etiology and the in the dejecta of cholera nostras, and the curved baprevention of cholera as any other by reason at least cillus found by Deneke in decomposed cheese are of its sixty millions of inhabitants (a number almost fairly shown both in the photography and the cameratwice as great as the inhabitants of any European leucida drawings. These appearances in the plate country outside of Russia), concluded that it would and tube cultures, as you see, enable one to easily be advisable to have the grounds of these differences distinguish between the various growths. of opinion investigated by one of their own representatives.

was almost ended there. It was, however, still ex the first report of the English Commission, with Dr. isting in the City of Palermo, and in some parts of E. Klein at its head. I would say at this point that Spain. I went to Palermo because that was the I regard this as the most important point of Koch's largest field of investigation at the time, and I re- investigations. In the discovery of a reliable and mained there until the epidemic ceased. From there an easily applicable distinctive means of diagnosis visited by cholera in 1884 and 1885, for the purpose Koch has conferred upon the human race an inestimaof examining into their hygienic condition, and of ble benefit for, with the proper application of this learning something of the history of the epidemic in means of diagnosis, health authorities and Governthem. I reached Spain when cholera was, no longer ments will now more than ever before have it in existing in that country-that is, acknowledged offici-their power to prevent an invasion of cholera, and ally as existing—except in the south, along the cut short the spread of an epidemic. The value of Straits of Gibraltar. I had ample opportunity to this discovery, as I have said before, I consider make bacteriological investigations concerning the incalculable. relation of the comma bacillus of Koch to Asiatic cholera, as well as the relation of other germs to that for his claim is two-fold—in the first place the dissame disease, as also opportunities to inform myself-covery of a reliable diagnostic sign, in the second concerning the grounds of difference between Koch place, the discovery of the active agent or cause of Asiand his opponents as regards matters of fact. These atic cholera—I think there is still reasonable ground opportunities also were somewhat extended by my for doubt. The fact that, so far as we know at presvisit to India. I had no difficulty whatever in con- ent, there are none of the domestic animals which firming the statements of Koch with regard to the are naturally susceptible to this disease makes it constant existence of the comma bacillus, in certain difficult to settle the question as to the pathogenic stages of Asiatic cholera in the dejecta of patients power of the comma bacillus by means of experisuffering from that disease; and in confirming also mentation upon animals. It is true, that a quasi his statements as to the distinctive characteristics cholera has been and can be readily produced in of the bacilli distinctions, which enable one to separate them readily from all other micro-organisms rats, by the inoculation of these animals with pure known up to the present time.

As you know, the comma bacillus of Koch is a curved organism, and you know also that other curved bacilli have been found in various localities and in various diseases. The statements of Dr. diarrheea and dysentery patients, in lencorrheeal discharges, in ordinary river water, in well water, in on that account it seems to me that the question of sewage water, and what not. I myself, before I had pathogenesis of cholera must for a time remain open. paid much attention to the bacteriological study of In the course of my remarks I shall have occasion the question of cholera, had met with them in the to say something about the results of the human inseen them in diarrhea, in leucorrheal discharges, Spain, with cultures of the comma bacillus.

assumption very widely entertained by high officers and also in river water. I found even a curved baof the British Government, and particularly those in cillus once in some broken-down beef broth which

The pecutiar characteristics of the gelatine tube some of the other curved bacilli, such as the Finkler The United States Government, being as much and Prior bacilli, which were found by these authors

I can only say that I agree entirely with Koch as to the diagnostic value of the comma bacillus, and I went to Europe in the fall of 1885, when cholera therefore disagree with the conclusions published in I went to Spain by way of the Italian and French of Asiatic cholera at the very first moment of in-Riviera, stopping at different places which had been vasion of a locality or a country, I consider that

But, as to the other part of the claim of Koch— Guinea-pigs, and according to some also in dogs and cultures of the comma bacillus of Koch; but there is lacking the complete chain of symptoms with which we are familiar in genuine Asiatic cholera in man. The vomiting is usually absent, and also the diarrhea; nevertheless, a cyanosis, or algidity, and Lewis, of England, were among the first announced sometimes the cramps, and the death of the animal against even the assumption of Koch for the diag with the well known characteristic intestinal connostic value of his comma bacillus. He found a tents are met with after the inoculations. I myself curved bacillus very much resembling, under the have performed numbers of these inoculations and microscope, the comma bacillus of Koch in the satisfied myself as to that point. But still there is a normal secretions of the human mouth. Curved question—at least in the minds of a great many—as to bacilli were also found in the intestinal contents of whether the symptoms following inoculations of these germs are really those of Asiatic cholera or not, and exudation of the lungs of pneumonia patients, had oculations which were extensively performed in

comma bacillus and various other curved organisms. tras, malignant malaria, and other diseases. cultures and tube cultures in flesh-peptone-gelatine. The periods of recurrence of cholera epidemics in be resorted to. Without this means it is utterly im-different parts of India range from three to four years possible for anyone, even Koch himself, to dis- as a rule, whilst the periods of recurrence of small-tinguish between these various curved bacilli The pox vary from five to six years. For the provinces great fault, as we consider it, in the investigations of outside of the endemic area, there is a very marked Calcutta where most of their observations were of India. made, as far as I know they did not resort to any entirely upon the microscopic examination of passed by without any general notice, and yet it in Agar-Agar. But Koch had already explained, and India, for instance, that instead of cholera advancevery one who has since that time practically worked ing down the course of the rivers it invariably travels in the matter, knows that there is no characteristic up them in certain countries. In the Eastern part of the colonies of the comma bacillus in Agar Agar of India in the epidemic years cholera travels up plate cultures which enables them to be safely dis- the Ganges toward the northwest, instead of moving tinguished from the other curved bacilli. So that the down stream. The movement of an epidemic down method of examination of these micro-organisms the Ganges to Bengal is unknown in the history of followed by the English Commission was virtually cholera in India; the only part of Hindostan where inadequate to distinguish between them and the it often goes down with the current is in western and others. They erred, to my mind, in assuming that southern India. every curved bacillus which they found in the inreally the comma bacilli of Koch. On their return further fact that where large percentages of the in-Mr. Watson-Cheyne.

published a communication, although not of the refugees; in other words, among the people who same official character as his official report to the have not become subjected and habituated to the British Government.

I will remark here, that I found in my visit to cholera, he admits now, as I understand, the mistake India, a very good explanation of some of the differ- which he had previously made in stating that in gelaences between the English and the German Com- tine plate and tube cultures the comma bacillus had missions as to the diagnostic value of the comma no characteristic which would enable it to be disbacillus. Koch distinctly states in all of his com-tinguished from ordinary germs of decomposition. munications (and every one who has had any experi- That statement he has withdrawn; and he has pracence in the investigation of this matter knows it to tically admitted the diagnostic value of the complete be true) that by means of morphology alone it is bacillus of Koch for the purpose of recognizing A 1absolutely impossible to distinguish between the atic cholera and distinguishing it from cholera nos-

As you will see by some of those photographs and I now drop the subject of bacteriology and come drawings which have been handed round, there is no to another point which had been more or less overgreat difference as to shape and the size between the looked in an extraordinary way up to the time of the comma bacillus of Koch and the bacillus of cholera present epidemic, although scattered observations nostras, or that of Finkler and Prior, and the appear here and there in the history of the subject cheese bacillus discovered by Deneke; and I may observations, I may say, however, made by the most say the same of the new curved bacillus of which I distinguished writers on the subject. I refer to cerspoke, or of those found in the normal mouth, in tain peculiarities which have been noticed in the river water and elsewhere. No man more positively course of cholera in individuals, in villages and in states this than Koch himself, even in his very first countries. James L. Bryden was the first to point communications about the matter. He most dis- out the periodicity of epidemics of cholera in India, tinctly stated that it is absolutely necessary for the but did not undertake to explain it except by the recognition of the comma bacillus, and the separa-influence of the monsoon. Subsequent investigators tion of it from other micro-organisms, that plate of cholera in India have also noted this periodicity. the English Commission in India, as refers to this periodicity and a very considerable similarity between matter, is that they did not seem to have fully ap- the rise and fall of cholera and of small-pox. Charts preciated the necessity of resorting to gelatine cul-showing the annual mortality from cholera in the tures for the purpose of distinguishing the micro- other provinces strikingly indicate the periodical organisms which they were examining; in fact, in character of epidemics of cholera in various sections

This periodicity has attracted the attention of sort of culture of these micro organisms, but relied many investigators, although the fact seems to have simple cover-glass preparations. After leaving Cal-seems to be closely connected with the explanation cutta, and on their way homeward stopping at Bom- of some of the important peculiarities of cholera in bay, it appears that they did resort to some cultures. India as well as elsewhere. It has been noted in

Another remarkable and hitherto unexplained fact testines of cholera patients or in other diseases, or in is that cholera dies out in the localities visited withtank water and other places, were to be regarded as out having smitten the whole population; and the to England, these faults were pointed out by one of habitants of a place invaded by cholera flee to a the most distinguished bacteriologists of that country, distance and subsequently return to their homes before the epidemic has entirely ceased, the ravages The head of the English Commission has recently of the epidemic continue mainly among the returned cholera influences which are still prevalent in the While Dr. Klein still adheres to his denial that the town to which they return is still more inexplicable. comma bacillus has any causal relation to Asiatic. Then again there is the strange fact that a recurrent

attack of cholera is an extremely rare thing. It is and caused them to admit an immunity following an indeed so rare that very few people whom I met attack of cholera, as you will notice when I cite some with in the countries where they severely suffered of the history of the opinions of authorities upon this from cholera, had ever seen a recurrent attack of it point. Among the early writers is Moreau de Jonnes in the same epidemic. Recurrent attacks in a second (1832) who said that: "If a few rare or doubtful epidemic are not extremely infrequent, but it appears cases are excepted, it (cholera) does not attack the to be quite as rare to observe a recurrent attack of same individual twice, although he finds himself uncholera during the same epidemic in a person who der the same condition as when he contracted the has recovered complete health after his first attack, disease." Dr. Samano, of Spain, in 1858, declared as to see such a thing in scarlet fever or measles, or that "genuine cases of relapses are few, and recur-I might say also, in small-pox.

researches of my friend, Dr. John L. Keating, of Phil-believed in the immunity which an attack of cholera adelphia, who is greatly interested in the diseases of confers. childhood, and who, at my request, kindly looked up. Many of the International Health Congresses dissome records regarding early recurrences of scarlet fe- cussed this matter, particularly that of Constantinover and other infectious diseases for use in my official ple in 1866. They distinctly admitted in their conreport. I regret that time does not permit me to clusions, adopted by a unanimous vote, that there is lay before you the valuable table which he has fur- a certain amount of immunity which is produced in nished, but I will read you a portion of his letter ac- a town by a visitation of cholera. Speaking of the companying it, as follows: "I may say that as a pernicious effects of crowding together of people, rule all the symotic diseases protect from recurrent they pointed out as an amelioration that an habituaattacks, or at least have a tendency to lessen the tion to the choleraic influence and the experiencing severity of these recurrences, the exceptions which of choleraic attacks counterbalance these bad effects; prove the rule occurring very frequently in each dis- and they said the same of crowds upon ships. The ease." "In my table I have not included the relapses next in order of time (1868) is Griesinger, who diswhich are most frequent in typhoid fever, but I have tinctly stated that next to good hygiene and pure only mentioned those attacks that have been followed water, an attack of cholera is the greatest protection by restoration to health, and in which after a shorter against the invasion. Colvin, (in 1879) although or longer period of time there has been a recurrence he distinctly expressed as his conviction that there of the disease; measles present these peculiarities is no such thing as immunity against an attack of oftener than any of the others, but it is by no means cholera, in the course of his book refers to facts uncommon in variola, scarlet fever and whooping cough." In his table, in the main relating to well authenticated early recurrence of scarlatina, many instances of recurrence in two or three weeks of attacks of scarlet fever and measles are recorded.

questions bearing upon the cholera in that country to another distinguished hygienist of France, after a the physicians of every village in that country which thorough discussion of the facts of the subject, most had suffered from cholera in 1885. Among those positively declare that there is an immunity following twenty-four questions was one which requested the an attack of cholera, more or less lasting, as there is physician to inform me whether he had any personal with the other infectious contagious diseases, and knowledge of a recurrent attack during the same epithey class cholera in the latter category. Dr. Proust demic; if so, to give me the details. Among the large ends his remarks on that subject thus: number of replies to the 2,500 letters which I thus addressed, I received only eight which related to recur- to questions of immunity and illuminate them from rent attacks. Six of those eight recorded, according to a side heretofore unknown. the details given in the letter, appear to have been relapses before the establishment of perfect health, ticular may deduce from it (immunity) new indicaafter imprudences in diet, and imprudences of other kinds, rather than recurrent attacks of cholera, and the number was thus reduced to two, which may have sion of a law which embraces the whole of another been genuine recurrences or have been attacks of special category of pestilential diseases due to a cholera morbus (or nostras).

The French Academy likewise addressed a series, or less lasting." of questions to the villages in France which had suffered from cholera in 1884, and one of the questions in their circular letter bore upon the same point. In recurrence was not made in their replies.

rences are still more rare," and Lebert, one of the In speaking of these questions I might refer to the, most distinguished investigators of his time, firmly

> which most positively support the assumption of an immunity, particularly in the history he gives of cholera in the Crimea during the war, and in the accounts of some military epidemics.

In later times, 1883, Dr. Proust, the distinguished When in Spain I addressed a series of twenty four hygienist of the University of Paris, as also Fauvel,

"Indeed the facts newly acquired by science relate

"The etiology and prophylaxsis of cholera in par-

"These facts moreover, appear to be the exprescontagium and leaving after them an immunity more

Griesinger, Wunderlich and Pettenkofer, in their "Cholera Regulation," most unequivocally affirmed the existence of an immunity of considerable duration the replies received an account of ten recurrences and force. And lastly, we come to Koch, who in the (or relapses) the distinction between relapse and discussions of the cholera question before the recent Berlin Cholera Conference, after relating the facts These are matters which have attracted the atten- upon which his conclusions were based, most position of some of the most distinguished observers, tively expressed his acceptance of an immunity, more

leave unsaid much of that which I intended to speak. the world.

I have spoken of the immunity which follows an attack of cholera. I believe immunity to be as cer- the Belgian, sent a Commission to Spain to investitain a sequel of cholera as it is of most of the other gate the grounds of Ferran's claim. Upon their arhis digestive apparatus in a miserable condition, per-sult, as you know, was that the official investigation of for weeks and even months, and yet that person, liv- Commissioners went back to their respective couning under the same conditions under which he took tries, much chagrined, and reported unfavorably Ferthe disease, passes through the epidemic free of a ran. Still, the medical profession and the public of same epidemic.

choleraic inoculations. The German Commission pects.) stopped with the announcement of their belief in the immunity which follows cholera, not dreaming of same reception as had the first, and undertook to enespecially from that which has recently experienced which were being so extensively practised by Dr. an epidemic of the disease. Ferran, as you know, Ferran. In the meantime, however, the Spanish Govnouncement of a preventive inoculation against to investigate the Ferran question, and those Com-

or less lasting, from an attack of cholera, and classi- was addressed to the municipality of Barcelona, and fied that disease among other zymotic diseases which some time after his return from Marseilles and was are followed by immunity. He affirmed that unless referred to the Royal Academy of Medicine, of Barthe immunity theory be accepted, there is no possi- celona, which is regarded in Spain as perhaps the ble way of explaining why it is that epidemics cease most distinguished medical body in that Kingdom, in a town without attacking the whole of the people for their judgment of the report. That medical who are living together under miserable conditions, body appointed a Commission to investigate the and why it is that recurrences are so extremely rare, grounds of Ferran's claim. The investigation ran and there is no other way of explaining satisfactorily through two or three months, comprising experi-the peculiarities of the course of cholera in India, ments by Ferran performed before them upon viz., the periodicity of the disease there, and the fact. Guinea pigs, the making of cultures, and the perthat it travels up rivers in the East instead of going formance also of human inoculations, to a certain down them. But I cannot occupy your time further extent, among the members of that Academy mainly. in the citation of distinguished investigators who up. The report of that Academy was confirmatory in to the present time have regarded cholera as among most respects of the announcement of Ferran, and those diseases which confer a more or less lasting it was this report upon the Ferran question which immunity after an attack, and I shall be obliged to first reached and excited the interest of the rest of

The French Government, among the first, as also zymotic diseases. Otherwise it is impossible to ex-rival in Spain they laid down a programme for Dr. plain why it is that a person in the early part of a Ferran, but he refused to follow it, suggesting, on the long epidemic suffers the disease and recovers, with other hand, one of his own for them to follow. The rehaps with chronic dyspepsia and chronic diarrhoea the Commissioners ended before it began, and the second attack, especially so in view of the fact, as is France were not quite satisfied with this report, and anwell known, that in a person who is not already pro-other Commission was sent, with Dr. Bronardel at its tected by a previous attack, digestive disturbances head associated with two other physicians, one of them are very sure to dangerously increase the predispo- a recently graduated medical student, who was sesition to an attack of cholera. And yet, as I have lected mainly on account of his knowledge of the pointed out, it is the rarest thing to meet with a Spanish language. (Neither Dr. Brouardel nor the second attack of cholera in the same person in the other Commissioners were able to speak Spanish, and none of them, by the way, were bacteriolo-This brings me to the question of the Ferran anti- gists, however distinguished they are in other res-

The second Commission met with pretty much the making any practical applications, notwithstanding force the same sort of programme which the first had their reference to the practical use of this immunity attempted to lay down for Ferran, and with no better which the Indian Government makes in their directresults. After breaking off negotiations with Ferran, tions for the government of the troops during epi- the second French Commission undertook to collect demics of cholera. I allude to the standing orders the statistics then existing (they were in Valencia in to select the nurses from the native population, and the summer) of the results of the human inoculations became notorious throughout the world from his an- ernment itself had appointed three Commissioners cholera. Previous to this announcement, I may missioners had reported that the inoculations were say, that Dr. Ferran was regarded in Spain as one of harmless, and that they were made with pure cultures the leading, if not the most prominent bacteriologist of the comma bacillus of Koch, thus exploding many in the country, he having been awarded a year or widely published statements to the contrary, and two before a gold medal by one of the medical insti- recommended that they be continued. The statistutions in Madrid, for researches relating to bacteri- ties collected for and presented to the Minister of ology. His reputation as a bacteriologist and as an Commerce of France by the second French Comearnest, reliable investigator was such, that when the mission, and the criticisms which have been made cholera broke out at Toulon, he was selected by the concerning them, are practically the only quasi-relia-Government of Barcelona as the head of an official ble data which the rest of the world had of the results Commission to go to Toulon for the purpose of in- of the inoculations in Spain. The objections raised vestigating the cholera, and reporting officially. His against the statistics obtained by Dr. Brouardel (such first communication on the subject of inoculation as they were, strongly in favor of the claims of Ferthey did not have any real official character, and re examine this whole matter for the purpose of getthat they were collected by the partisans of Ferran. ting at the real truth of the question as to whether The judgment of the world (myself among the there is or is not an immunity produced by the innumber) of course naturally was most uncompli-oculations of cultures of the comma bacillus of Koch. mentary to Dr. Ferran and to his anti-choleraic in-1 I referred a few moments ago to these inoculations, oculations. When I reached Spain, however, I being the only ones which were made with the found that by that time the official statistics had comma bacillus to any extent in the human subject. been collected, and that they had been collected not Ferran himself, and one or two other investigators, by the partisans of Ferran, but by the representa- as a basis for attempts at inoculation in man, claim tives of the Spanish Government, who from the to have produced immunity in the inoculated guinea-

had been collected and published some weeks and diagnosis of Asiatic cholera. months after the publication of the unofficial statisplace by the physicians of the villages where the in- already held your time too long. oculations occurred; in the second place, by the there seems to be no lack.

otherwise have, cannot now be subjected to the of the attacked of 41.80 per cent. Now these same charge which Brouardel made, very justly, figures are striking, as you see. I have drawn a against those which he obtained. They still lack diagram which represents, according to the analydetail in many respects, usually failing to indicate sis of these statistics, the relative protection of the the social position and the hygienic surroundings of people against attacks and death by cholera inthe persons attacked or inoculated. Such as they sured by ordinary hygienic measures, sanitary corare, however, they seem very strongly to support the dons, disinfection, and other measures in vogue claim of Ferran that there is an immunity against at the time, as compared with that of the inoculacholera, produced by the inoculations of the commations. A short line drawn on the diagram being the bacillus of Koch. The nature of these statistics is unit of protection of the inhabitants in the inocusuch, and their results so striking, notwithstanding lated villages against attack by cholera produced by their great faults, that it now seems to me imperathe hygienic and other measures, this long line repretive that Governments of Europe and of this country, sents the degree of protection which has followed

ran), were that they were not detailed enough; that and serious scientists throughout the world should

known history of the Ferran question in Spain, at pig. I may say just at this point, that I was very least, cannot be accused of being friends of Ferran. much surprised in India in an interview with D. D. The Provincial Governments are somewhat pe- Cunningham, the celebrated cholera authority there culiar in Spain in that these Governments change (known throughout the world for his investigations), with the changes of the Cabinet at Madrid; so that who told me most positively that he had produced the Provincial Governors always reflect the senti-such a condition in guinea-pigs which he had inocuments of their respective ministers at Madrid. It is lated hypodermatically with cultures of the comma no secret in Spain, but very well-known that the bacillus of a certain amount, that it was impossible to Ferran inoculations received no favor, and in fact, kill the same pigs with subsequent inoculations which active hostility from the Minister of the Interior at in fresh guinea pigs would prove certainly fatal. Madrid, and the same sentiments towards Ferran This is, perhaps, the most important confirmation personally, and towards his work, were reflected which the statement of Ferran concerning an imamong the political officials throughout the various munity produced in animals by means of inoculations provinces in Spain, wherein the inoculations were by the comma bacillus of Koch, has yet received. practised. The same also may be said with regard I mention this point for what value it may have. to the Governments of the municipalities; they were I refer to it also as an interesting matter, because it also subject to the political influences of the Prov- shows that Dr. Cunningham who, after the departure incial Governments, and therefore also to those of of Koch from India, set himself to work seriously to the Government at Madrid. The Spanish Govern-investigate the relations of the comma bacillus to ment ordered at the time of the appointment of the second Commission, that official and careful statis Koch's discovery since prosecuting those investigatics should be collected concerning the Ferran in-tions. From an opponent he has come to be a oculations, by the usual or by special officers for that strenuous advocate of the first part of the claim of purpose. In this manner provision was made for the German Commission; that is, that with the the collection of official statistics, which, by the way, comma bacillus we have found a reliable means of

Now I will say, after this short digression, a few tics obtained by the Brouardel Commission. The words about the result of the anti-choleraic inoculaofficial statistics are signed and attested in the first tions in Spain, and then will close, feeling that I have

The published official statistics comprise reports municipal judge; in the third place, often also by from twenty-two villages in Spain where the inoculathe president judge of the judicial district in which tions were performed, having among their inhabitants the village is located; in the fourth place, they are 30,491 inoculated, leaving 104,561 not inoculated. attested by the Curé of the parish; in the fifth place, Among the inoculated there were 387 attacks, or by the secretary of the municipality, and by the 12.69 per thousand, and 104 deaths, or 3.41 per mayor; and lastly, they are attested by the notary thousand, giving a mortality of the attacked of 26.87 public of the district. So that, of official formality, per cent.; whilst among the non-inoculated there were 8,406, or 80.28 per thousand, and 3,512 These official statistics, whatever value they may deaths, or 33.50 per thousand, giving a mortality

inoculation: that is, a degree of protection 6.06 times there has been an attack of cholera, and the followgreater than the degree of protection from attacks ing are some of the points which were brought out afforded by hygienic and other measures. This short by that investigation: In the 361 villages cholera line again being the unit which represents the pro- was introduced 211 times by persons already affected tection from death by cholera of the general inhab- or bearing the germs of the disease within them; itants afforded by hygienic and other measures, a eighteen times by clothing; fourteen times by sick longer line represents the amount of protection persons and soiled clothing. It was stated only once which, according to the statistics, seems to be af- that merchandise was the means of the introduction forded the inhabitants from death by cholera by the of the epidemic, and only fifteen times did they atinoculations: in this case it is 9 84 times greater than tribute the introduction of cholera to drinking water. the protection afforded by the usual measures of hygiene, disinfection, etc. This chart is based, I should hygienic condition of the people of Spain, and point state, solely upon the statistics furnished by one in- out the fact that it is almost impossible for people statistics are not full with regard to this point) that by the way, the portions which have always most the height of the protection comes after a reinocula- severely suffered from cholera epidemics—to have tion; that one inoculation only partially protects, water which is not contaminated either by their own while a second inoculation completes whatever de-sewage or by the sewage of villages immediately gree of protection there may be from the inoculation. above them in the course of the irrigation canals; for For instance, it is a rare thing to find a death re- these canals are used frequently not only as public corded among those reinoculated. Furthermore, I sewers, when they pass through the town, but they have not attempted to estimate the deaths among are used also as public lavatories, and as a supply of the inoculated who might have had the germs of chol- water for drinking and other domestic purposes. And

in two villages where the inoculations were performed. only fifteen villages did I find any reference to the In the village of Livia, where of a population of 9,- possibility of introducing cholera by means of the 460 there were 1,419 inoculated, leaving non-inocu- irrigation canals in the replies sent to my inquiries. lated 8,041, among the inoculated there were 40. One of the statements made by the foreign official attacks and 7 deaths; among the non-inoculated there. Commissions that went to Spain reflected very sewere 561 attacks, and 354 deaths. In the village of verely upon the knowledge of Dr. Ferran of the rudi-Benifayó there is a population of 3,615, and among mentary principles of histology, bacteriology and that number there were 2,723 inoculated, leaving 160 microscopy. I can only say that my personal exdead and 732 not inoculated; there were also 2,000, perience in Dr. Ferran's laboratory was entirely difreinoculated. A great number of inoculations (2,315) ferent from that. I have photographs of some of his were performed at this point in the course of the epi- preparations, and I venture to say that no handsomer demic, a day or two before this sudden fall in the photographs have been made with a microscope anyepidemic which you notice, and you will see that its where in the world, and no more handsomely stained course is suddenly brought to a termination.

the rise. The epidemic in Spain in this respect coincided with the course of epidemics the world over.

I do not regard these official statistics of the results it is his honest belief. of inoculation as by any means conclusive, yet I consider them sufficient not only to warrant, but to Society, for having so outrageously taxed your paimperatively demand that this question shall be thor-tience, and also for the disconnected manner in which oughly and scientifically investigated, a thing which I have had to bring some of these important points has not yet been done, notwithstanding the visit to to your notice; but it has been impossible for me to Valencia of numerous Commissions which have gone do otherwise, inasmuch as during my stay for the last there for the purpose of investigating the matter.

I am sorry that I have not time to speak of the Ferran himself claims (although the living in the irrigated districts of Spain—which are, era acting within them at the time of the inoculation. yet, in Spain and in Italy also, in studying the course I have diagrams representing the course of cholera of cholera, this matter is usually overlooked. In

preparations of the comma bacillus, and no more pure Now I have made an analysis of the official Gov-specimens of the comma bacillus in gelatine have I ernment statistics lately published by the Spanish seen in the laboratories of Berlin or of Paris than I Government of 361 villages in the province of Val- saw in Dr. Ferran's laboratory, modest though it was, encia, and in a few other provinces that were invaded in the city of Tortosa, where he lives. I may say by cholera, with a view of getting at the average that, although Dr. Ferran may be mistaken, and course of the epidemic of 1885 in Spain. There probably is, in some of his claims, especially with were 361 villages, with a population of 996,546 in- regard to the morphology of the comma bacillus, and habitants, the attacks by cholera being 88 per thous he may also be mistaken in his views about inoculaand of the inhabitants. The average duration of tion, my own personal experience with him, and what the epidemic in these 361 villages was forty-four I could learn from disinterested sources in Spain from days; this period was divided into a rise of fourteen all sides, leads me to believe that instead of being the days, a stationary period of eleven days, and a de-charlatan he has been represented, he is a gentleman, cline of nineteen days, the decline being longer than in the first place, and in the second place a well informed physician, an investigator, and a microscopist of no mean skill; and that whatever he may have I will end this Ferran matter by saying that, while stated about this matter of anti choleraic inoculation,

I must apologize to you, Mr. President, and to your three or four weeks in Washington I have been con-When in Spain I investigated 361 villages where stantly engaged in the completion of my official report, which I hope to be able to place in the hands during the miscarriage were very severe, and that the really not had the opportunity even to properly ar range in my mind what I should endeavor to say upon this subject.

ORIGINAL ARTICLES.

BY ANÆSTHESIA.

Read before the Medical Society of the District of Columbia, March 21, 1887.

BY SAMUEL C. BUSEY, M.D.,

OF WASHINGTON, D. C.

Nausea and vomiting at the beginning or during not give birth to a living child at term. the progress of labor is not uncommon. When occurring during the early period it usually ceases with special reference to this statement of the nurse, at the the evacuation of the stomach, or only recurs occa- same time expressing a great desire to have a child, sionally. In some cases the patient will vomit at and a willingness to incur any reasonable risk. I long intervals until the delivery is accomplished, was quite willing to assure her that the exostosis, Such vomiting is usually regarded by the laity as located as before described, would not obstruct dedemand immediate delivery.

instructive, in so far as it may attract attention to the normal. subject, and, possibly, suggest a method of treatment

not previously employed.

but because it will introduce the details of another rare conjugal rights, and that her desire to have a living complication which fortunately did not present the child was so great that she was willing to incur any children the exostoses are located in the neighbor- in the event that she should again become pregnant. hood of the ankle and wrist joints. They have not jury to the bone or joint involved.

constantly, from nausea and vomiting; that the pains, omy, might be considered the proper methods.

of his Excellency the President soon, and I have placenta was not delivered until the fourth day. For several weeks following she was confined to her bed with fever, and for three months afterwards she "had hæmorrhagesfrom the womb," so that she was greatly emaciated and reduced in health and strength. During her illness the nurse discovered an exostosis arising from the right ramus of the pubis, midway between the symphysis and inferior spinous process of the right ilium, nearly globular in form and measuring PERSISTENT VOMITING DURING LABOR RELIEVED one and a half inches vertically. The patient had been aware of the presence of this tumor from early childhood, but as it had not perceptibly increased in size, nor occasioned any discomfort, had supposed it was normal until informed by the nurse to the contrary. The nurse had also volunteered the information that, in consequence of its position, she could

In April, 1886, she consulted me, at my office, with beneficial, the popular belief being that "sick labors livery at term, but declined to express the opinion are easy labors." Obstetricians do not seem to have that she could give birth to a living child, at term, attached any special significance to the occurrence per vias naturales, unless I could have the opportuof such gastric disturbances during the first stage of nity of a careful examination of the pelvic cavity. labor; but when persistent during the second stage, To this both the wife and husband finally consented producing exhaustion and lessening the activity of and, by appointment, this exploration was made two uterine contractions, the safety of the patient may days afterwards, at their residence in this city. This examination disclosed the existence of a sharply The complication of labor with persistent vomit-pointed exostosis jutting obliquely upwards from the ing must be very rare, as I have not found a single inner surface of the ramus of the pubis immediately case reported in detail, after an extensive examina- below the external and larger tumor, measuring (aption of obstetric literature. Only a few authors proximately) three-fourths of an inch in length. The casually refer to the subject. The following case, upper border of its base seemed to be on the linear though probably not a unique observation, may prove ilio pectinea; otherwise the pelvis seemed to be

When informed of the existence of this exostosis the emphatic and definite statement was made, in the Previous History.—The previous history of this presence of her husband, that she was unwilling to patient is instructive and important, not only because continue, as she had done since her miscarriage, to it may offer an explanation of the persistent vomiting, deny to her husband the privileges and pleasures of obstacle to delivery anticipated. The mother of the danger, short of certain death. These declarations patient was the third child of an "old Englishman were followed by the inquiry if the bony tumors could and a young Irishwoman," and was the only one of be removed, and if such an operation would be more a large family of children afflicted with exostoses, or less dangerous to her than the birth of a living which were mostly located on the long bones in child? To this I replied that such an operation proximity to the joints. The patient is one of eight might be performed, but that I thought the chances children of this mother, all of whom inherited this of survival would be less than from some one of sevpeculiarity of the osseous system. In most of these eral obstetric procedures which might be expedient

Then followed the graver question: Could she been observed previous to the seventh or eighth year be delivered of a living child at full term? My of age, and have been believed to have followed in-reply was as follows: Premature delivery at the seventh, eighth, or eighth and a half month might, The patient had a miscarriage at three and a half under certain circumstances to be ascertained during months. November 21, 1885, while residing in one of the progress of pregnancy, be considered the wisest the Territories. Her statement is that she suffered procedure. If permitted to go to full term Cæsarean during the continuance of this pregnancy, almost section or one of its modifications, or gastro-elytrot-

a living child, but would be attended with consider-interruption, good. She thought the never had enable danger to her. That craniotomy might be less joyed such health as since her pregnancy began. hazardous to her than either of the other surgical procedures referred to, but the child would necessa rily be destroyed. She promptly and positively re. that she should be permitted to go to term. This jected craniotomy, and expressed a decided preference decision was accepted with marked pleasure. for one of the surgical methods because they seemed to her to offer better chances for a living child. I nated successfully at 3:30 A.M., February 9. I arrived then added that I believed, under certain favorable at 10 P.M., five hours after the hour named when circumstances, she might give birth to a living child labor commenced. The os was dilated sufficiently at full term per vias naturales. These were: a fe- to admit two fingers, and dilatable. The bag of male child, a small and flexible head, a vertex pre- waters was forming but not protruding. The head sentation either in L. O. A. or R. O. P. position, presented in L. O. A. position. The sutures were or, if the presentation and position were recognized easily distinguished. The head was small and flexiin time, the change of either the R. O. A. or L. O. ble. The pains were frequent and sharp, but inef-P. to one or the other of those positions of the ver- fective. Just at the moment of greatest intensity of tex, so that the head would descend with the side every pain violent retching and vomiting would set and not the face or occiput towards the exostosis. in, which ceased with shivering. The pains seemed If the presentation should be breech the chances to cease spontaneously with the onset of these com-

pleasure, and with exultation expressed her deter, from the beginning of the pains as I had witnessed mination to take the chances with the risks. We them. Her pulse and general condition were good, parted with the agreement that if she should become, except that during these attacks her pulse would rise pregnant I would receive notice as soon as she was rapidly, sometimes to 120, and then subside during entirely satisfied of the fact. To this I reluctantly, the interval to 80 or 90. There was also a frequently consented, for I would have preferred to have termi- recurring, irresistible desire to pass water. Her cournated my services with the expression of my opinion and been superseded by some colleague more anxious than I to witness the possibilities of the future.

Her womanly courage proved equal to her heroic enthusiasm. Late in July I received a note from her communicating the information that she was pregnant and requesting me to call. She dated her pregnancy from the 7th of May. I found her in perfect and robust health, full of enthusiasm, and equally determined as when we parted in April. The whole subject was again calmly and deliberately discussed. I left her with the injunction to give me immediate notice rying. The signs of exhaustion were shown in the of any symptom of ill-health, and especially of the first movements of the feetus. On September 8 1 was informed that the first sensation of motion of the fœtus had been felt the day before. My examination of the pelvis verified the condition ascertained in April. I could not discover any other obstacle to labor than the exostosis before described. The date head and condition of the cervix remained unchanged. of confinement was then fixed for February 7, 1887. I left her with the statement that I would not, if then, interfere in any manner before the completion of the seventh month, unless something unexpected should the beginning of the vomiting and subsidence of the occur. At this visit, as at every visit made by ap- uterine contractions, and their correspondence with pointment during her pregnancy, she had a severe the moment when the pain or contraction had reached rigor with marked trembling. Similar attacks were its maximum intensity. If this observation were cornot infrequent, and were attributed by the patient to rect, and the method adopted correctly measured the "nervousness." They were always relieved by a po-duration and degree of the uterine contractions, no tation of whiskey without any subsequent ill effects. progress in the labor could be expected during the These tremblings, usually lasting a half hour, were so continuance of the conditions which produced the general and tumultuous that an examination could inertia. Three methods of relief were considered: not be conducted until they had subsided.

convinced the feetus was small, probably a female with began the administration of the A. C. E. mixture.

Either of these operations might secure the birth of a small head. Her health had continued, without

January 2, 1887, Dr. J. Taber Johnson made a careful examination. We concurred in the decision

Labor began at 5 P M. on February 8, and termiwould be less, but not necessarily fatal to the child. plications. The patient and nurse agreed in the She accepted these possibilities with the greatest statement that the gastric disturbances had continued age was unabated, and her cheerfulness and enthusiasm were unimpaired. The bowels and bladder had been freely evacuated before my arrival. The shiverings were arrested by the usual potation of whiskey, which the nurse had refused to allow without my consent. The vomiting not only continued, but manifestly increased in duration and violence, notwithstanding my efforts to arrest it with pellets of ice, alkalies, and hot water. The matter vomited was fluid, very slightly streaked with mucus. The intervals of relief grew shorter and the pains more acutely teasing and wormore continuous frequency and feebleness of the pulse, varying from 110 to 124, increasing restlessness and anxiety, with a facial expression of suffering and tire, and constant appeals for assistance. From the time of my arrival until midnight there was no appreciable progress in the labor. The relations of the

With the end of my index finger against the most dependent portion of the bag of waters during a pain, I frequently recognized the simultaneousness of rupture of the amniotic sac, a rectal injection of After a careful examination in December, during chloral hydrate, and anæsthesia. I determined to try the early days of the eighth month, I concluded to the last first and, in the event of failure, each of the defer the induction of premature labor, because I was others in retrograde succession. At 11:50 P.M. I

the head had escaped. The vomiting did not return.

At 1:30 A.M. I ruptured the amniotic sac, and delivery was completed at 3:30 A.M., February 9. The sac was ruptured because its persistence retarded the labor. After the cessation of the stomachal complication nothing worthy of special notice occurred. During the progress of the descent of the head I examined the relation of the head to the exostosis several times. It did not present any obstacle to delivery. There was not upon any part of the child any mark of its impingement. The child, a female, weighed 712 pounds. Her convalescence was satisfactory, except unusual thirst and hunger during the first day, and delay of milk until the sixth.

The patient was a healthy, robust young woman, bright, intelligent and cheerful, and possessing more than ordinary will-power, self-control and conrage. was, from the beginning to the termination of pregnancy, under continuous and very severe mental strain. At times, when disturbed by some perturbating circumstance, such as a visit by appointment from me, the dominating influence of her will would lose its controlling power, hence the rigors and shiverings. These, as well as the persistent vomiting, must be regarded as nervous, perhaps hysterical phenomena. The condition of her health during the period of pregnancy excluded uraemia and every disorder of the chylo poietic viscera which could have borne any etiological relation to the hyper-emesis. Mental strain with loss of will-power culminated with the onset of labor. The knowledge of the fact that with the beginning of the pains the travail had commenced, to which for nine consecutive months her highest and noblest aspirations, as well as the gravest forebodings, had pointed as the most momentous act in her life, was quite sufficient, even in one so courageous and self-poised, to produce some serious neurotic complication.

The causal relation of the mental condition to the persistent vomiting is affirmed by the fact that obliteration of consciousness, pain and cerebration by narcosis, arrested the stomachal disorder, which recurred upon the restoration of these faculties, but again ceased, not to return during anaesthesia, notwithstanding the contractions of the womb continuously increased in intensity and duration during the same time. The coincidence between the uterine contractions and the vomitings does, however, seem to establish the relation of cause and effect. Sick labors are usually associated with rapid dilatation of the cervix. In this case the os had dilated to two fingers' width (about the size of a silver haif dollar) at the expiration of the seventh hour of continuous labor, and dilated much more rapidly after the arrest of the vomiting.

Vesical tenesmus is constantly found in connection

The vomiting ceased; the pulse improved in force a dilatable os, and ceased with the vomiting during and volume, and slowed, and the pains became more narcosis. The slowed dilatation was undoubtedly direct and distinctly intermitting. After continuing due to the arrest of uterme contraction by the simulthe anaesthesia for three-quarters of an hour it was taneous attacks of nausea and vomiting. With a suspended. The vomiting recurred. The anæs- dilatable os there was no protrusion of the amniotic thetic was resumed and not again withdrawn until sac, and the amount of liquor amnii was small, so that intra uterine pressure could not be considered a factor unless, perhaps, the small quantity of amniotic fluid permitted closer contact of the uterus with the irregularities of the feetal ovoid. During the first pregnancy the patient had suffered continuously from nausea and vomiting, but during the second she had been entirely free from any digestive disorder. Thus, while I would not deny the reflex relation between the contractions of the uterus and the stomachal complication, the history of the case, and rather singular array of phenomena occurring during labor, together with the relief obtained by semi narcosis, compel me to reject it as the sole or chief element of causation of the persistent vomiting.

This case is another striking illustration of the value of anæsthesia in labor. The contractions of the uterus were concentrated and increased in power. Nevertheless, as admitted since her confinement, she Usually I do not commence the administration of the anæsthetic before the beginning of the second stage, but I have quite frequently witnessed a similar result when, in consequence of some perturbation, the nterine contractions seem to be ill defined, diffused, and as it were wasted. In very many cases at æthesia expedites labor, in a few it retards it, and in very rare instances it is not well borne, and has to be withdrawn. During the past two years I have most frequently employed the A. C. E. mixture with satisfactory results. It seems to be equally effective in lessening suffering, with less narcosis.

AN UNUSUAL CASE OF LACHRYMAL STRICTURE.

BY H. D. THOMASON, M.D.,

OF ALBION, MICH.

S. C., male, aged 15 years, presented himself at my office two months ago, suffering from, and presenting all the characteristic symptoms of, stricture of the lachrymal duct. There was also a fistulous opening situated below the junction of the canal and duct, making an ugly sore, and discharging tears and pus. This stricture was of several years' standing, and had been annoying, but the fistula was recent, and it was for this that his parents brought him for treatment.

His history was not encouraging—there were strong reasons to suspect hereditary specific taint. He presented an anæmic appearance, had been afflicted with partial hemiplegia since babybood, at d for years had been the victim of severe chronic pharyngeal and nasal inflammation, accompanied with ulceration of the turbinated bones.

I placed him on anti-specific and tonic treatment, and by means of douches and sprays, nasal, postnasal and pharyngeal, endeavored to modify the difficulty. By means of Anel's syringe efforts were made to pass a stream through the fistulous opening and with a rigid os, but in this case it was persistent with the lower punctum into and through the duct, but unsuccessfully. The fistula, however, healed, but an has neither smut nor smell. While of its efficiency absolute stricture remained. With a set of Bow- I can only say after sixteen years use that I am satman's probes, I decided to dilate the stricture. The isfied: I ask nothing better. I first called attention to patient was of such a nervous temperament that this neat, choice dressing in an article entitled "Fifty nothing could be accomplished unless under an an- Fractures in Mining Surgery," which appeared in the aesthetic, which was always employed when the probes Medical and Surgical Reporter for September, 1878. were used. The lachrymal canal was thoroughly laid. The method of application is simply to keep the open to its junction with the duct, and a No. 1 probe wound covered with the powder. Wounds thus inserted. This was arrested at a point a little below treated heal on the average in about one-third of the the junction, but by gentle perseverance this point time required for similar ones treated by liquid, oily of resistance was passed. Other slight obstructions or salve dressings. In converting compound fractures were overcome, until, when estimated to be within into simple fractures by this method, the flesh wound one-twelfth of an inch of the final termination, an is often healed in one-twelfth of the time required to obstinate obstruction was encountered, which con-theal it by wet dressings or salves that are frequently veyed the impression it was an obstruction of bone, removed and re applied. Illustrations are unnecesand which successfully resisted the further passage of sary if I have clearly defined the classes of wounds the instrument. A No. 2 probe was easily passed to in which this dressing is applicable. Although hunthis point and then arrested. A few days later, again dreds of cases thus treated could be adduced that placing the patient under an anaesthetic, beginning would prove interesting reading, I will describe the with a No. 2 probe, Nos. 3 and 4 were successively last case only in which this dressing was employed: passed to and arrested at this same point.

No. 8, and being unable to get beyond this obstruction my office. There was a semi-circular scalp wound tion, an instrument was ordered and made by Chas. six inches in length over left parietal bone, and a Truax & Co., of Chicago, of the form and diameter fragment of this bone almost the size of a silver of a No. 8 Bowman probe, but armed with a steel quarter dollar, stuck up trap-door fashion. The flaps drill at the distal extremity. A regular No. 8 probe had shrunk wide apart and were swollen and angry, was passed to the obstruction and withdrawn, in as the injury had occurred twenty hours previously. order to open as well as could be the tract, and the The whole wound looked bad, being full of hair, dirt, armed probe entered. There was a little difficulty serous effusion, chips, leaves and brush-wood. The experienced in passing it, owing to the disposition of patient was very feeble, but conscious. A dose of the sharpened edges of the drill to catch in the mem- whisky and hot water was administered and the brane, but patience and perseverance overcame this, wound douched for one hour with warm carbolized and the obstruction reached, several rotary motions water. When the bony fragment had been gently of the drill were made, and there was no difficulty in depressed almost to normal position, (I could not detecting when the bone was perforated. The drill succeed in reducing it to the normal level) the scalpwas withdrawn, a No. 8 probe passed the entire wound was sutured with horse hair. Tannic acid length without difficulty. The patient experiences was then applied, and directions given that it be great relief, and is in a large measure free from dusted on freely every few hours, more especially if the troublesome symptoms attending a lachrymal moisture should appear over any part of the wound.

Albion, Mich., April 16, 1847.

BY T. J. HUTTON, M.D.,

OF FERGUS FALLS, MINNESOTA.

Tannic acid forms an excellent dressing in three classes of wounds, viz.:

1. Incised wounds-applied after the sutures are inserted, or adhesive plaster is on—if the wound does not require stitching.

2. Small wounds of irregular form and recent occurrence.

3. Wounds of moderate size in compound factures. Wherever applicable it excels all other dressings in the following respects:

- r. Convenience.
- 2. Cheapness.
- 3. Cleanliness.
- 4. Efficiency.

It is always ready. It costs but a trifle. It requires no greasy mixing, measuring or muddling and

F. J., aged 16, German, on January 26, 1887, was Then, after passing all the set of probes, including struck by a falling tree. Next day he was brought A laxative was administered, also small doses of aconite and bromide of potassium.

The flesh wound healed by first intention. No fever ensued; the pulse never exceeded 92. The A NOTE ON TANNIC ACID AS A SURGICAL DRESSING. Patient went home on the 31st-the fourth day of treatment, and two weeks later his father reported that he was "all right."

April 9, 1887.

MEDICAL PROGRESS.

Influence of Altitude on Phthisis.—Sur-GEON MAJOR NATHANIEL ALCOCK says: The explanations hitherto offered of the action of altitude upon phthisis amount to three: greater expansion of the chest from aerial rarefaction; absence of bacterial organisms from the air and general tonic effect.1 Were the first of these effective, some improvement would be expected to follow the use of gymnastics at lower levels; of the second it may be said that every consumptive carries his own microbes with

The Lancet, Jan 8, 1887.

to which it is due.

of splenic fever, has shown that "splenic fever can or 107° are communicated to their constituent never be taken by fowls; in vain are they inoculated molecules, disorganization follows. Hence, it is inwith a considerable quantity of splenic blood." "Now, the temperature of birds being between 106° and 108°, may it not be," said Pasteur, "that the tion of 6000 ft., such alteration of molecular motion fowls are protected from the disease because their will take place in the blood as to be incompatible blood is too warm? A hen was taken, and, after inoculating it with splenic fever blood, it was cooled of the tubercular microbe; in fact, the patient will down to 100°. At the end of twenty-four hours the hen was dead. Again, a hen was inoculated, subjected like the first to cooling, and when the fever is the vista with regard to the epidemic levels of was at its height it was wrapped in cotton-wool and yellow fever, malaria, cholera, etc., which it must placed in an oven at 95°. In a few hours it was open up, and strange the possibilities which might fully restored to health. Hens killed after having result from the artificial production of the required been thus saved no longer showed the slightest trace; of splenic organisms." Thus it is proved that the microbe of one of the most virulent diseases reaches its condition of highest life and greatest reproduction in blood at a temperature of about 100°, but that in the same blood at 107° it ceases to exist. Presumably, then, if the subjects of some forms of bacterial infection could survive a proportionate elevation of temperature, they too would overcome the poison.

The question here arises, Are there any conditions in which the blood of a living man can be made to assume the molecular action equivalent to a temperature of 105° while the animal heat remains at 98°? Clearly such is quite possible by diminishing atmospheric pressure while the temperature remains fixed. We know that it would be quite impossible to boil water at the sea level with 199° of heat, but if the water be removed to St. Gothard, 6808 ft. high, boiling will at once take place. Professor Thomson, in his opening address at the British Association, said: "It is scarcely possible to help anticipating in idea the arrival at a complete theory of matter, in which all its properties will be seen to be merely attributes of motion." It is already accepted that the only difference between the liquid and gaseous states is that of a molecular motion. Consequently, if 199° of heat can make water boil at St. Gothard, it is apparent that this temperature can there produce an amount of molecular motion which not less than 212 could excite at the sea level. Further, as 199° is to 212 so is 98.4 to 104.8°; therefore the rate of molecular motion to which a temperature of 98.4° would give rise at St. Gothard could only be attained at the sea level as the result of a temperature of 10.4.8°.

Professor Clifford has shown that "the energy of the single particles is always proportional to the temperature of the gas," provided the pressure re

him; and the third is too vague to need discussion. atoms, if a man whose temperature at the sea level It may therefore be assumed that no satisfactory is 98.4° be removed to St. Gothard, it is evident explanation has as yet been suggested. The specific that both the gaseous and liquid molecules in his organism of tubercle has an established identity; blood must attain a rate of motion corresponding to consequently the disease must be ranked among the what would have been produced at sea level by a special infections and its aggravation or arrest must temperature of 104.8°. But the experiment of depend upon the fertility or sterility of the microbe. Pasteur has demonstrated that the optimum temperature of certain infecting organisms is about 100°, Pasteur, in his splendid researches on the poison and that when the vibration rates equivalent to 106° telligible that, if a consumptive patient whose temperature at sea level is 98.4° be raised to an elevawith the healthy existence and effective reproduction be placed in the position of the bird to the splenic fever poison. If this reasoning be sound, wide result from the artificial production of the required conditions.—Lancet, March 19, 1887.

> TREATMENT OF BOILS BY INJECTIONS OF CARBOLIC ACID.—Dr. BIDDER, of Paris, has described a method of treating furuncles by parenchymatous injections af carbolic acid. If the boil is a small one, he gives one injection of a few drops of a solution of carbolic acid (2 per cent.); if it is of median size, two injections are given, the half or the whole of a Pravazsyringeful of the solution being used on each occasion. In the case of large furuncles, for example, half the size of a man's hand, Dr. Bidder injects at four different spots the contents of four Pravaz syringes half or wholly filled with a solution of 2 per cent. of carbolic acid. These injections are given only once. This treatment is strikingly successful. There is some smarting at the seat of injection at first, but the pain soon disappears, and the next day there is a marked improvement in the patient's condition. The inflammatory swelling subsides very quickly, and in eight or ten days even the largest furnicle is dispersed. By this plan no unsightly scars are left, a circumstance, which in many cases is of considerable importance. The success of the treatment is probably to be accounted for by the fact that either the microbes which cause the disease are killed, or the medium in which they thourish is destroyed-British Medical Journal. [This treatment has been in use in America for almost ten

Hypnone.—Von Schüder writes of fourteen patients treated by hypnone, in whom favorable results followed. A dose of from 2 to 4 drops was sufficient to produce sleep of several hours' duration; the effect was especially happy among the phthisical. No ill effects were observed. In one case only, after 6 drops had been given, the patient awoke from a long sleep with headache and slight vomiting. The effect dependent upon the dose and individual peculiarities mains unaltered. Consequently, since the condition was manifested after from one half to one and oneof every organism is but the aggregate of its ultimate half hours.—Der Pharmaceut, Feb. 1, 1887.

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THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters, that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editored work should be addressed to the Editor.

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THE IRRADIATION OF MOTOR IMPULSES.

If a man perform work with the muscles of, for example, his right hand exclusively, and to the point of fatigue, can he thereafter perform as much work of the same nature, with the left hand as he could if the right hand had not been previously exercised? Such is the question discussed by Dr. N. A. RAN-DOLPH before the College of Physicians of Philadelphia on March 2. The question does not relate to a comparison of the work of the two hands, but to an examination of the work which may be done by one hand as conditioned by the previous exercise or non-exercise of its fellow; and it is clear that the answer to question depends solely on intracranial when its work was initial." As a rule, more work processes, and that the answer would throw light on was accomplished by the simultaneous exercise of the the functional independence or interdependence of two forefingers than by their successive exercise. the two halves of the brain. And to answer the In such simultaneous exercise of both hands, apquestion two conditions are prerequisite: the subject parently from some unconscious effort at rhythm, it of experiment must be ignorant of the object of the was seen that the movements of the left forefinger investigation, as otherwise he will be unconsciously were generally more active and rapid than when a partisan of one hand, and there must also be a used alone. This is in accordance with experience strong inducement for him to exercise his volition to the utmost.

some of the more vigorous and intelligent convicts will be remembered that they have shown that the in the Eastern Penitentiary, the stimulus being a knee-jerk is reinforced by any voluntary movement money prize to the one who performed the most work in any part of the body, and that this reinforcement in a given time. In the first series of experiments is apparently due to such an irradiation of motor imrubber-bulb syringes, identical in all their measure- pulses from the active centres to other similar cenments, were used, the work performed being esti- tres, as placed them and their related muscles in a mated by the amount of water which the men could condition of heightened responsiveness to external was that either hand could do more work when its duce a sympathetic fatigue in other centres. These

exercise preceded than when it followed the similar exercise of its fellow. "It was found, however, that the muscular effort could not be entirely restricted to one side of the body in this method, as great fatigue was always accompanied by a grimacing and writhing which implicated the muscles of both sides of the face and trunk." In the next experiments a Morse telegraph instrument was used, the muscular movements being restricted to an up and down motion of one finger of each hand, the number of such movements in a given time being recorded on the telegraph slip as dots or dashes, in accordance with the rapidity of contraction and relaxation of the flexors of the fingers. The results of these experiments were uniformly confirmatory of those in the first experiment; but the method caused such eye-strain in counting that it was abandoned. A clock-work instrument was then made, so that the records could be made on a dial and easily noted. Six subjects were used, and to each was given fifteen minutes in which to make his record with, for example the right fore finger, after which the left fore-finger was similarly exercised. The same process was repeated on the following day, but beginning with the finger of the hand used second on the previous day.

These results were also practically uniform. "The man who for fifteen minutes tlexed and relaxed his right forefinger with the greatest speed possible to him would, on the following day, accomplish on an average, nearly 10 per cent. less work with that finger when its exercise was consecutive to a similar exercise of the forefinger of the opposite side, than of many pianists. It will be seen that these facts are closely related to the observations of Weir Mitchell Suitable subjects were found in the persons of and Morris Lewis in regard to the knee-jerk. It transfer from one vessel to another in a given stimuli. Dr. Randolph's experiments seem to contime. The uniform result of some forty observations firm this, and show that fatigue of one centre may in-

observations further suggest that the centres for volition, attention and coordination are not, as regards their functional activity, bilaterally symmetrical and independent; that is to say, "these functions have not attained complete differentiation into right and left will, attention, or coordination; that, probably, the first effect of the voluntary activity of a portion of one cortical motor area is a stimulation of the corresponding portion of the other hemisphere—a stimulation that may result in its slightly premature fatigue; that apparently more work can be effected through the voluntary simultaneous exercise of two such portions of the motor apparatus than by their independent exercise one after the other."

Can we explain Dr. Randolph's facts by saying that the overflow of energy on to symmetrically related centres, or on to others, is competent to weaken them without being strong enough to cause motion? Dr. Weir Mitchell inclines toward the use of the overflow theory to explain the lowered capacity for work by one hand after exhaustion of the other. It will explain why in consentaneous use of ciple of counter-irritation, that there is a certain two symmetrical parts more work is done than when they follow one the other. The overflow would be by means of counter-irritation the nerve force is in this case valuable, and not damaging or wasteful. drawn to a distant point, it is removed from the in-He referred to the fact, which he and Dr. Lewis have flamed part, we may agree with Dr. H. C. Wood established, that "When we use the maximum power that, while modern science does not recognize the of one hand on a dynamometer, the coinstantaneous truth of this theory, it looks as though there is a ceruse of the other hand adds nothing to the result; tain amount of truth in it. "Every one who has and this form of experiment has been commonly worked in a gymnasium will recall the fact that he used as a test of the reinforcing capacity of the op- cannot use the two hands simultaneously with the posite member. If, however, using two fingers, or same force as he can when the two hands are used the grip of the thigh adductors, on the bulb of a separately. This shows some relation between the mercural dynamometer until great exhaustion oc- nerve centres which we have not as yet got at." It curs, and we then make a new effort at the moment would seem that when we use our muscles vigorously, of violent use of another member, the mercury leaps two kinds of fatigue are produced; a local fatigue quite to the level attained during the first effort by and a general fatigue. If a man uses the right arm unfatigued muscles. It does not seem easy to ex- vigorously, he not only fatigues the right arm, but plain this fact, except by assuming that the over- also the whole body. Dr. Wood believes that if flow of energy usually wasted is in this case made these investigations are continued, it will be found efficient."

lar and ganglionic tone. When we strike the patel- ous use of the other arm. As suggested by Dr. lar tendon, a sudden, distant, voluntary act adds Mitchell, "the relation between muscular exertion and reinforcement. What happens to the muscle or gan-mental exercise should be studied. glion so influenced? Is it made more sensitive to by personal experience that when mentally fatigued impressions, or is there with this a slight flow upon it he is incapable of performing the usual amount of of motor energy? And if so, can we measure the physical labor. This is probably independent of any effect, and thus influence what we conceive of as question of overflow, and goes back to the higher muscular tone? Dr. Mitchell has been engaged in cerebral centres and their relation." As suggested discovering if these reinforcements do cause motion by Dr. Mills, it is a well-known clinical fact that -i.e., a slight preparatory muscular contraction an old hemiplegic, if examined carefully, will be making the subsequent volition, or other excitatory found to have not only the decided loss of power and

activity, more potent in its results. He has been able, so far, to prove that in some spastic cases distant muscular effort, such as a grimace, really causes distinct and measurable movement in the extensors of the thigh and presumably elsewhere. But it is not yet clear whether in normal man remote motion is thus capable of causing slight shortening of all other muscles. We often speak, says Dr. Mitchell, of nerve power as if there were a common stock from which are drawn the supplies needed by every active organ, and reason that it is unwise to try to carry on at once two functions which exact large expenditures—as digestion and intense thought, or digestion and exercise. Practically the difficulty may be one chiefly of blood supply. This is illustrated in the not rare fact that some feeble people cannot digest except when at rest. These facts suggest the idea that perhaps Dr. Randolph's cases would lose 10 per cent. of mechanical capacity after a period of exhausting mental labor or during digestion.

In regard to the old theory for explaining the prinamount of nerve force in the system, and that when that after prolonged use of the leg, there will be loss This experiment brings up the question of muscu- of power in the arm, perhaps as great as after previaccompanying conditions resulting from the lesion is given for each year from 1868 to 1886 inclusive, on the opposite side of the brain, but also a certain and varies from 47.7 cents to 72.6 cent. The perdiminution of strength in the limbs of the other side; centage of deaths to the whole number of patients a condition which is not entirely due to the general was 612, that of typhoid fever alone nearly 17, and loss of physical power present. The phenomena that of pneumonia 45 per cent.; while in another exhibited in certain cases of unilateral spasm seem hospital the ratio of deaths from typhoid fever is also to be related to this subject.

not only of great interest in connection with pure als of different cities would enable us to explain these physiology, but also in connection with psycho-important differences, and deduce practical lessons physiology, or physiological psychology, which is of much value. now receiving more and more attention, and on which Prof. Ladd, of Yale, has recently written a most valuable book.

ANNUAL REPORTS OF PUBLIC HOSPITALS.

The twenty-sixth annual report of the Cincinnati Hospital, which has just been laid on our table, reminds us of the many and great advantages that would result, if all public hospitals for the sick and injured were required to make full annual reports, for which the one before us would afford an excellent pattern. It is a neatly printed pamphlet of only 78 pages, yet contains a concise description of the hospital buildings; full list of the officers, medical staff, resident physicians and nurses; complete financial statement of all receipts and expenditures, including every item of quantity and cost; the number of admissions and discharges, medical, surgical, obstetrical and gynæcological, with the particular disease or accident affecting each patient, and the results of the treatment; and also the total number treated during the year, the average time in the hospital, the total cost and the average cost per day per patient. If every public hospital containing fifty or more beds would publish annually a complete official report on the model given us in the twenty-sixth annual report of the Cincinnati Hospital, we would soon have the materials and data for solving many important problems, both economical and medical much more satisfactorily than at present. Enough can be gleaned from the few, and often important, reports of hospitals now furnished to the public, to show great differences in the expenses per patient in different hospitals, even when located in the same city, and apparently receiving the same class of patients; and almost as much disparity in the results of treatment, both in the general aggregate and in relation to particular diseases. Thus in one hospital the total cost per day for each patient is given at about \$1.20 and in another at only \$0.67 $\frac{7}{10}$. In the report of the Cincinnati Hospital the net cost per patient per day

only 5 per cent, and from pneumonia less than 15. Experiments such as those of Dr. Randolph are A series of official reports from the public hospit-

AMERICAN PUBLIC HEALTH ASSOCIATION.

The preliminary circular announces that the next annual meeting of this important organization will be held in Memphis, Tenn., November 8, 9, 10, 11, 1887. The Executive Committee have selected the following topics for special consideration at the meeting: a. The Pollution of Water Supplies; b. The disposal of Refuse Matter of Cities; c. The disposal of Refuse Matter of Villages, Summer Resorts and Isolated Tenements; d. Animal Diseases Dangerous to Man. No more interesting or important topics could be selected for the thorough study of the Sanitarians of this country at the present time. All papers intended for this meeting should be plainly written or printed, and be in the hands of the Secretary at least twenty days before the date of the annual meeting. Notwithstanding the enumeration of the topics mentioned, it is understood that papers of merit on other subjects will not be excluded. George M. Sternberg, U. S. A., Baltimore, is President, and Irving A. Watson, Concord. N. H., Secretary.

AMERICAN SURGICAL ASSOCIATION. — The next annual meeting of this organization is to be held in Washington, D. C., commencing May 11, 1887, and is expected to continue three days. The preliminary programme contains a list of many papers, furnishing interesting topics for discussion. Hunter McGuire, M.D., Richmond, Va, is President, and J. R. Weist, M.D., Richmond, Ind., Secretary.

STATE MEDICAL SOCIETY OF WISCONSIN.—The next annual meeting of this Society is to be held at Oshkosh, commencing on Tuesday, May 3, at 8 o'clock r. m. Reports of such a number of Standing and Special Committees are expected as to make a full amount of interesting and profitable work for the meeting.

SOCIETY PROCEEDINGS.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Stated Meeting, March 2, 1887.

THE PRESIDENT, Jos. TABER JOHNSON, M.D., IN THE CHAIR.

Dr. S. C. Busey read a paper entitled

PERSISTENT VOMITING DURING LABOR RELIEVED BY ANASTHESIA.

(See page 484.)

reported by Dr. Busey and would confirm his state- determined to put the patient under the effects of ments. He suggested that in addition to the subject the "A.C. E." mixture. Six or eight inhalations, for discussion mentioned in the paper, the subjects—during pains, reduced her to partial unconsciousness. "Exostosis as a Complication of Labor," and "Anæsthesia in Labor" be discussed.

tended a case of labor in which the use of anaesthetics sive. The os was found to have lost its rigidity and had not only proved efficacious in relieving very distorbe rapidily dilating, and in a half hour the child tressing nausea and vomiting but also promoted a was born. Contraction of the uterus promptly folspeedy delivery. He was called in January last to lowed with expulsion of the placenta without hæmsee Mrs. C-in her second confinement. Arriving orrhage. between 10 and 11 o'clock P. M., he found the os dilated to the extent of a silver dollar, and dilatable; paper, that nausea and vomiting were regarded by the bag of waters protruding; the vagina relaxed and many as favorable to the progress of labor, Dr. M. the pains recurring at short intervals but not expul- stated that this might be true if the vomiting resulted sive. Up to this time nausea and vomiting were from reflex action due to a rapid dilatation of the not present, and from the favorable state of the pa- os, but that in those eases this condition should tient he anticipated a speedy delivery. She soon be regarded as the effect not the cause. In other began to complain of sick stomach, which became cases where the nausea, vomiting, pyrosis, etc., redistressing, with frequent retchings and diminished sulted from great irritability of the stomach, caused frequency of pains.

and water. The pains were diminishing in strength, tient and doctor would be relieved. were not all expulsive. Between 2 and 3 o'clock was quite as rigid as before.

the tardy labor were due to a too great determination ceased. He had her sit up in bed for awhile and of nerve force to the solar plexus, thereby depriving in two or three hours she was delivered. the hypogastric plexus of the requisite amount of force necessary for the accomplishment of labor, and of tedious labor with satisfaction. We should be that in order to overcome this abnormal state he had cautious in its use and the selection of the anæseither to administer by the stomach some agent ca-thetic. For instance, the primary effect of chloropable of relieving the overcharged nerve center, or form was upon the heart, while ether is known to would have to resort to an anaesthetic, which by its have produced hemorrhage from the air passages and action on the cerebro spinal system, would probably lungs. The "A. C. E." mixture, he thought, was the withdraw nerve force from the solar plexus to the safest and most popular. cord and that then a due determination to the hypogastric plexus would take place. He resolved, in order article of Dr. Fordyce Barker upon the subject, in to accomplish the desired end, to try first a cupful of which he claims that chloroform is perfectly safe. crushed ice given as rapidly as could be swallowed, as he had previously learned that ice so administered roform in labor, and that he used it in perhaps seven-

moted efficient uterine contractions and prompt delivery. In this connection, he felt it incumbent upon him, to again make special reference to the good effect of ice when properly administered in labor attended with inertia, and he was satisfied, that many cases occurred where, if it had been administered, the use of forceps might have been dispensed with. He could recall a case where nterine contractions had ceased almost entirely, although large and repeated doses of ergot had been given, and the application of the forceps seemed inevitable, but before using them, he gave a large teacupful of ice as rapidly as could be swallowed, with the result of restoring efficient pains and a rapid delivery.

In the case under consideration, however, the THE PRESIDENT stated that he had seen the cases—crushed ice failed to accomplish a good result, so he

After the first inhalation there was no recurrence of the nausea or vomiting, and the character of the Dr. L. Mackall said that he had recently at pains quickly changed, becoming strong and expul-

In referring to a statement made in Dr. Busey's probably by a sudden determination of nerve force He found upon examination about an hour after to the solar plexus, he had found that no favorable his arrival that labor had not only not advanced but or decided progress was made until these symptoms that the soft and dilatable os had become rigid and were relieved by appropriate treatment. Indeed he unyielding. During the next two hours there was rather dreaded such cases, for he then anticipated much sick stomach and frequent emesis of mucus that probably many hours must elapse before the pa-

Dr. L. Ellot related a case also attended by A. M. he made another examination and found that vomiting. When called he found the os dilated and there had been no advance in labor and that the os every evidence that the labor was progressing. After trying various remedies without effect, tincture of He felt convinced that the irritable stomach and iodine finally controlled the vomiting, but the pains

Dr. J. F. HARTIGAN has used anæthesia in cases

Dr. L. MACKALL referred to the recently published

THE PRESIDENT remarked that he preferred chlonot only allayed gastric irritability, but quickly pro- tenths of his cases. He only used it, however, except in operative procedures, when the patient asked Treatment seemed of no benefit. Dr. J. Harry disease.

sometimes help post partum hæmorrhage.

expediting it.

Stated Meeting, March 16, 1887.

THE PRESIDENT IN THE CHAIR.

Dr. D. S. Lamb presented the specimen and read. the history of

A CASE OF OSTEOMALACIA.

November, 1865 (she was then 47 years old), while 1886. walking home one day, she was suddenly seized with severe pain in dorsum of left foot; this was found to ciated; bedsores on buttocks; right eye had been be swollen and reddened. The pain continued removed. Right lower limb redematous; left, flabby; through the night. The late Dr. W. B. Magruder was linear white scar on inner side of left ankle; eczecalled in the morning. After careful examination he matous scabs above ankle; muscles of limb showed failed to find the cause of the trouble. The pain, fatty atrophy; bones of thigh, leg and foot atrophied, redness and swelling recurred at intervals for two the atrophy increasing from above downwards. The years, sometimes preventing sleep and finally inter- compact substance was thin, porous and very friable; rupting her work. In the autumn of 1867, after an in some places so soft as to be cut with a knife withunusually severe paroxysm, lasting several weeks, out turning its edge; the cancellous substance apshe fell and sprained her left ankle, for which she was peared as plates and fibres loosely held in a mass of treated by the late Dr. S. B. Blanchard. She kept white granular matter, largely composed of fat, in her bed several months and never resumed her regular occupation, but did some sewing at her house. some places of a gelatinous appearance, filling all the medullary canals and spaces. Brain showed increase She was able to get about the house with compara of subarachnoidal fluid; cysts of choroid plexus. Old tive ease and sometimes walked short distances. pleuritic adhesions both sides, especially at apices, About a year later she had a second fall and another under which was fibroid induration; both lungs showed severe sprain of the same ankle, after which she red and gray hepatization in lower lobes. Heart walked with much difficulty and had constant pain, normal; aorta and pulmonary artery congested on In 1872, unable to earn her living, she was admitted pericardial surface; aorta showed fatty degeneration. to the Home of the Women's Christian Association. Liver somewhat atrophied; gall bladder full. Spleen She then walked with a cane, waited on herself and somewhat atrophied. Pancreas normal. Stomach took care of her room. November 15 she was sent normal. Small intestine full of flatus. Large intesto Columbia Hospital. She had then constant pain tine contained much soft faces which excessively in her left leg and ankle, pain along course of post-distended the rectum. Right kidney cirrhotic; surtibial nerve, and some cedema about the ankle. face showed many minute aqueous cysts and about

for it, and he began giving it in the latter part of the Thompson removed a portion of the nerve at the second stage. He puts twenty to thirty drops on a seat of the severest pain. Wound healed by first handkerchief and allows the woman to inhale it here intention, but no relief followed. She returned to self just as a pain is coming on. In this way she the Women's Home. She now went on crutches and gets enough to dull her sensibility to pain, but not with great difficulty; pain more severe. Six weeks enough to keep her unconscious between whiles. In afterwards she had an unusually severe paroxysm of a large number of cases there may be a few instances pain in the foot, which was reddened and swollen; in which anæsthesia has retarded labor enough to she was put to bed and never left it again in fourteen make the forceps necessary, but he does not think years. During this time she had constant and severe that it will produce post partum hemorrhage. On pain, sometimes excruciating; she became emaciated the contrary, the restlessness and exhaustion pro- and anamic; the toes of the left foot became flexed, duced by a long labor without relief is much more finally causing ulceration of the under side of the likely to cause hiemorrhage than the chloroform, foot; foot redematous, redema extending to knee. He prefers chloroform to ether in heart or kidney Diet generous, her fancies gratified, but she never improved in her general condition. She often had Dr. T. C. Smith thought that aniesthesia did "drawing" pain in the foot, and just before a storm extending to the thigh; and spasm of the leg which Dr. Busev has seen hamorrhage follow anaesthesia, gradually diminished as the disease progressed. For but he did not attribute hemorrhage to it, but rather several years she did fine needlework and depended to protracted and exhausting labor. Chloroform on conversation for pastime, being unable to read. was safer than ether, but the "A. C. E." mixture was About 1881, she had irido-choroiditis of left eye, superior to any. Narcosis was not so profound as which recurred sometimes in one eye, sometimes in by the former while it is just as effective in relieving the other, and at times in both. In December, 1885, pain. Although amesthesia is a great boon in mid- an ulcer appeared on the right cornea, and perforwifery, it may sometimes prolong labor instead of ated; eye removed by Dr. S. M. Burnett. During these years the pain steadily increased, the foot rotated outwards, and in 1885-6 the leg rotated outwards at the knee. The cedema increased and the limb became a shapeless mass. For the last six months of life she could not lie down because of the "drawing" pain. Her pains increased much in stormy weather, and this led many physicians to diagnosticate rheumatic arthritis. Her appetite became capricious, constipation obstinate, urine scanty Dr. Mary Parsons reports the following history: and loaded with urates. Through her later years she Charlotte J., white, single, Virginian, seamstress. In was a marvel of patient endurance. Died June 15,

Necropsy by Dr. D. S. Lamb: Body much ema-

a dozen prominent yellowish masses, size of pinheads and larger, which on section turned out granular matter; at lower end of kidney was a sarcoma, size of small walnut, encapsulated, and slightly encroaching on kidney tissue; mulberry calculus, weighing 10 grains, found in pelvis. Left kidney cirrhotic; small superficial aqueous cysts. Right suprarenal capsule of usual size; left not noticed. Bladder normal. Uterus and appendages atrophied. Lower aorta and common iliac arteries showed chalky plates. Left external iliae artery normal; no obstruction. bar glands normal.

The history and necroscopy of this case correspond so closely to those of mollities ossium or osteomalacia that I am inclined to that diagnosis.

The disease is very rare. Dr. Fagge, in his "Principles of Medicine," 1886, states that he had seen but one case, and that in the care of his uncle, Mr. Hilton, at Guy's Hospital, in 1864. Ten out of every eleven cases occur in the female sex, and two out of every three in women, either during pregnancy, shortly after parturition, or about the time of the climacteric. The age is usually between 25 and 35, rarely under 20 or over 50. The cause is speculative, although many cases seem to have a dependence upon dampness. The earliest symptom is pain, varying in seat and character, sometimes "wandering," and then leading the physician to the diagnosis of "rheumatism." Lassitude, irregular appetite and constipation are usual symptoms. Gradually locomotion becomes difficult and the patient is very liable to fall. In consequence of falls, and, indeed, peared in the lower abdomen; menstruation apsometimes even on slight motion, fractures occur, peared regularly and without pain. She could not with little or no tendency to heal, and accompanied, walk, but rode out in a carriage. A few days before therefore, by deformity. Eventually the patient is I saw her she rode out, with enjoyment, but returned confined altogether to bed, becomes emaciated, ex-| fatigued and soon began to vomit. Her upper exhausted, and dies. The duration of the disease is tremities moved involuntarily, and there was a comusually four to six years, but cases are recorded of plete loss of power in the lower ones. A "metaits terminating in death in three months, and again physician" was called to see her and gave the assurlasting for eight, ten, or even fifteen years; in the ance that there was no bodily ailment—the mind case now reported, nearly twenty-one years. I see only was at fault. The assurance was repeated no reason why it may not endure for any period twice a day by the Christian scientist, who on these within the ordinary limit of life.

Why the bones should be thus decalcified and softened, so that they can be readily cut with a knife, is not yet clear. Lactic and carbonic acids both have been assigned as the causative factors. No excess of phosphates or carbonates of lime is found in the urine except incidentally; although, as in this case, calculi are found in the kidney and bladder in many cases. The inorganic portion of the bone may be reduced to 30 per cent., the diminution in lime being much more relatively to that of its combining acid. The compact tissue may become a mere shell; the tary; the tongue dry and covered with a brownish cancellous tissue sometimes seems like medulla, of a coating; there was great thirst; pulse 110, small and deep red color with ecchymoses; sometimes yellow, almost imperceptible at the wrist. The temperature soft and fatty; sometimes mucous and translucent, was not observed. She was very restless, and had This softening may cause deformity of the female not slept more than ten minutes at one time during pelvis and thereby difficult parturition; and the soft- the past three days. At short intervals she vomited ening of the ribs may be so extreme as to stop respiration. The disease differs from rickets in this: tion I found the abdominal walls soft and free from rickets is due to a failure to deposit the calcareous tenderness on pressure. There was a feeling of salts; osteomalacia to the removal of the salts after doubtful fluctuation with dulness at the sides, also in deposition.

Dr. E. O. Shakspeare, of Philadelphia, then addressed the Society upon

SOME NEW ASPECTS OF THE CHOLERA QUESTION SINCE THE DISCOVERY BY KOCH OF THE COMMA BACILLUS.

(See page 477.)

CHICAGO GYNÆCOLOGICAL SOCIETY.

Stated Meeting, Friday, February 18, 1887. PHILIP ADOLPUS, M.D., IN THE CHAIR. (Concluded from page 472.)

Dr. A. Reeves Jackson exhibited TWO DERMOID CYSTS OF THE OVARY.

Case 1.—First seen by me May 27, 1884. Julia C., aged 40 years, was married at twenty, had one child two years later, and no other pregnancy. Commenced menstruating at 17, and was regular after the first year. Always had good health. Five month ago, weighed 176 pounds. Three and a half months ago she took a long walk in the evening, while menstruating. After her return she had a slight chill, and severe pelvic pain, the latter chiefly referable to the bladder, micturition frequent and painful. She seemed never to recover her health; vesical symptoms continued, appetite and nutrition failed; she became rapidly emaciated; a swelling apoccasions sat out of sight of the patient, the headboard of the bedstead separating them. However, the patient and her friends thought she was getting rapidly worse, and 1 was asked to see her. At the time of my visit she was lying in bed on her back. Her hands and arms were in constant motion; she seemed powerless to keep them still a moment; she could make no co-ordinate movements, indeed had no control whatever over either the upper or lower extremities; the latter were, however, motionless. The functions of the bladder and bowels were voluna greenish, frothish, tenacious fluid. On examinathe right iliac region. The higher parts of the abDrs. Brower, Danforth and E. Ingals.

sue was centered in this space. The amount of hair ovarian cyst. was large, as you see. This was matted together in the usual manner, and has been freed from the sebaceous matter which accompanied it by shaking it in ether. This is a miniature switch made by an with illustrations from specimens: artist in such matters from a portion of the hair. about them.

noticed a swelling the size of an orange in the right cysts in those genitary glands. iliac region. It was soft, smooth, movable and inside; five days ago, after sneezing, experienced a adopted by Waldeyer. Epithelial cells of the ovary, was extirpated on the 25th. It weighed about eight cysts in the ovary, and would not enable us to underhave never observed before in either of the cases I and is in conformity with Cohnheim's theory of the have seen. It is this, there are two distinct kinds origin of all other new formations, from an isolated of hair, one of an auburn color, very curly, portions group of embryonal cells, dormant until the unknown of which are still attached to the part, and two tufts cause of the new formation calls them into formative springing from other portions of the rough, orange- activity. while they have usually differed in color from the pa-texpect to have had more than one embryonal matrix,

domen, as the patient lay on the back, were reso-tient's hair, have always been uniform throughout. nant. She died the following day, and in the eve- In the first case I saw, several years ago, the hair ning an autopsy was made with the assistance of was thirty-six inches long. In that case, the part from which the bony substance and hair sprang were On opening the abdomen we found besides other in one part of the tumor, occupying a small space. evidences of acute inflammation the exudation of The patient had carried this for many years without perhaps a quart of pus. As this was being removed symptoms. Finally, it commenced to grow and it was discovered that its source was a partially col- formed a tumor sufficiently large to attract her at lapsed cyst, which still held about one pint of pus, tention. There were two cysts. The first one was and from the opening through which the pus came a very large one, containing a semi-colloid matter there protruded a few hairs. This fact settled the very much resembling soft soap, and in great abunddiagnosis. The woman had died of a ruptured derance. Separate and distinct from this there was a moid cyst. The kidneys showed evidence of chronic cyst not larger than a goose's egg, soft, and which disease. The cyst with the ovaries and Fallopian could be indented readily, and when it was opened tubes, was removed. Here I show you the opening, there came out a mass of hair together with other which was somewhat enlarged after the autopsy for dermoid characteristics. So it seemed that the cyst the purpose of freeing the inner portion of the cyst, which contained the fluid and made the growth per-In addition to the hair there were also some rudi-ceptible was secondary, and this fact would account mentary teeth and some plates of bones which I for the clinical fact of these patients carrying a sent to a pathologist for examination, and received tumor for many years without any impairment of from him a photograph showing the bony constitu- health, until an additional cyst is formed, that may ents of the cyst. Apparently all of the dermoid tis- present any of the characteristics of an ordinary

> Dr. Christian Fenger made some remarks on DERMOID CYSTS OF THE OVARY,

In entering upon the question of the dermoid These dermoid cysts, of which I have now seen cysts of the ovary, I wish to call attention to the three, possess great interest to me, pathologically, two theories of their origin. According to Heschl, I confess to not understanding them, so I asked dermoid cysts in general owe their origin to isolated Professor Fenger to be here to night, and he promislands of the epiblast, displaced during embryonal ised to bring some additional specimens and to talk development and located somewhere in the territory of the mesoblast. This theory of feetal inclusion did Case 2. Dora B., 35 years old, wife of a physician not explain the origin of the dermoid cysts in the residing at Normal Park. Saw patient on February testicle and ovaries. It was not until his had shown 10, 1886. Married fourteen years; two children, that the internal genital organs are developed from age respectively 11 and 7 years; also two abortions, a part of the embryo, the so called "axenstrang," in one three years and the other two months since, which all the germinal layers are included, that we Nine months ago, while lying on her back, patient were able to understand the presence of dermoid

The second theory of the origin of dermoid cysts sensitive; has slowly encroached on the opposite in the ovary is the view of the older authors, recently sharp attack of pain in pelvis which lasted twenty- capable of transformation into the ovum with all its four hours, keeping her in bed. I found on examin- formative possibilities, may enter into an irregular ation an abdominal tumor occupying the hypogastric formative activity and produce a dermoid cyst—a and right iliac region, extending upward as high as process almost analogous to a partheno-genetic dethe umbilicus, and into the left iliac fossa. On Feb- velopment, as Ohlshausen states it. This second ruary 23, she entered my Infirmary, and the tumor theory would only explain the origin of dermoid pounds. There was a main cyst, containing a limpid stand their presence in all other parts of the body. serum, and inside of this a smaller cyst about the Consequently, it seems more natural to accept the size of a mandarin orange, containing bone and hair. Heschl-His theory, as this gives a satisfactory ex-This tumor possesses an interesting feature that I planation of the origin of dermoid cysts in general,

rind like skin, which are long and straight, quite free A dermoid cyst is always a monocyst, and if, as is from curl, and of an entirely different color. The seldom the case, we find more than one in the same kinds of hair that I have seen from other specimens, ovary (Ohlshausen in one case found three), we may from each of which a cyst has developed, the one independent of the other. It often appears as if a moid cyst was out of the question. At the operation, dermoid cyst of the ovary were a multiple one, but which was difficult on account of many adhesions closer examination will prove that we have before and the nature of the contents of the cyst, I found us a combination of a dermoid cyst and a proliferat- this very large dermoid cyst, containing—(a) Three ing cystoma, or more rarely a dermoid cyst with or four gallons of a brownish fluid, in which floated multiple local colloid degeneration of the stroma of hundreds of thousands of round, yellowish-white, the wall. Cystic transformation of the sweat glands small bodies, the size of a hemp seed up to a pea. I one case by Friedländer.

terest illustrated by each one in particular.

without the explanation that, the same as in children, of the dermoids, as I mentioned before. crown. When we turn this milk tooth to the side, permanent incisor.

peritoneal symptoms and then disappeared, not to re-the operation, and died twelve hours afterward.

—extensive cysts to the size of a fist—was seen in pass round a sample of them in these two glasses. These bodies are soft, have the consistency of butter I shall not go any further into the subject of the and are found under the microscope to consist of irdermoid cysts here, but only present to the Society regular masses of amorphous fat, with pavement three specimens removed by laparotomy within the epithelial cells interspersed here and there, single or past year, and will call attention to the points of in- in groups; (b) A yellowish-white, butter-like mass the same as the small bodies if matted together, fill-Case 1.—This specimen, at the time of the opera-ing up entirely some of the chambers of the cyst, tion the size of a fist, now much smaller from shrink- with no fluid mixed with it. This peculiar arrangeing in the alcohol, was removed from a girl of 20, ment of the fat is rare. Rokitansky saw in a cyst There was no difficulty about the removal, but I am seventy bodies the size of a hazlenut, and very many sorry to say the patient died from acute sepsis thirty-the size of a pea swimming in a brownish fluid. six hours after the operation. Besides the sebaceous Routh, according to Spencer Wells, saw a similar matter and the hairs, which you have already seen case, the balls showing under the microscope conin Dr. Jackson's specimens, we find in dermoid cysts centric layers of amorphous fat around a nucleus of very commonly—in from 20 to 50 per cent. of the cholesterine crystals. Franckel, cited by Ohlshausen, cases—teeth inserted in the soft dermoid wall or in found the whole contents of a dermoid cyst to be pieces of bone contained in the latter, or finally, free numerous hard, mostly round or irregular balls, conin the contents of the sac. As a rule, there are sisting of amorphous fat, fatty degenerated epithelial only a few teeth in a cyst; but Schnabel has seen, in cells and hairs. The shape of the cyst is peculiar, a case of a girl of 13, over 100, and Autenrieth de- inasmuch as it gives the appearance of a conglomerscribes a case in a 22-year-old woman, in which 300 ation of cysts, But close inspection shows that all teeth were removed and as many more left in the of these communicate with each other so as to form As Ohlshausen states, it is impossible to one large, though very irregular cavity. Thus, in understand the presence of such numbers of teeth reality, we have before us a monocyst, characteristic multiplication of the enamel germ takes place, and wall, however, we find a number of smaller cysts the a set of milk teeth are followed by a set of perma-size of a pea to a hazlenut—these do not contain That this is more than a mere theory is the same fatty material as the main cyst, but a colproved by a specimen in Rokitansky's collection in loid mass, and are due to secondary colloid degener-Vienna, in which there is seen a milk tooth with the ation in the wall of the latter. The inner surface of root absorbed down to the crown by atrophy from the large dermoid cyst shows in some places irregupressure of the overlying permanent tooth. Spencer lar masses of bone imbedded in the wall, and further, Wells, in his "Ovarian Tumors," states that he has as in Dr. Jackson's cases, the following condition: seen one similar instance. In the specimen before We do not find typical skin with hairs, sebaceous us this fact is illustrated to perfection. From the glands, epidermis, and so on everywhere on the insoft parts on the surface of this little piece of bone, side. This is found on only part of it, forming one in the wall of the cyst, you see attached a tooth cor- or several irregular islands. The remainder of the responding in shape and size exactly to a temporary cyst wall is smooth, has the characteristics of an orincisor of the upper jaw. I have made an incision dinary cystoma, with a single layer of epithelial, through the gum, if we may use that expression, and, cuboid, or cylindrical cells. It may be that the deras you see, the root is absorbed almost down to the moid portion of the wall secretes the fat and the cystoid portion mainly a serous or albuminous fluid. we see the crown of the overlying tooth. This is Movements of a cyst containing at the same time a larger, and has the exact shape of the corresponding thin serous fluid and sebaceous matter might (Rokitansky) shape this suspended fat into the small Case 2.—The next specimen is a very large der-round masses just the same as butter when in the moid cyst, from the left ovary of a woman at 50. It process of churning. However, if this was the right filled the whole abdominal cavity up into the cardia explanation, it appears, that this peculiar formation and gave the exact symptoms of a proliferating is seen only in very exceptional cases. The right cystoma or multiple cyst, as there were felt, besides ovary was transformed into a dermoid cyst the size the main cavity, harder, lobulated portions, which I of an orange. Notwithstanding the dermoid cysts supposed to be smaller and more tense cysts. As on both sides, the woman had a number of children, she gave the history of a cyst which ruptured when the youngest 16 years old at the time of the operashe was 14 years old, causing months of suffering from tion. The patient never rallied from the shock of taken from a girl of 23. It was noticed for about however, here to call attention to the important one year and a half before the operation, at which bearing, the two benignant new formations found in time it was one and a half times as large as a child's this cyst have upon the malignancy just spoken of. head. There was no particular difficulty about get- It is well known that moles often furnish the soil for ting it out. When I opened the abdomen and came sarcomas, and that warts or papillomas for years on the cyst it was transparent, so that I did not think benignant, sometimes all of a sudden commence to it was a dermoid cyst, and I inserted a Köberles grow, because they are transformed into a cardinoma trocar, which, of course, we should never do in der- or sarcoma. The rapidity with which a dermoid moid cysts if we can help it. Immediately the cyst sometimes will grow involves a great nutritive trocar was stopped up by what I found later was a hyperactivity. I can understand that this, in its mass of hairs and sebaceous matter, so that I had turbulent way of forming tissues without an etiologsome difficulty in keeping the abdominal cavity ical object, could cause the physiological resistance clean. However, she recovered without any greater to disappear, and thus open up the gates for maligtrouble than a little abscess in the abdominal wall nant tumors. from one of the sutures.

Before demonstrating the specimen I wish to make entitled: a few remarks in regard to malignancy of dermoid cysts. As a rule, we regard a dermoid cyst as a VAGINAL PRESSURE IN THE TREATMENT OF CHRONIC benignant new formation, and a malignant character is here a rather rare exception. We make a distinction between malignancy of a dermoid cyst, per se, and malignancy from a combination of dermoid pelvic disease by vaginal pressure, we may avail ourlaczek relates a case, operated upon by Martini, in in the treatment of pelvic disease than massage. which, besides a common dermoid cyst with a pernumber, the size of a millet seed and of a yellowish were in reach of vaginal pressure. color. Many of these little tumors had a light- We often thought we had succeeded in removing peritoneal cavity. Similar were seen in a case oper-recent effusions surrounding old deposits had beated upon by Billroth, reported by Fraenkel.

with carcinoma, sarcoma and myoma. These tumors inflammation. originating in the tissues of the cyst are not so very croscopical examination is made now than in inflammation of the serous tissues exist. examining the main wall of the specimen before us, induces absorption by either of these methods. we find on the dermoid island with its hairs and a

lated shape, two by three inches in diameter, slightly patient. elevated over the surrounding skin, and has a velmented moles, which, as you will remember, has a massage. great similarity to that of a sarcoma.

solid centre covered with the pointed excrescences, induces physiological rest in the parts. resembling exactly a large wart with long papilte, as all the specimens is not as yet finished, but I intend needed; it is efficient in cases of mal-position and

Case 3.—The third specimen is a dermoid cyst to give it in a future discussion. It is sufficient,

Dr. A. Reeves Jackson read the following paper,

PELVIC DISEASE.

(See page 454).

Dr. Philip Apoleius: In the treatment of chronic cysts with carcinoma or sarcoma. The malignancy selves of the two methods of massage and columnof a dermoid cyst as such is very rarely seen. Ko- ing the vagina. The latter has a much wider range

These methods have been hitherto applied to the feetly smooth surface, there was found in the walls removal of congestions, exudates, and recent slight of the peritoneal cavity small nodules in great adhesons of the serous tissues in the pelvis, which

colored hair sticking out from their centres into the by them old adhesions and bands, when merely come absorbed, just as nature will, without our aid, Malignancy of a dermoid cyst from combination absorb a large pelvic effusion in a recent pelvic

Neither method, however, can cause the removal seldom met with, and have been observed more com- of old cicatricial bands, firm adhesions and immonly of late years, because a more minute mi- bedded organs; and both are contraindicated when

former years. Ohlshausen mentions as bearing upon But where dilatation and congestion are present, this subject, a statement of Doran, that he had seen and comparatively recent adventitious and hyperin several instances malignant tumors of the abdom-plastic tissues are to be removed, the stimulant and inal cavity follow extirpation of dermoid cysts. On alterative influence of pressure on the pelvic vessels

The treatment by massage will not, in future, be plate of bone in the wall, the following unusual resorted to as often as formerly; for it is inefficient in its methods, dangerous in its tendency, as well as (a) A large black mole. It is of irregular lobu- troublesome and indelicate to the physician and

The sole object of massage is to induce sufficient vetty uneven surface without hairs. Microscopic irritation in order to effect absorption. But the examination shows the common structure of pig-tamponnement of the vagina does much more than

It supports and relaxes tense ligaments; elevates (b) A papilloma the size of a pea. You will see the movable or adherent vagina, bladder, uterus and it outside of the mole on the skin over the bony ovaries, provided they are not adherent to the pelvic mass. It is surrounded by a thick wrinkled skin walls; depletes congested, inflamed and subinvobeset with bairs. On transverse section it shows a luted organs; overcomes spasm and irritation, and

Tamponnement per vaginam is therefore indicated we sometimes find them on the skin of the hand. A in all cases where pelvic tenderness is present which detailed microscopic examination and description of is not due to an acute attack, or where absorption is

pessaries, or where these cannot be borne.

that of massage.

a vastly superior treatment. I was much impressed lieved. There is a mechanical obstruction to the efficacy of this method of treatment. return of blood from the uterus, and what is done by the tampon is to push up the uterus and permit its decongestion, and along with that comes the improved nutrition of the organ, and the reflex symptoms in the way of pain, menstrual disturbances and the like readily disappear. I cannot tell exactly how I was put upon this method of treatment; I don't claim that it is anything new. Several years ago Dr. Bozemann, of New York, tamponned the vagina, calling it "columning the vagina. He spoke of several cases of positive elongation of the posterior wall of the vagina with this continual pressure. His paper was published in full in the transactions of the American Gynecological Society.

Dr. H. T. Byford: I agree with Dr. Etheridge, that any pressure that can be made by the vaginal pressure upon enlarged veins in any part of the body, as in the leg or testicle, is only temporary unless some other curative influence be added. Nor do I think that a low position of the uterus causes the Emmet's operation. venous stasis, for this is not found in all cases, and often is found when the uterus is held high up by contracted and indurated sacro uterine ligaments. modification. The veins are large, long and tortuous, and are

prolapse of the uterus, ovaries, ligaments and va- made to admit of considerable change in position of gina, where elevation of the organs and mechanical the uterus in almost any direction. The rapid imsupport are required, preparatory to the use of provement comes from the support to the uterus, and sometimes also to the ovaries, taking away the Columning the vagina is effected in the knee- traction upon inflamed and indurated ligaments, and elbow position by means of Sim's or Simon's specu-thus promoting the absorption of exudations that lum. A large pinch of iodoform, boric acid or either diminish the caliber of the veins or prevent salicylic acid is first applied to the cervix, a few them from accommodating themselves to the positampons saturated with glycerine are laid in the vault tion of the uterus and its adnexa. This relief of of the vagina, and then ordinary cotton wool, ab-strain and promotion of absorption in the pelvic sorbent wool or iodoform gauze is systematically tissues is the great remedy for subinvolution in the packed into the vagina, to remain there for three or subacute stage, the same as rest in bed is the remedy four days. This packing is to be renewed until the in its acute stage, viz., soon after labor. It is in the effects are produced which the practitioner desires, subacute stage of pelvic disease that the vaginal The patient is not obliged to remain in bed, and the pack finds its great sphere of usefulness. Dr. Jackpelvic, sacral and hypogastric pains, together with son's second case serves as a good illustration. urethral irritability, are frequently relieved in a short. When the inflammation and induration are in the time by this method, which is altogether a more suc- sacro uterine ligaments, two or three soft glycerine cessful, cleanly and decent mode of procedure than tampons, made of the best ordinary cotton batting (not the absorbent), placed under and in front of the Dr. James H. Etheridge: I have nothing addi- cervix every second day at the office, and left till the tional to say except that the continued use of this next night, will often relieve the traction and bring method in many selected cases has produced most about rapid improvement. When it becomes necesdesirable results. But I would protest most em-sary to apply the complete pack, we will get the best phatically against being understood as recommend- effects by so placing the cotton and cotton wool as ing it for every trouble of a pelvic nature. For the to relieve the traction upon tender parts, which class of cases Dr. Jackson has enumerated I think it should be found beforehand by a careful diagnosis.

Dr. Jackson: I think the subject has been very with the article of Dr. Taliaferro. He tampons the thoroughly discussed and the principal of the treatuterus cavity, with the patient in the genu-pectoral ment clearly illustrated. The important fact is, that position, using a speculum of his own device, which it is not a difficult method of treatment; that it is tlanged at the lower end so as to separate the is efficacious there can be no doubt; the clinical posterior portion of the vaginal orifice, the cervix facts justify this assertion. The method pursued by being held steadily down by the vulsellum, and with Dr. Bozemann seems to me to be peculiarly objeca long-toothed forceps he pushes the cotton into the tionable. Strapping a woman on to a machine for uterine cavity. The true explanation of the benefit the purpose of packing the vagina, seems both irkwhich comes from this treatment is, that by elevating some and unnecessary. I am very glad there is the uterus the pressure from its great weight is re- such manimity of opinion in regard to the clinical

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated Meeting, March 3, 1887.

THE PRESIDENT, THOMAS M. DRYSDALE, M.D., IN THE CHAIR.

(Concluded from page 443.)

Dr. Howard A. Pardee read a paper entitled PERINEORRHAPHY AS PERFORMED BY DR. W. GILL WYLIE,

(See page 432, JOURNAL of April 16.)

DR. PARISH had for years performed a similar operation, but carried his denudation farther up the pack could not cause the relief. The benefit of vagina, and thus avoided the formation of a pocketlike place in which discharges accumulate. He has found it in some cases a cure for constipation.

Dr. Baldy did not think Dr. Pardee understood

Dr. Price prefers Emmet's operation.

Dr. H. A. Kelly thought this an unsatisfactory

Dr. Pardee was well acquainted with Emmet's

operation as performed two and a half years ago, with the character of the discharge, rendered it cerhealing.

Dr. Joseph Price exhibited a specimen of

DOUBLE PYOSALPINX, WITH COEXISTING OVARIAN CYSTOMA ON BOTH SIDES.

Mrs. H., æt. 30 years, two children, labors normal, complains of irregular and profuse bleeding; constant pelvic pain, greatest on left side. General health poor. Examination revealed a small fibroid on posterior wall of the uterus; a cyst on the right side extending high up, inflammatory masses laterally. Operation, section. The appendages on both sides were distended by pus and generally adherent, left ovary cystic and suppurating, and matted to the pavilion of tube and the sigmoid flexure. The right ovary was cystic and adherent to the vermiform appendix. The pelvis was filled with an irregular conglomeration of cysts and pus-tubes, intimately adherent to pelvic organs, and overlying all this were the bladder and omentum, also firmly adherent. The omentum was perforated at two points, and the mass was removed by careful dissection. A glass drainage-tube was used. Recovery was rapid and perfect; no opium, no catheter, tube out on fourth day, stitches out on seventh day.

Dr. W. H. Parish reported a

PORRO-MÜLLER OPERATION,

performed by Drs. O. H. Allis and W. H. Parish labor seven days when Dr. Allis was telegraphed for stetrics. by Dr. Groom, of Bristol, Pa., in whose care the patient had been. The membranes ruptured four hours operation has been performed in the United States after the pains began. On the sixth day the pains in cases of impaction of the fœtus in a transverse became more severe and the cord prolapsed. About position twelve times. In eleven cases the feetus the same time a hand protruded from the vagina, was dead. In the twelfth it was saved, but the oper-The child died about this time. Version had been ation was believed to have been uncalled for by a tried by Dr. Groom and others, without and with physician who performed laparotomy with success anæsthesia, but could not be effected. The child after the woman had ruptured her uterus, in her next was evidently of large size; the patient was restless, labor. The pelvis had been computed to have a exhausted, and with a pulse of 120 per minute. The conjugate and a transverse diameter of three inches. pains were constant and the uterus was firmly con- In one other of the twelve cases the pelvis was detracted above the child. The patient's surroundings formed, and the woman saved. The arm was prowere unfavorable, the ignorance and poverty of the truding in seven cases, five of which recovered. In family rendered proper nursing impracticable. An two the shoulder presented; one saved; and in three offensive fluid was escaping from the uterus; the the presenting part is not named. Of the twelve cervix was rigid and but slightly dilated. It seemed cases nine, or 75 per cent., recovered. Of the three impossible to deliver the patient by either cephalic cases lost one was ninety-six hours in labor, three or podalic version, and the conclusion was made days in charge of a midwife. Another wes twentythat evisceration was not advisable, because there six hours under a midwife who had given ergot and was every reason to believe that the uterus had done ruptured the membranes; and the third had been itself irreparable harm by reason of its prolonged long in labor, but time not stated. Her death was retraction against the eminences of the child. The caused by fright and exhaustion; she rose from her contusion incident to the retraction and the admis bed to defend her mother against her husband, who sion of atmospheric air over a period of seven days, had come home drunk on the third day. He knew

The obliteration of the rectocele in that operation tain that gangrenous changes had been going on in was by drawing down a stretched wall, leaving it thin the endometrium and placenta, and that septic inover the rectocele. In his experience opium had not flammatory action of the uterine lymphatics had albeen needed after the operation to control pain. The ready begun. The patient was in a condition of external stitches are needed to secure a neat external exhaustion. Evisceration alone would not have sufficed to secure delivery; it would have been necessary to have bisected the child in the lumbar region and to have removed separately the lower and upper sections. The condition of the uterus and the small size of the pelvis would have rendered this procedure a lengthy and an exceedingly difficult one, and would have added additional serious injury to the uterine tissues. The removal of the child would have left a putrefying endometrium and septic lymphatics. I felt certain the patient would die if thus delivered. All present thought Caesarean section indicated. The operation was performed by Dr. Allis. The uterus was elevated from the abdomen and a rubber tubing was placed about the cervix, securely controlling the hæmorrhage. Escape of fluids from the uterus was guarded against by means of warm antiseptic pads adjusted about and over the abdominal incision. A vertical incision was now made, and the child extracted without difficulty. The placenta was not in the line of incision and there was no hemorrhage. Two transverse pins were carried through the cervix, and a constricting wire was substituted for the rubber tubing about the junction of the cervix with the body of the uterus. With the uterine body were removed also both broad ligaments and their contents. The uterine stump was secured externally by means of the transfixion pins, and wounds closed by carbolized silk sutures. Antiseptic measures were taken throughbecause of an impacted shoulder presentation. Mary out the operation, but the spray was not used. Im-Leparo, æt. 26 years, of small stature but good gen- mediately after the operation the pulse was 130 per eral health. When about six months pregnant she minute. The patient died in forty-eight hours, aphad been hooked by a cow and narrowly escaped a parently from heart failure. A full account of this miscarriage. She reached full term and had been in case will be found in the American Journal of Ob-

DR. R. P. HARRIS remarked that the Ciesarean

was deformed. The operation was by Fehling, of tion, and reserves the cutting operation for excep-Stuttgart, and the woman was saved. Putridity of tional cases. the fœtus may require the removal of the uterus in a case of impaction. One woman was saved, without its ation for stone in the bladder, and showed a case of removal, in the United States after seven, and another after ten days of labor, by uterine suturing to prevent escape of fluid; but it is safer to remove the organ where there is danger of poisoning, and particularly the buttonhole operation, and drains the bladder as where the patient appears to be already threatened with it. In the Porro case of Candido Ramello, of the advantages accruing from this precaution, as it Turin, the woman had been six days in labor, the feetus was putrid, and the mother in great danger of rapid healing: rest and the possibility of an aseptic septicumia. The removal of her uterus with its con- healing. In draining the bladder he stitches the tents was followed by an improvement of her symp- margins of the wound closely around the tube so as toms, and she recovered.

FOREIGN CORRESPONDENCE

SURGERY IN LIVERPOOL AND MAN-CHESTER.1

I spent two days in Liverpool, and became personally acquainted with Rushton Parker, Reginald Harrison and Mitchell Banks. Parker lectured on "Sarcoma" to a class of fourteen students. Looking at his class list I noticed twenty-seven names. lecture was delivered in a colloquial style and gave evidence of a good clinical acquaintance with his subject, but no deep points in histology or pathology were elaborated. I visited with him the Royal Infirmary and the various departments of the University, which is located in close proximity to the hospital. The chemical branch of this institution was erected and endowed by some of the rich manufacturers of the city, and is a model of usefulness and used, as I was told, more for the purpose of irrigating

Harrison is a man of middle age and is an enthusiast in his specialty. He showed me several cases of rupture of the urethra followed by extravasation where he had made external urethrotomy and incisions through the infiltrated tissues. He places great stress upon the necessity of removing the extravasation by firm compression, relieving the tissues at once of the fluid in the same manner as squeezing a sponge. The result of this procedure is to prevent sloughing the risks of subsequent infection during the frequent and hastening the suppurative process. He drains the bladder only for a few days with his drain. He is a firm advocate of boutonnière for diagnostic and therapeutic purposes. He looks upon this operation as a trivial procedure almost devoid of danger. He introduces the drain along the groove of a Wheelhouse's gorget. He also demonstrated upon several cases the advantages of his "whip bougie." This instrument is about twenty inches in length, and if previously warmed is so flexible that it doubles upon itself, when fully introduced, without doing damage to the walls of the bladder. As the instrument is conical in shape, one introduction is followed by the same degree of dilatation as the introduction of a

of but one case of impaction in Europe in which the number of the ordinary filiform bougies. He favors Porro operation was performed, but in this the pelvis treatment of strictures of urethra by gradual dilata-

> He is not favorably inclined to the crushing operlateral operation done a few days before where the wound had almost completely healed.

> In plastic operations upon the urethra he performs a preliminary measure. You can readily conceive secures to the wound the two essential conditions for to prevent leakage between the drain and the soft

> In hypospadias and epispadias he makes the new urethra by tunneling the tissues from the apex of the glans penis to the abnormal opening, and secures patency for the new channel by introducing a drainage-tube until the healing process is completed. a last step the abnormal opening is accurately closed over a catheter and the urethral continuity is restored. To guard against subsequent constriction of the new canal the patient is instructed to introduce a goodsized bongie at least once a week.

Mr. Banks operated upon a case of carcinoma of the breast, and although the axillary glands did not appear to be involved, a clean dissection of the axilla was made to the axillary vessels. Wherever a vessel was recognized it was ligated at two points and divided between the ligatures, consequently very little blood was lost during the operation. A spectator was readily convinced that the operator had been for years a teacher of anatomy. Spray was the wound than for its supposed effect in sterilizing the atmosphere. The wound was completely closed with silver sutures and drainage established in the lower posterior recesses of the wound. As an antiseptic dressing sublimated wood wool cushions are are used. I received the impression that dressings are too frequently changed in this hospital, thus depriving the wounds of that perfect rest required in a typical wound healing and exposing the patients to dressings.

Mr. Banks also operated upon a lad who had received a scalp wound nearly three months ago. No brain symptoms were present after the injury or for some time subsequently. During the last few weeks rise in temperature, slight supportation of wound. For the last few days greater rise in temperature, vomiting and sopor; both pupils contracted. site of injury over the left frontal region the wound presented a granulating appearance and a probe could be passed through a small aperture into the skull. Probable diagnosis, suppurative pachymeningitis. The field of operation was earefully disinfected, and while patient was under the influence of chloroform the opening in the bone was enlarged with bone forceps. The dura bulged into the wound and did not

¹This letter from Dr. N. Senn is published by the kind permission of Dr. Christian Fenger and Dr. Senn. Others will appear,

bistoury without having made an exploratory punc- interests of his profession at heart, and who has a ture, but no pus or any other fluid remained, and promising future before him. after some superficial probing the wound was dressed. without making any further attempt to search for a He lives in a comfortable, almost luxurious mansion

deep-seated abscess.

of the Royal Infirmary, is lecturer on Clinical Surgery pletely isolating him from the turmoils of a great city, in Owen's College, and a surgeon who is esteemed not we can readily conceive how a man of his intelligence only in his own city but throughout the United King- and indomitable energy should accomplish so much. dom. The Infirmary contains about 300 beds, and, I met him on the following day in his wards at the furnished. Typical resections of the hip and knee orate description of three cases of peripheral neuritis minute details are not carried out. Sublimated wood enough to be within his hearing. wool dressings are used almost exclusively. Many of the operation wounds showed evidences of imper- of Dr. Robertson, who showed me his cases at the fect wound treatment. For immobilization of the Infirmary, a neathospital containing 90 beds. Everylower extremity Thomas's splint is used in preference thing in the wards showed perfect discipline and the to any other. Fractures are treated with remova- most careful management. Dr. Robertson is a young ble splints until swelling has subsided before the physician who furnishes a good illustration of what plaster-of-Paris splint is applied.

he was putting on the finishing touches in a rhino-been done and had proved fatal within twenty-four plastic operation made by transplanting distal pha-hours from acute septic peritonitis. A search for the lanx of left index finger for a bony support and a cause showed that defective drainage had occurred covering of a flap taken from the anterior surface of by the leakage of sewer pipes in the basement. The the left arm. Interval between the several steps of last case was operated upon in a cottage near the hosthe operation of about three or four weeks. Present pital, and was progressing favorably. At this place I cosmetic results quite satisfactory. He has done had an opportunity of examining a patient with a

factory result.

of age. Mr. Jones also called my attention to a disease was undoubtedly the result of mes arteritis. case of metastatic carcinoma following scirrhus of ure in this case consisted of rapid swelling at the gion of the gall-bladder, followed by progressive point of fracture with subsequent subsidence of jaundice. On palpation it was thought that the mar-

plantar surfaces of the feet.

annotator of Landois' "Physiology."

them a small quantity of a reddish serum was re-secured. moved and the drains washed out with 34 per cent. solution of chloride of sodium. The temperature dren, about four miles from the centre of the city, was normal, or nearly so, in all of them. The oper- with Mr. Wright, one of the attending surgeons. ations are all done under the strictest antiseptic pre- This institution has a capacity of 300 beds, is con-

pulsate. The meninges were incised with a sharp cautions. Dr. Sinclair is a gynecologist who has the

I visited Dr. Ross at his home with Dr. Robertson. in one of the most beautiful suburbs of the city. Mr. Thos. Jones, of Manchester, one of the surgeons. With a capacious park surrounding his house, comalthough an old building, is well ventilated and well. Infirmary, and was pleased to follow him in his elabare in favor, and many cases were shown in which then under his care. The diagnostic tests were apthis operation had been performed. Antiseptic plied in presence of the class and could not fail to wound treatment is followed, but many of the more bring conviction to all of those who were fortunate

I also went to Oldham, the home and field of labor can be accomplished by modern aggressive surgery. Mr. Hardy was met in the operating room, where Three simple cases of abdominal section had recently this operation three times, and always with a satis-fusiform aneurism, where the pulsations were distinct, but no bruit could be heard on auscultation. The I was shown a case of myxeedema in a girl 21 years patient contracted syphilis many years ago, and this

In the Manchester Royal Infirmary I saw Mr. the breast, of more than twenty years' standing, Whitehead make a cholecystotomy. The patient which had resulted in a pathological fracture of the was a male, about 50 years of age, who for four left femur and right humerus. The interesting feat- months had suffered from periodical pain in the reswelling, but no union between the disunited bones. gins of the distended viscus could be felt. Under A case of multiple fibromata of a congenital origin spray an incision was made parallel to and about a also attracted my attention. The patient was a male finger's breadth below the costal arch on the right about 50 years of age, thousands of tumors covering side, sufficiently long for the operator to introduce the entire surface of the body from the scalp to the two fingers for making the necessary exploration. As this opening appeared to be inadequate, another In the afternoon I visited Owen's College in com- incision was made, at a right angle with the first, in pany with Dr. Sinclair, who introduced me to the a downward direction, when the gall-bladder, diseminent physiologist, Dr. Stirling, the translator and tended to the size of a small pear, was readily brought into the wound for inspection and palpation. A visit to a private hospital for women and chil- A superficial examination showed that it contained no dren with Dr. Sinclair, the attending gynecologist, stones, but as its contents could not be emptied by proved interesting and profitable. I was shown three compression, and palpation of the bile ducts did not cases in which abdominal section had been done for satisfy the operator as to the presence or precise lodifferent indications; in all of them the dressing was cation of a probable stone in the ducts, the organ removed and the glass drains emptied by suction with was stitched into the wound in the usual manner, to a syringe mounted with a rubber tube. In all of be opened and explored after adhesions had been

I visited the Pendlebury Hospital for Sick Chil-

structed upon the pavilion plan and located in one aided by an unswerving persistence of purpose urged of the most salubrious suburbs of the city. It is a him to procure books whenever possible, often hip joint disease, but has abandoned typical resec. to interfere with the necessary daily routine of farm tions of knee joint disease in favor of arthrectomy labor. His taste for science, and especially mediand atypical resections whenever such a course ap- cine was encouraged by Dr. S. W. Mitchell, of pears practical. He showed six cases of resection Corinth, whose library in later years afforded him the of the hip joint done recently, and most of them means of improving his education. It was to him were without temperature. Fixation of limb is se- as well that he owed his final preparation for college cured by means of Thomas' splint. The spray is life. He entered Rush Medical College in Chicago used during the operation, and sublimated wool in 1859, and finished in the following year in the dressings are in general use. For fixation of dress, first class of the newly founded Chicago Medical ing the elastic webbing bandage is frequently used. College. After passing a term as Interne in Mercy Tubercular glands are removed early, and the results Hospital he returned to a country practice in Wilof this method of operation have been satisfactory.

for hernia in children, and in his hands the operation has been followed by only one death out of a great number subjected to this treatment. He does not remove the sac, but secures perfect coaptation by but by reason of the resignation of the previous inmaking with a needle, armed with a catgut ligature, numerous points of transfixion, and tying the ligature.

assistance at operations, as was demonstrated by a number of operations made during my presence. In my next letter I will report upon the result of my ical College created especially for him the chair of observations in Glasgow, Aberdeen and Edinburgh, nervous and mental diseases, to which specialty he N. Senn.

NECROLOGY.

DR. JAMES STEWART JEWELL.

ical profession has lost a member of whom it has had since that time, can but admit that Dr. Jewell's reason to be proud in all respects. A self-made man journal has exerted a stimulating influence on the in every sense of the word, who had obtained his growth of that specialty in this country, as well as on thorough education solely through his own unaided the general diffusion of a knowledge of scientific efforts, he had risen to a position of great eminence medicine. In 1875, Dr. Jewell contributed largely as authority in the line of nervous and mental dis- to the foundation of the American Neurological Soeases, and as a recognized leader in medical thought, ciety, of which he subsequently became president. With his extensive general and medical knowledge As the natural result of his well directed efforts he he combined a rare good judgment and tact, as well acquired a very large consultation practice in his as a dignified and kind manner which made him the specialty. In the field he had chosen he enideal representative of the medical profession in the countered naturally a great many sufferers from eyes of the public. His thorough culture, coupled chronic diseases of unusual obscurity, and in this with modest though firm self-reliance, could not fail very line of practice his remarkable thoroughness to impress his patients, as well as the public in gen- and penetrating judgment enabled him to achieve eral, with the belief that his opinion on any medical practical triumphs which will keep his memory alive subject reflected, indeed, the best and most recent for years to come throughout the entire northwest. views that medical science of the day could suggest.

Galena, Ill., where he remained until his 14th year. the severe tax which the management of his journal During this time his school life did not comprise put on his time. In spite of continued suffering and over one year, and whatever knowledge he did ac- distress he continued his arduous practice and manquire was picked up during times which others would aged for a time to struggle vigorously against his have considered but proper rest from labor, unusu- physical misfortune, increased by the blow which he ally severe for one of his age. Subsequently his received on the death of his wife. Repeatedly he family removed to Marion, III. There he continued broke down, however, and was forced to pass part of his farm work, by which he contributed largely to the his winters in the south. About one year ago he

model of architectural perfection. Mr. Wright is a traveling long distances on foot to obtain the loan most careful and prudent surgeon, and has done of some coveted volume. Over these treasures he most excellent work. He operates early in cases of would pore-even all night-and yet not allow them liamson County, but finally entered the army and Mr. Wright strongly advocates radical operation served as surgeon in an Illinois regiment during the last year and a half of the war. In 1864 he returned to Chicago to fill the position of assistant to the chair of anatomy in the Chicago Medical College, cumbent he was at once promoted to the full professorship. Having married he now devoted himself The nurses are well trained and render intelligent to general practice in this city until 1868, when he left for an extended tour through Europe and the Orient. Upon his return in 1870, the Chicago Medthen devoted himself exclusively. Without publishing much he became so favorably known in the profession through his teaching and personal intercourse that when he began his Journal of Nervous and Mental Disease in 1874, it was at once a complete success. This magazine was the first organ devoted to that specialty in the English language. Any one By the death of Dr. Jewell the American med- who has followed the American periodical literature

Some six years ago his health began to fail. With Dr. Jewell was born in 1838, on a farm near many regrets he deemed it best to relieve himself of support of his family. His thirst for education, began the Neurological Review, but his health did not

a few numbers. Although sinking steadily during Brain Axis;" "Deformity of the Brain in its Relation the present winter, he did not abandon his practice to Congenital and Inherited Mental Disease;" "Cases until within a few days of his death on the 18th of Illustrating the Prow shaped Cranium with Neurotic April. He leaves behind a family of four, two sons Disease;" "Remarks on the Etiology and Pathology and two daughters.

scientific data for scientific purposes. Thoroughly of Currents of High Tension (Franklinization); on a work on the pathology of the nervous system, omania;" "Cocaine Inebriety;" "General Paralysis on the basis of many hundreds of clinical records of in Dogs." Several titles are yet to be received. unusual thoroughness, but whether enough of the ary legacy is realizable.

Personally Dr. Jewell possessed a rare amiability and kind disposition not likely to be forgotten by his many friends. No man could have achieved his position under such difficulties, and surmounted such. Mickle, Arthur Mitchell, O. Muller, M. Rosenthal, obstacles as he did during youth without possessing an undaunted energy and indomitable persistence of purpose. His undisguised contempt for all actions of a small calibre could not but arouse the opposition of some few envious of his success; but etc., should be addressed to the Secretary of the withal he had no open enemies. May the memory Section, Dr. E. D. Ferguson, Troy, N. Y. of a truly grand life serve as a model for others.

H. G.

INTERNATIONAL CONGRESS.

Section in Psychological Medicine and Nervous Diseases.

President, Judson B. Andrews, M.D., Buffalo, N.Y.

The following titles of papers have been presented for this Section: "The True Nature and Definition of Insanity;" "Lunacy in Scotland;" "Nervous Degeneration and Syphilis" (selected as a subject for Discussion); "Locomotor Ataxia and Syphilis;" "Original Investigations in Cerebral Syphilis, with tion of presenting papers: Microscopic Preparations, etc.;" "Relation of Syphilis to General Paralysis;" "State Policy in Relation ham, Pittsburgh, Pa.; Dr. A. Cartaz, Paris, France; to the Construction of Buildings for the Insane;" "Hospital Arrangements and Classification as relates ham, Louisville, Ky.; Dr. A. J. Coey, Chicago, to the care and comfort of Patients;" "Modern Hos Ill.; Dr. W. W. Cole, Allegheny, Pa.; Dr. W. F. pital and Asylum Structures for the Insane;" "The Coomes, Louisville, Ky.; Dr. Ephraim Cutter, New Borderland and Early Symptoms of Insanity;" "The York, N. V.; Dr. H. H. Curtis, New York, N. Y.; Dr. Religious Delusions of the Insane;" "Mental Mani-W. H. Daly, Pittsburgh, Pa.; Dr. T. D. Davis, Pittsfestations of Insanity caused by Sunstroke;" "The burgh, Pa.; Dr. C. M. Desvernine, Havana, Cuba; Remissions, Intermissions, and Manifestations of In Dr. Richard Ellis, Newcastle-on-Tyne, England; sanity in an Individual;" "General Paresis; Its Varie Dr. Richardson Gray, Orange, N. J.; Prof. Joseph ties and Differential Diagnosis;" "Legal Relations of Gruber, Vienna, Austria; Prof. Hack, Frieburg in Epilepsy;" "Obscure Forms of Epilepsy;" "Sleep;" Baden, Germany; Dr. J. H. Hartman, Baltimore,

permit him to continue its publication for more than "Miliary Aneurismal Disease of the Spinal Cord and of Thomsen's Disease; "Tendon Reflex in Hemi-While Dr. Jewell's name was not coupled with any plegia;" "Hyperesthesia;" "Castration as a Rem important discoveries in medicine, his teaching, both edy in Nervous Affections;" "Occupation in the by word in the college and by means of his many. Treatment of Insanity; "The Treatment of Neurvaluable contributions to periodical literature, has algia from the point of View of the General Practibeen of unmistakable benefit to the profession. He tioner;" "The Disease of Inebriety and its Treat was always an enthusiast in the application of all ment;" "The Physiological and Therapeutical Effects acquainted with everything that was being done in "The Private Treatment of the Insane, as Single Pathe scientific world, his steady aim was to investigate tients in England;" "Mental Diseases Produced by disease in the light of the most recent physiological Changes in the Vessels at the Base of the Brain; developments. For many years he has been busy "An International Classification of Insanity;" "Mon-

Among the foreign physicians who contribute to manuscript has been completed to publish the book, the foregoing list of titles of papers to be read, or is as yet uncertain. He had formed plans and col- who intend to be present and participate in the scilected material besides for several monographs, but entific work of the Section, are Sir James Creighton it is unfortunately not yet positive whether his liter- Brown, Drs. Rudolf Arndt, Buiswanger, Geo. Fielding Blandford, Bouchereau, Francis Pritchard Davis, Maurey Deas, J. Langdon Down, Edward East, A. Eulenberg, E. T. Girtstrom, V. Hinze, Megalhäes Lemos, H. Rooke Ley, E. Mendel, Wm. Julius George H. Savage, Seymour J. Sharkey, J. Beverly Spence, Valdemar Sternberg, D. Hack Tuke, John Batty Tuke.

Communications relating to papers, discussions,

Section of Laryngology.

PRESIDENT.

W. H. Daly, M.D., 71 Sixth Ave., Pittsburg, Pa., U. S. A.

SECRETARIES.

Wm. Porter, M.D., 3137 Lucas St., St. Louis, Mo.,

D. N. Rankin, A.M., M.D., 85 Lincoln Ave, Allegheny, Pa., U. S. A.

Dr. Ottakar Chiari, 14 Elisabeth Strasse, Vienna, . Austria.

Dr. E. G. Moure, 2 Cours de Tournon, Bordeaux, France.

The following gentlemen have signified their inten-

Dr. B. Baginsky, Berlin, Germany; Dr. S. N. Ben-Dr. W. E. Casselberry, Chicago, Ill.; Dr. W. Cheat-

Md.; Dr. Herman E. Hayd, Buffalo, N. Y.; Dr. D. where more than one person occupy a room. Warsaw, Poland; Dr. Camalt Jones, London, Eng. placed at the disposal of the Association free of cost. land; Dr. 11. Jones, London, England; J. P. No cots are ever used at this hotel, and every one Klingensmith, Blairsville, Pa.; Dr. Paul Koch, Lux- will be given a good bed. embourg, France; Dr. H. Krause, Berlin, Germany; Dr. Geo. Mackern, Buenos Ayres, Argentine Repubregular rates, which are from \$3.00 to \$4.50 per lic; Dr. Geo. W. Major, Montreal, Canada; Dr. F. diem. This rate applies to each person or delegate, A. Mandeville, Rochester, N. Y.; Dr. F. Moura, both included. Paris, France; Dr. D. F. Massei, Naples, Italy; Dr. Rosenbach, Breslau, Germany; Dr. A. Schnee, Nice, is offered. France; Prof. John Schnitzler, Vienna, Austria; Dr. Schaumacher, Achen, Germany; Dr. Carl Seiler, \$2.50 per day for their best rooms, meals included, a Philadelphia, Pa.; Dr. J. G. Sinclair, Nashville, reduction of 50 cents per day on transient rates. Tenn.; Dr. F. Semeleder, City of Mexico; Dr. Max Stern, Philadelphia, Pa.; Dr. J. A. Stucky, Lexington. Ky.; Dr. Richard Thomas, Baltimore, Md.; Dr. Woakes, London, England; Dr. Žeim, Danzig, Germany.

ASSOCIATION ITEMS.

OPHTHALMOLOGICAL SECTION.

The Thirty-eighth Annual Session will be held in Chicago, Ill., on Tuesday, Wednesday, Thursday and Friday, June 7.8.9 and 10, commencing on Tuesday, at 11 A.M.

"Sympathetic Ophthalmia." Dr. C. M. Hobby,

lowa City, lowa.

"Some Observations on Displacement of the Crystaline Lens, from Congenital and other Causes.' Dr. J. L. Thompson, Indianapolis, Ind.

"Hydrobromate of Hyoscine as a Mydriatic." J.

M. Ray, M.D., Louisville, Ky.

"Treatment of Hypopyon Keratitis with frequent irrigations of Sublimate." Dr. F. C. Hotz, Chicago,

"Some of the Ophthalmological Clinics of Europe." J. W. Heustis, M.D., Pittsburg, Pa.

HOTEL RATES.

The following hotels in Chicago have thus far commuted their rates to delegates and members and their families who will attend the annual meeting in June —all promising first-class accommodations:

Grand Pacific Hotel.—A discount of 50 cents to each person per day in all rooms, except those at \$3.00 per day, on which there will be no discount. By this arrangement a \$3.50 room with bath may be had for \$3 00, a \$4.00 room for \$3.50 for each person, and so on. A club room will also be placed free at the disposal of the Association for headquar- Heffenger, A. C., P. A. Surgeon, U. S. N., ordered to Widow's ters, if desired.

The Sherman House will give 50 cents per capita off regular rates, which are \$3.50 to \$5.00 per diem, as well 50 cents per capita off \$3.00 per day rooms

Such A. Hengst, Pittsburgh, Pa.; Dr. Theodore Hering, committee rooms, etc., as may be required will be

The Tremont House offers 50 cents discount from

The Palmer House gives a rebate of 50 cents per A. W. Orwin, London, England; Dr. M. C. O'Toole, capita on the American plan, when two occupy a San Francisco, Cal.; Dr. Wm. Porter, St. Louis, room. On \$1.00 rooms, (European plan) a rebate Mo.; Dr. D. N. Rankin, Allegheny, Pa.; Dr. J. M. of 25 cents per capita where two occupy a room. On Ridge, Camden, N. J.; Dr. J. O. Roe, Rochester, rooms for which the rate is \$1.50 and upwards, a N. Y.; Dr. John A. Robison, Chicago, Ill.; Dr. O. rebate (on the European plan) of 50 cents per capita

The Briggs House.—The rates will be \$2.00 to

The above hotels are located within a few blocks of Central Music Hall, the place where the general (forenoon) sessions will be held. Additional informa-W. McNeil Whistler, London, England; Dr. Edward tion as to hotel rates will be published in subsequent issues of The Journal.

> RAILROAD RATES for delegates will be published in full next week. They will be one and one-third $(1^{1}3)$ fare for the round trip issued on the certificate

plan, as follows:

Tickets for return journey will be furnished those having paid full fare to place of meeting who procure tickets not more than three days before the Association assembles, if presented within three days after the date of adjournment. Some forty different railroads of the country having already agreed to accept return tickets issued under this plan. The names of these railroads will also be published in next weeks' issue of The Journal.

> CHARLES GILMAN SMITH, M.D., Chairman Local C mmittee of Arrangements. LISTON H. MONTGOMERY, M.D., Chairman Committee on Iransportation.

MISCELLANEOUS.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U.S. ARMY, FROM APRIL 16, 1287, TO APRIL >

Capt. Edward B. Moseley, Asst. Surgeon, ordered for duty at Whipple Bls., Ariz. S. O. So, A. G. O., April 18, 1887.

APPOINTMENTS.

Charles I., Woodruff, Julian, M. Cabell, to be Asst. Surgeons with the rank of First Lieut., to date from April 14, 1887.

LIST OF CHANGES IN THE MEDICAL CORPS E U S NAVY, DURING THE WEEK ENDING OFFICIAL. THE U APRIL 23, 1887

Russell, A. C. H., P. A. Surgeon, U. S. N. ordered to duty at Naval Laboratory, New York. May 2, 1887.

Island, Me., to superintend building a naval hospital, wharf and other improvements, under instructions of the Surgeon-General of the Navy.

Woodruff, Chas. E., Asst. Surgeon, U. S. N., resignation ac. cepted, to take effect April 8, 1887.

ournal of the ${ m A}$ merican ${ m M}$ edical ${ m A}$ ssociation.

EDITED FOR THE ASSOCIATION BY N. S. DAVIS.

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CHICAGO, MAY 7, 1887.

No. 19.

CLINICAL LECTURE

THE GENERAL PRINCIPLES INVOLVED IN AMPUTATION,

With a Consideration of Some Points in the Technique.

BY FREDERIC S. DENNIS, M.D.,

[REPORTED BY SEYMOUR H. HOUGHTON, M.D., HOUSE Surgeon, Bellevue Hospital.]

once said that "we must reach such a state of per-lution of this problem. Delay in performing an amfection in amputation as to consider every amputa-putation was formerly fraught with very great danger tation a plastic operation;" and with a view to the from septic infection; but with the modern methods attention to this subject in the lecture to day.

needless addition of suffering to the patient on ac-septicæmia. count of the operation.

consistent with safety. Now, what is to guide the has been shown to have a causative effect on the surgeon in his decision of so important a question? death rate. Hewson has shown that with a rising In cases of compound comminuted fracture, with in-jury to the main artery of the limb and with great cases was only 7 days, while with a falling barometer

hæmorrhage is often alarming, and amputation is called for imperatively as the only salvation for the patient. What is the earliest moment a surgeon should operate? Never during profound shock; and the rule which must govern a surgeon is, to employ all known means to control hæmorrhage and to bring about reaction from shock, and wait. If the patient has pallor and coldness of skin, weak and feeble pulse, sighing respiration, non-reacting pupils, trau-PROFESSOR OF THE PRINCIPLES AND FRACTICE OF SURGERY IN THE matic delirium—internal injuries, no amputation is indicated. The earliest possible time an amputation can be performed, under great necessity from hæmorrhage, is when reaction is beginning; but unless Gentlemen: The late Sir Wm. Fergusson used to the patient is likely to become exsanguined by delay speak of amputation as "one of the meanest, and yet the beginning of reaction is an unfavorable period one of the greatest operations in surgery; mean for operation, and it is wise to defer it until reaction when resorted to if better may be done-great as is fully established. Amputation should not be perthe only step to give comfort and prolong life." In formed with a sub-normal temperature, a cold skin, studying the conditions under which amputations a feeble rapid pulse, or during traumatic deliriumhave been resorted to during the past half century, especially in children. The condition, then, of the it is astonishing to see how limited in number those temperature, the skin, the character of the pulse and conditions are at the present day. Szymanowski the mental state, are all important factors in the soaccomplishment of such an object I desire to direct of preventing sepsis in a recent wound, this obstacle is removed; and with antiseptic compresses applied There are four periods at which an amputation can tightly over the bleeding wound, and not above the be performed: 1. Immediate—before reaction from wound upon sound tissue, hæmorrhage can be conshock; 2. Primary—after reaction but before inflam-trolled and the wound kept from rapid sepsis a suffimation; 3. Intermediate—after inflammation but be- cient time to give the patient opportunity to react. fore suppuration; 4. Secondary--after suppuration is Thave seen an Esmarch elastic bandage applied above established. For all practical purposes these four a lacerated wound, over sound tissue, and when the periods can be reduced to the primary and secondary. flaps were made a certain amount of sloughing fol-As a rule, to which there is scarcely an exception, lowed from the compression. The wound itself is the the immediate amputation should not be performed, proper place to apply firm compression, never above as the patient is likely to die from shock during the the seat of the wound. This point is one of practioperation. The double shock of the operation and cal importance, because the elastic bandage as a of the injury is apt to kill the patient; and the means of controlling hæmorrhage has been misused; shock of the injury of the limb may be complicated instead of applying the compression over the bleedwith shock from injury of some important internal ing part, it has been carried above the bleeding part organ from which the patient could never rally, and and over sound tissue. As a result of this, ganhence the impropriety of the amputation, and the grene in the flaps may occur, with its accompanying

The mortality of amoutations depends upon a It is sometimes necessary to amputate as soon as variety of conditions; even the state of the weather loss and destruction of tissue in the soft parts, the the average duration was 13 days; and that 75 per

cent, of the fatal cases died when the barometer was formity—above all and beyond all the hygienic conrising. The conclusion is that, while the state of the ditions stand out foremost; and if we exclude serious any given patient after amputation, barometric arrangements. Sir James Y. Simpson showed that five changes materially influence the condition of patients times as many deaths occurred after amputations in

life, and that at any given period after 30 years of principles of science to surgery. We will now disage the risk is more than twice as great as it was at the same period after birth." Thus if, for example, it may be stated that 5 per cent, is the mortality after amputation in a child at 10 years of age, the mortality at 40 years would be 10 per cent.

The *seat* of the amputation is also an important factor. Amputations of the lower are more fatal than those of the upper extremities. In any given limb the death-rate increases in reference to the proximity of the amputation to the trunk. Thus if, for example, amputation of the thigh be represented by 50 per cent., the leg would be 40 per cent., the arm 25 per cent., the forearm 13 per cent. These figures are far too high since the introduction of antisepsis, but are quoted to show the relative figures in the different amoutations.

The part of the bone sawn through affects the mortality. The mortality is greater where the shaft is divided so as to expose the medullary canal than where the cancellated tissue of the bone is sawn through; for in the former case, the risks of pyæmia and osteo myelitis are greater than in the latter case.

The primary amputation is much more fatal than the secondary. Sir James Paget states that the mortality is 12 times greater in the former case. This rate is perhaps too high; but the fact that the primary amputation is attended with a greater death-rate is due to the severe character of the injury. It has been stated that the amputation of expediency, performed for the relief of deformity, is attended with a greater mortality than either primary or secondary amputations.

The general health of the patient importantly influences the success of an amputation. The condition of the kidneys, lungs, heart, and vascular system, liver, brain, and other important organs, materially affects the results after amoutations.

tant factor. A man of dissipated habits has his tation in general the following points are to be conchances of recovery lessened by his profligate life, ' while the temperate man has his chances of recovery greatly increased. Pneumonia often causes death after amputations in those cases where the patients operation. have been hard drinkers for many years.

The hygienic conditions are most important in affecting the mortality. Patients in the country do better than those in the city, and the latter do better ation. in private practice than in hospitals. Always secure for a patient abundance of fresh air and plenty of

weather may or may not turn the tide for or against organic disease, nothing is so important as the sanitary suffering from the effects of severe surgical opera-large city hospitals as in private and country practice. tions, and have a slight influence upon the death rate. To day the mortality in amputations is very much Age is also a factor in estimating the mortality less than in his day, and a large majority of the causes after amputations. Holmes has proved "that the of death following amputations may be said to have risk of amputations is constantly rising throughout been forever eliminated by the application of the cuss the indications for an amputation:

Aneurism.

Malignant disease.

Perforating ulcer of foot.

Uncontrollable hæmorrhage (primary or secondary).

The operation of expediency in deformity, in tumors and tetanus.

A disease of the joint.

The moist variety of gangrene.

In certain compound fractures and dislocations.

Old sloughing and varicose ulcers. Necrosis of bone.

These ten indications for amputations have thus been arranged in an acrostic, which will always enable the student or surgeon to have at his command the information.

REQUISITES OF A GOOD STUMP.

I. The bone must be amply covered.

2. The flaps must not be adherent to the bone nor exert pressure on traction upon the cicatrix.

The nerves must not be adherent to bone or cicatrix. 3. The nerves must not be adherent to bone or cicatrix.4. The nerves must be cut high enough so as not to be affect:

by pressure or by atmospheric changes.

5. The bone must be smooth and capable of bearing firm pressure upon it.

CHARACTERISTICS OF A BAD STUMP.

I. Necrosis at end of bone.

Sequestrum from injury to bone in sawing, by rough use of saw, by suppuration in bone by injury to periosteum, by sawing without irrigation to prevent the saw from acting as an actual cautery.

2. Conical-shaped stump.

Insufficient covering, spasmodic retraction of muscles, growth of bone.

3. Neuralgia of stump.

External pressure, local and constitutional causes, bulbous enlargement, adtional cause., hesion to cicatrix.

We may now direct attention to a careful study of the technique of the operation in its present perfected The previous habits of the patient is another importante. For the purposes of description of an ampusidered in an amputation of the leg:

First—Preparation of patient.

Second - Provision against hæmorrhage before

Third—Formation of a suitable flap.

Fourth—Section of the bone.

Fifth—Provision against hamorrhage during oper-

Sixth—Treatment of wound.

The preparation of the patient consists in a careful sunlight. Too much stress cannot be placed upon study of the patient's history, and also the special his hygienic surroundings. While the weather, age preparation of the member to be removed. Before of patient, seat of amputation, the part of the bone the operation the heart and lungs should be examsawn through, whether for injury or disease or de-ined, the urine analyzed, the general habits of the

patient inquired into with reference to intemperance, tive duties and he must not interfere with the duties and opium habit, or previous disease, and other points of the others; thus the operation from beginning to of interest which influence the treatment after oper end will be executed in perfect order, and with the ation, as well as the mortality. In other words, the least possible delay or suffering. The nurse should surgeon should study thoroughly the individual upon wash and wring out the sponges used during the whom he is to operate, and make himself complete operation; and what has been said of antiseptic master of the situation. The local attention to the preparation of the assistants must include the nurse. part consists in thorough ablution, shaving, and free irrigation with carbolic acid or bichloride of mercury to be removed, so that he can hold back the flaps solution.

minutes, and at the same time rubbed towards the turned towards the part of the limb to be removed, trunk. The tourniquet should be now placed over and never towards the flap. In this way he cannot the femoral just beneath Poupart's ligament, so as to button-hole the flap, and the edge of the flap being press against the bone. It should be screwed down out at right angles to the long axis of the limb, will not quickly upon a bandage placed under the bone and slough, as it will do if the edge is cut obliquely. The over the artery; if it is slowly turned a large amount flap should consist of skin and connective tissue and of blood will pass into the limb, and the compression deep fascia down to the muscle; but it is not to inis soon sufficient to keep the venous return in the limb, clude the muscle. The blood vessels nourishing the but not enough to prevent arterial blood from entering thap run between the skin and the deep fascia, and if the limb. Esmarch's bandage is often used instead the edges of the flap be cut at right angles and not of Petit's tourniquet, but the amount of oozing fol-obliquely, the extreme edge of the flap is bountifully lowing its use is so great that I prefer digital pressure supplied with vessels. In dissecting up the flaps they on the tourniquet, when properly applied. If the should be held by the surgeon's fingers, and never by ligated, the irrigation by hot water, as suggested by ing dissected up the flaps to a convenient distance better than any other means. If the hot water is now prepared to make a circular section of the musemployed for this purpose I should recommend that cles down to the bones. a weak solution of carbolic acid be prepared in anticipation, or else a mild solution of corrosive sublibecut, as suggested by Linhart, of Würtzburg. The mate (say 1-4000). These solutions have the addi- object of the interosscous membrane flap is to pretional advantage of making doubly sure the aseptic vent the retraction of the tissues which carry the condition of the flaps.

stances often influence the surgeon as to the kind and two inches parallel with the bone. The catlin should shape of flaps in any given case, but if he can now cut across until it comes in contact with the operate at a point of election instead of a point of edge of the fibula, and then upwards along the edge necessity, either the circular skin flap, modified, if of the fibula to a point opposite to where the first innecessary, by two lateral sections, which converts the cision was made. This will cut out a tongue-shaped amputation into one of an antero posterior skin flap piece of tissue composed of the interosseous memposterior flap, or the bilateral flaps, will be found best tibial artery is found. This interosseous flap retracts in all amputations. Whatever shape may be decided more readily than muscles, and consequently, being body where pressure is made against bone, skin alone stump. covers the part; the os calcis and the olecranon, the larger wound for healing.

sistant gives ether, another hands the instruments, a the sawing of the bones. third holds the limb to be removed, a fourth is re- Fourth stage, section of the bone.—The leg must sponsible for the application of the tourniquet or the be firmly held during the sawing, and the assistant elastic bandage, and a fifth sponges and helps tie the supporting the part to be removed must avoid any vessels. Each assistant must understand his respectively pressure downwards, this movement being likely to

The surgeon stands upon the right side of the limb with the scalpel, and in doing so he must remember Provision against humorrhage before the operation. to cut with his scalpel directed at right angles to the —The limb should be elevated and held for a few long axis of the limb, and the cutting edge slightly Esmarch bandage is used and the main vessels are forceps, which contuse the flaps. The surgeon hav-1. Varick, of Jersey City, will control the oozing and holding the flaps back with his left hand, he is

vessels up out of reach. A small catlin is thrust in Third stage, formation of suitable plaps .- Circum- close to the tibia and then carried down for about of equal length, or Teale's long anterior and short brane upon which and attached to which the anterior npon, all flaps should consist of skin and connective cut two inches longer than the muscles, the flap with tissue only, and not muscle. At all points of the the artery will be found directly upon the face of the

With a large amputating knife the muscles should tuberosities of the ischium, are good examples of be severed at a point just below the point where the this. If muscle be included in the flap on the sup-base of the flap is attached. It is best to allow for position that it will form a soft cushion over the di- a certain amount of contraction of the muscle after vided end of the bone, the fact that the muscle soon it is cut, and if the circular division is made as decompletely atrophies takes away the supposed advan-scribed, the cut surface of the muscle extends down tage. If the muscle is included there is considerable so as to be upon a plane corresponding with the bone bleeding from the cut surfaces and there is a much or bones. A double tail retractor, or a triple tail retractor if two bones exist in the extremity, is placed The surgeon having decided on the kind of flap in front of the face of the stump between the bones desired, everything is now ready to begin. One as- so as to keep the muscle from being injured during

cause fracture of the bone, or any movement up-the wound. In treating an amputation wound by wards, which is likely to bind the saw and prevent its the first method, it is assumed that all the details of free movement. When the femur is to be sawn the antiseptic surgery have been carefully carried out; saw should go through the linea aspera before com- otherwise failure to obtain primary union is certain. pletely severing the bone, and this will avoid splintering the edge of the linea aspera. When two bones primary union, it is often advantageous to defer are involved, as the tibia and fibula, they should be permanently closing the stump for several hours. sawn upon the same level, remembering to saw This is especially indicated where there is much oozthrough the smaller of the two bones first, so as not to ing from the surface of the wound. By deferring the disarticulate the fibula at its upper end. Volkmann final dressing for a few hours the wound is not closed has found that rapid sawing causes so much friction until it is perfectly dry, and until a delicate film of that great heat is generated, which produces circular coagulated blood glazes the surfaces.2 Whenever the necrosis at the end of the bone. The saw should be final dressing has been deferred I have irrigated the used gently and drawn lightly from heel to toe, and wound thoroughly with a hot solution of bichloride the sawing should be performed under continuous ir- of mercury, and then packed with a large number of rigation, so as to prevent the development of too small sponges which have been taken immediately much heat from friction. The surgeon should now out of a glass vessel containing a solution of hot bipass his finger over the surfaces which have been sawn, chloride of mercury. The sponges should be wrung and remove by Liston's bone-forceps any slight pro- out as dry as possible and introduced into the wound, jection or splinter, and then bevel the edge of the and the flaps brought over the sponges, and then a tibia so that its sharp crest will not perforate the skin heavy bandage of antiseptic gauze placed over the when the flap is drawn down over the face of the stump with but moderate compression. In five or stump. If desirable, a small piece of periosteum can six hours, the patient in the meantime having reacted be pushed up from the bone before the saw is applied, and then the periosteal flap can be stitched over the permit, without suffering any pain, the completion of front of the bone by a catgut suture. This proce-the dressing. dure was formerly in vogue to prevent osteo myelitis, as the periosteal flap united by primary union, so that stump and one by one the sponges removed from the no suppurative discharge could be absorbed by the wound; and all oozing having ceased, a thin film of medulla.

main artery first; then the other arteries in turn according to their sizes. Do not tie veins unless it is stump, brought out at each angle of the wound, and necessary. The artery forceps should embrace only the divided end and open mouth of the artery, and the ligature should involve the vessel only, none of Catgut should be employed; but three or four silver the surrounding tissues. Catgut is preferable for sutures should also be used, because the catgut ofligatures, as it possesses the especial advantage of ten absorbed too quickly and the flaps are not held allowing the stump to be closed. If torsion is em-firmly. The silver relaxation sutures can be removed ployed, the advantages are still greater; but this method is only safe in the hands of surgeons who tion. A button or silk suture or horse hair can be understand its use thoroughly and are skilled in its used instead of the silver wire if the surgeon prefers. practice. After all the vessels are tied or twisted If the edges have been accurately approximated a irrigation, or by packing into the stump a number of of incision, and then the protector and then the hosmercury.

wound-surface perfectly dry, the last and sixth stage is entered upon, and this leads us to a discussion of dry carbolic gauze is not antiseptic unless it is warm. wound. The different methods which have been devised are numerous, and many of them complicated. I pass by the Guérin pneumatic occlusion method and the Maisonneuve pneumatic aspiration method be dispensed with as a rule. The superficial dressas too difficult and complicated for the use of the ing of hospital gauze should be dry and quite firmly general practitioner. The cold water dressings as suggested by Liston, and the continuous bath recommended by Langenbeck, are methods to be employed in exceptional cases. Dressings of stumps, for practical purposes, may be reduced to one of two methods; either the closed or the open method. The great majority of cases should be dressed by closing

In dressing a stump with a view to obtaining from the shock, is now perfectly conscious, and will

The bandage should be carefully removed from the iodoform can be dusted or sprinkled over the flaps Fifth stage, prevision against hamorrhage during and upon the face of the stump. A drainage tube the operation.—The surgeon should secure and tie the of red rubber—because it contains no sulphur should be placed in contact with the face of the cut off flush with the surface of the skin. The flaps should now be approximated and the sutures tied. as soon as they show evidence of the slightest irritasome oozing may occur. This is controlled by hot thin film of iodoform can be sprinkled over the line antiseptic sponges wrung out in hot bichloride of pital gauze lightly placed over the stump. The gauze next to the wound should be wet, having previously After hamorrhage is completely arrested and the stood in a hot solution of bichloride of mercury or carbolic acid. The gauze should be wet, because a most important subject, viz.: the treatment of the The absorbent cotton can be now placed over the entire stump and held in place by an antiseptic bandage. Over this dressing layers of antiseptic gauze can be placed with the Mackintosh; the latter can

These details of wound treatment have already been discussed in a previous lecture, a report of which may be found in The JOURNAL of August 21, 1886, and it is unnecessary to repeat what has been said in regard to the technique of an aseptic surgical operation.

Some surgeons have objected to deferring the permanent dressing several hours because the patient has come out of the influence of the anesthetic, and the final dressing must be done while the patient is conscious. The objection is overruled if the sutures are introduced through the flaps but left hanging loosely. There is no pain in the mere approximation of the flaps.

on a splint and bandaged to it.

dressing can remain unchanged for a week, and then septic poison. a new and final dressing can be applied. It is thus evident that by this method all the great principles mary union in all amputations by using every detail of wound treatment have been observed.

In exceptional cases, however, it is not best to close the wound because primary intention can not be obtained on account of the peculiar conditions of the wound. In cases of compound fracture, attended with great crushing of bone and soft parts, there judgment and a due regard for the best interests of is occasionally some contusion over a small area of the patient has persuaded you to adopt the method the wound, which might prevent primary union, but which is less brilliant in its technique, but more brilis not sufficient to prevent a satisfactory healing by secondary intention, and thus securing a longer stump. Another circumstance where closing the wound is not best, is in an amputation of emergency, at a place where antiseptic dressings can not be secured immediately. I believe that under such circumstances no attempt should be made to secure primary union, because all the essential conditions are absent, and a failure under these circumstances would expose the patient to serious risks from septic infection. Half-way antiseptic surgery is more dangerous than full exposure of the wound to the air. I believe that leaving the wound fully exposed to the air is not only safe, but is in reality the best method where all the conditions of rigid asepsis cannot be controlled. During the past session I have treated two stumps by the open method, and both of them did just as well as regards constitutional disturbance as the others. The open method has one disadvantage; the wound does not heal so quickly; but it heals satisfactorily in the end. In the open method the highest type of antiseptic surgery is found. The frequent use of carbolic acid renders the soil unsuitable for the growth of germs, the causes of putre-The unobstructed flow of the discharge prevents the secretion becoming putrid. The exposure of the wound permits evaporation, which renders the discharge too highly concentrated for the favorable growth of these germs; and, finally, as Pasteur has shown, this same free exposure, by the supply of oxygen to the microorganisms, prevents their disorganizing and breaking up the albuminous compounds in their struggle for one of the essentials. The preservation of the albuminous of their being. compounds diminishes, and even prevents, the processes of putrefaction. The exposure of the wound lessens the chances of decomposition by causing it or at the residences of patients, a certain range of to become dry.

with its precepts, only that in the open method the is aseptic. In the open method the stump is irriga- patients the benefit that such a radical treatment ted every few hours with carbolic acid solution. Balsam of Peru is used to stimulate the granulations,

bandaged to the stump, which should be placed up- and in ten days the granulating surfaces upon the flaps are approximated, and healing takes place be-In three days, if everything has gone on well, the tween these two granulating, instead of between two dressing should be changed under irrigation so as to fresh, surfaces. In epidemics of diphtheria I have remove the drainage tubes, and a new dressing ap-found the open method preferable, because a healthy plied in the manner already described. This second granulation surface is a barrier to the entrancerof

> In conclusion, gentlemen, endeavor to obtain prirequisite to success. When the conditions are unfavorable, aim at secondary union by the open method; but remember that even if the open method is best suited to certain cases, it is still antiseptic surgery in its highest and broadest sense, and that good liant under such circumstances in its ultimate results.

ORIGINAL ARTICLES.

PNEUMATIC DIFFERENTIATION AND THE PNEU-MATIC DIFFERENTIAL PROCESS. ITS DEFI-NITION AND GENERAL SUGGESTIONS FOR ITS APPLICATION.

> BY HERBERT F. WILLIAMS, M.D., OF BROOKLYN, N. Y.

The term "pneumatic differentiation" was first used by the author, in an article which appeared in the New York Medical Record, January 17, 1885. In this article, or in a subsequent one, certain improvements were spoken of which promised to enlarge the scope of the process there described. This paper is written for the purpose of giving a fuller description of what has now come to be known as the "Pneumatic Differential Process."

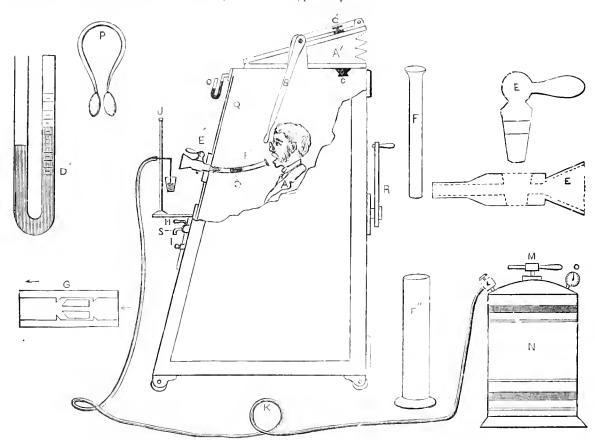
Pneumatic differentiation is the mechanical expression of the thoughts and ideas of two men, a physicist and a physician. However parallel their work may have been to earlier investigators, the labor has been entirely independent, and perhaps for this reason there comes a point of divergence which carries their investigations considerably beyond the labors of Hawk, Lange, Junod and Waldenberg. The cabinet in the hands of lung specialists is capable of nice and skillful adjustment to the various anomalies and contortions that are found where diseased action has not been impeded, and under the control of such in hospitals, sanitaria, cases will yield to treatment that might fail of per-There is no real inconsistency between antiseptic manent benefit in office practice. But the cabinet surgery, as now understood, and treating a wound and its operation are equally well designed for the openly. A careful study of the principles of anti- larger field of the general practitioner, who from the septic surgery shows that both methods are in accord nature of his work, sees the earliest manifestations of pulmonary disease, and can easily arrange with, wound heals by secondary union, and still the wound perhaps, a younger brother practitioner to secure lis will confer at the inception of diseased action.

process can be said to comprise six principal acts, the arrows would force the valve into its ground which may be enumerated as follows: First, resid-socket, and the circulation of air would continue ual air expansion; Second, forced inspiration; Third, through the central perforation. The air current inspiratory differentiation; Fourth, respiratory differ- being reversed would drive the valve against the entiation; Fifth, expiratory differentiation; Sixth, shoulders, and the circulation of the air would beforced expiration.

[These acts can be produced upon a patient when be used to produce free inspiratory and restricted he is inclosed in a cabinet of suitable construction. expiratory aperture, or the reverse. The breathing The following diagrams may assist in the description faucet e and e' may serve to produce either free or of the several acts:

can be arranged to produce either rarefaction, com- automatic, and hence, it can only be utilized when pression, or alternate rarefaction and compression of we wish to modify an individual inspiratory or exthe air in the cabinet. The bellows a, is of about piratory act.

Description of Terms.—The pneumatic differential air current tlowing in the direction indicated by come free around the valve. Hence, the valve can restricted inspiration or expiration, by fully or par-The valves c and c' are so constructed that they tially opening the stop-cock, but the action is not



A, patient. Al, bellows. B, lever to operate bellows. C, cabinet valve. Cl, bellows valve. D, manometer gauge. Dl, same half size, showing 4-to in mercury. El, breathing faucet in place. E, same detached, showing construction. E, breathing titbe. Fl, same in position. Fll, bath jar for holding same in asoptic fluid. G, artificial glottis. Gl, same in position. Il, adjustable stand for holding vaporizer. I, set-screw for holding same in position. J, vaporizer. K, rubber tube leading to condenser. In regulator, to control flow of air at any given pressure pump. N, condenser. O, gauge for compressed air condenser. P, nose clip, to compel or al respiration. Q, glass front to cabinet. R, lever for opening same. S, agressory—ston cock. S, accessory-stop cock.

 $\frac{\pi}{30}$ the cubic capacity of the cabinet, and of a calculated tensile strength somewhat less than the breaking strain of the cabinet. The artificial reversible cleansing. The oral end is expanded and comfortaglottis G, is so constructed that it can be placed in bly fits the mouth, being placed between the teeth the breathing tube either at the oral end where it and lips. The patient while breathing taking care can serve as a month piece, or it may be placed to open the jaws, but keeping the lips firmly around farther down if preferred. It is provided with a per-the flange. forated valve, the circumference of which has been ground to its opposed bearings. Its backward play c' are set for rarefaction. The patient is told to being checked by two shoulders in the tube. An make a full inspiration from the air in the cabinet,

The breathing tube, F and F, is designedly of

and while he is maintaining himself in this act with sion of one inch Hg. is sufficient. The valves c and his mouth and glottis open, rarefaction can be pro- c' are arranged to produce alternate rarefaction and duced to the extent of from 1-2 inches. This will pressure. The patient now takes the same position expand such air as may be occluded behind bronchial as for inspiratory differentiation, having been previplugs. If we wish to expand residual intervascular onsly instructed to conduct his respirations syncronair, the glottis should be gently closed after full in- ously with the movement of the lever, or inspiring spiration. The patient can indicate by a pre- in response to the word "in" and expiring at the arranged movement of the hand, when he is pre- word "out" as enunciated by the operator. The pared for the removal of the air about him, which, bellows are closely shut, air inside and outside the on account of the relative size of the bellows to the cabinet is at equilibrium. The patient takes the cabinet, can be effected in two or three strokes of breathing tube in his mouth at the word "in," he the lever.

remain as before. The rarefaction may be from wide, thereby withdrawing about $\frac{1}{30}$ of the atmosmouth, and if the higher rarefaction is used the and producing a corresponding depression in the breathing faucet is partially opened and the weight mercury. The accessory stop-cock is now opened of the normal air seeking to establish an equilibrium to allow air to rapidly flow into the cabinet, when with the expanded rarefied inter-pulmonary air, will equilibrium is again established, which will take produce an easy and effectual expansion of the place in a few seconds, the accessory stop-cock is lungs. The expiratory act may be made into the closed. The word "out" is called, and the patient cabinet. This will decrease the rarefaction in the makes an expiration. The operator recovers the cabinet, and as each respiration proceeds, the breath- lever and compresses the air in the cabinet to the ing aperture in the faucet may be opened wider, or limit of the contents of the bellows, which drives the rarefaction may be kept high by an occasional the mercury up the left arm of the manometer. stroke of the bellows. At a pressure of from 120 to These movements can be repeated from five to $\frac{6}{10}$ the patient may proceed to the third act.

by maintaining continued respiration through the breathing tube during the contrasted air pressures.

This converts the normal active inspiratory act into a passive movement, while the ordinary passive expiration becomes active to a degree dependent upon the extent of differential pressure. The noseclamp should be used in this act if the posterior pharynx cannot be controlled, to prevent the escape column of air, which after two or three inspirations the reverse of the inspiratory differential act. secures a constant and even expansion from buccal expel the lower differential pressure will be inade, per minute. quate to overcome the increase. It is not necessary, however, to remove such a large quantity of air at Residual Air Compression. It differs from the last once, for, by the gentle and occasional operation of act in that the patient makes a full inspiration at the bellows, the rarefaction can be maintained, con- equilibrium then closes glottis, when the operator stantly at one point.

IV. Respiratory Differentiation.—This has become the principal act of the entire process2, and its scope will not be reached until we are provided with eral acts.—Each patient is to be furnished with a special apparatus for the operation of its full princi- separate breathing tube and jar, labelled for identifiple in producing artificial respiration in all forms of cation, which is to be filled with an aseptic solution suspended animation.

For the treatment of pulmonary disease an excur-

makes an inspiration. The operator at the same in-II. Forced Inspiration .- The valves c and c' to stant depresses the lever and opens the bellows 10 to 2 inches. The patient now takes the tube in his phere less the cubic displacement of the patient, fifteen times per minute. The inflow or outflow of III. Inspiratory Differentiation, which is effected the respiring air can be retarded by the use of the artificial reversible glottis as already described. Further reference to this will be made in treating of its application to diseases. Should the entire contents of the bellows produce too great a force, the patient may commence respiration with the bellows half open, when its operation, as before, will give a reduced variation each way.

V. Expiratory Differentiation.—The valves c and of air, which will not only lower the rarefaction, but 'c' are arranged to produce pressure inside the cabmore seriously interfere with the full intent of the inet, with $\frac{2}{10}$ to $\frac{4}{10}$ the patient will find his inspiration act, which compels the respiration of an elastic difficult and his expiration easy, just to the extent of

VI. Forced Expiration.—Valves e and c' same as cavity to the remotest alveolus. Radiation of body in last act, high pressure from 1 to 2 inches is proheat or any slight escape of air into the cabinet will duced in the cabinet. The patient takes his inspiraafter a few moments reduce the rarefaction, but this tion from the cabinet air, but makes his expiration can be kept up without disturbing the treatment by through the breathing tube, which the operator must the withdrawal of the air syncronously with the in-close while the patient is inspiring. The bellows spiratory act. If air is withdrawn from the cabinet must be operated to keep up the pressure in the when the patient is making an expiratory effort, the cabinet, for the patient is now reducing the pressure amount of energy which he unconsciously exerts to by the emptying of his lungs ten to twenty times

> To these six acts another might be added, viz: rapidly produces pressure from 1 to 2 inches. This is exactly the reverse of Residual Air Expansion.

> General suggestions for the application of these serin which the breathing tube is to be immersed when not in use. The breathing faucet should be cleansed and disinfected after each treatment; the cabinet should be kept cleansed and frequently disinfected.

closed. The air should at least be fanned out after ention and forced expiration, with high pressure, each treatment. Cuspadores should be cleansed should be the principal treatment. In simple larand disinfected after each treatment—or separate yngitis, trachetis, and bronchitis, inspiratory differenones supplied each patient. The patient should be tiation, forced inspiration, with low vacuum $\frac{1}{10}$ to $\frac{1}{10}$, so placed in position that a good free movement of where spray is projected by means of forced inspirathe thorax and abdomen can be made. The height tion, calculation must be made upon its deep penetraof the chair and the distance from the breathing tion, and sedative, lubricating and emollient agents tube should prevent the possibility of the patient ac- alone should be used. Hot spray is more grateful quiring the habit of leaning forward while taking to some conditions than the cold blast. treatment. In warm weather or in heated rooms the cabinet doors should be opened occasionally curring in persons of full respiratory power, do not during the sitting, and the patient gently fanned. A well tolerate irritating sprays or vapors, and high towel should be pinned about the neck of the pa- pressures are unnecessary. Patients whose laryntient, this should be of sufficient length and breadth geal, tracheal and bronchial mucous surfaces have beto cover the lap, abundance of these should be pro-come inured to the frequent passage of catarrhal vided and a fresh one supplied for each treatment. Every detail of refinement not only catches the attention of the patient, but gains his full confidence, and guards him against contamination, contagion brane can be inferred. Lugol's solution, 30-50 per and infection.

Patients applying for treatment should be classified | benefit. if possible, into the following divisions: 1. Developmental, a, connection of faulty respiration, b, treated by forced inspiration, or respiratory differencalisthenics; 2. Acute non-infectious; 3. Chronic tiation; inspiratory differentiation may be possible, non-infectious; 4. Acute infectious; 5. Chronic but high vacuum may precipitate a seizure. This infections.

Where it is possible to pre arrange sittings, patients suffering from acute affections should follow each other, and precede the chronic cases, and es pecially the chronic infectious cases. Scrupulous lobules following croupous and catarrhal pneumonias, attention should be given to the cleansing and disinfection of the cabinet, and such accessories as has been in use in such cases. Germicidal sprays and vapors should never be omitted in the treatment of infectious (tubercular) cases, even by those who: do not sympathize in the belief of the assertion of differentiation. The sleeplessness of anæmia, anotheir germicidal power.

SUGGESTIONS FOR TREATMENT.

First, as a means of Calisthenics.—Respiratory differentiation should be used at first. This may be conducted with the breathing faucet entirely open, but as the patient's respiratory power increases, it may be but partially open, the alternation of pressures can be made greater, and both respiratory and expiratory acts can be maintained until the pressures are equalized. Should there be a tendency to prolonged expiration, a portion of the sitting should be conducted by forced inspiration with high vacuum and a contracted inspiratory aperture.

The inspiratory muscles may be strengthened by maintaining respiration by expiratory differentiation, with a pressure of $\frac{2}{10}$ to $\frac{4}{10}$, expiratory strength may be acquired by the maintenance of the full inspiratory differentiation. This act should only be used when hæmorrhage has occurred or is anticipated, and in pulmonary congestion. In uncomplicated emphysema gentle respiratory differentiation; expiratory differentiation and forced expiration should be used. When there is complicating bronchial catarrh, the treatment may be interspersed by inspiratory differentiation, or forced inspiration with low vacuum

This can be easily accomplished by allowing the $\begin{vmatrix} 1 & 1 \\ 1 & 1 \end{vmatrix}$ to $\frac{1}{10}$, for the purpose of applying appropriate spray or vapor to flow into the cabinet with the door remedial agents. In bronchiectasis expiratory differ-

Acute inflammations of the respiratory tract ocinflammatory, and degenerative products are more tolerant to the stronger disinfectants, and where ædematous conditions of the bronchial mucous memcent may be occasionally used with impunity and

Ordinary spasmodic neurotic asthma is best act may be made possible by the introduction of a proper anti-spasmodic agent. As to the various functional disorders of the lung, produced by pleural effusions or exudates, the non-aerating lobes and regional blood stasis due to bronchial occlusion. These conditions should receive as preliminary residual air expansion, or compression, or both, followed by respiratory differentiation and then by forced inspiration, and the sitting concluded by inspiratory rexia, chlorosis and the amenorrhoea dependent upon these conditions, will all receive direct benefit from inspiratory differentiation.3 Some forms of heart disease should respond to the same act.

(To be concluded.)

ENTERECTOMY FOR STRANGULATED HERNIA. WITH REPORT OF A CASE.

BY N. B. CARSON, M.D.,

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Has the introduction of antisepsis into surgery improved the results of herniotomy? It is claimed by some that the mortality has been lessened by antiseptic methods. Hamilton says: "Mr. Hey states that he lost three out of every five cases upon whom he operated, but it is my impression that the mortality remains about the same as when Mr. Hey wrote, nearly one hundred years ago."

Bruno Schmidt, (Leipsig)1 states that the mortality of strangulated hernia before the introduction of Listerism was 45.8 per cent., while the mortality since its introduction has been 36.6 per cent., a re-

⁸E. Tiegel, New Yorker Medizinische Presse, February, 1887.

¹Verhaud, der. Deut, Gesells, für Chirurg, 12th Cong.

duction of 9.2 per cent.; an improvement not com- tion is another cause of death that must be considmensurate with the improvement in other abdominal ered. All authorities on strangulated hernia give it operations. Schmidt accounts for this failure by the as a cause of sufficient occurrence to be noticed, parts being already necessarily septic on account of Connor³ cites two cases wherein he found this contheir relations. P. S. Connor reports thirty-three dition, and as a consequence of the tight constriction cases of herniotomy, with a death rate of 63.6 per paralysis of the engaged part of the bowel; the percent., and in but one of these cases did he attribute istaltic action remained arrested, the vomiting conthe cause of death to the wound, and in that case tet- tinued, and the patient died just as if no operation anus was the cause. From this it will be seen that had been performed. As to the other immediate the improved methods of to day have done little for causes of death little need be said, as they are so this operation.

When we examine the cause of this fearful morthe immediate causes, while stricture plays its part | later on. The number of deaths from shock, comwhy this is so can be very readily explained when we to some years, and may involve any part of the aliconsider that the bowel is often returned into the mentary tract. abdomen so soon as it begins to show signs of return-

in the operation, wherein the condition of the bowel the abdomen be performed in cases of strangulated but as evidence of returning circulation, in both cases, for consideration in the minds of most surgeons when soon became apparent it was decided to return it, about to operate, but I think that in the future it is and as a result after some hours symptoms of rup- well that it should be." ture supervened and a fatal peritonitis followed. Here the line of constriction was marked, and no practice, bearing upon the subject in question is of doubt if autopsy could have been made we would more than ordinary interest, I will introduce it here. have found the bowel open where it had been softout feces is sufficient to set a septic inflammation.

infrequent as to require no more than passing notice.

Stricture after strangulated hernia is due to cicatality we find: Shock, peritonitis, paralysis, humor-trization, says Mr. Treves, and follows upon ulcerarhage, tetanus, crysipelas, and pyemia set down as ation, or limited gangrene of the involved bowel. He says he has found four recorded examples of this stricture, in addition to several specimens to be seen paratively speaking, is not very great, while perito- in some of the London museums. This condition nitis, generally septic, plays the most active part; and may follow the relief of the hernia in from one month

Having now considered the causes of death, the ing circulation and while it is still in a pathological question naturally arises how are we to combat them? condition. The following statement clearly explains Gross says: "It has been proposed when mortificamy views: "Strangulated gut returned in the condi-tion has been limited, to replace the bowel on the tion, even if there be no openings, and although it supposition that before the slough can separate, the has been well washed, is still septic, and the secre- parts immediately around the seat of the disease will tions from its surface will set up a septic peritonitis." have contracted firm adhesions to the neighboring Another very frequent cause of peritonitis, and one viscera, thus protecting the peritoneal cavity against that is not anticipated as likely to occur as often as fecal effusion." He very justly doubts the propriety autopsies prove it, is perporation after return. Most of such a proceeding, and says he would certainly cases of strangulation come to the surgeon after the discountenance it. An example on the part of nahernia has lasted many hours and often days, and ture to protect herself is cited by Mr. Treves, wherein after much time has been spent and much damage done. Mr. Travers tied a ligature around the small intesin efforts at reduction. Consequently the bowel is so tine of a dog. The animal died on the third day, altered in structure that it is with difficulty recognized and the ends of the bowel were found to enter a kind when cut down upon. As a result of this, if the part of cyst, formed by lymph from the peritoneum. While is not already destroyed in its entirety, it is most fre- it is true that nature makes many efforts at restoraquently so softened and changed at the line of con-tion, she does not succeed sufficiently to be relied striction that little presure is necessary to cause rup- upon, and we naturally look in what direction we ture, which often occurs, as proved by autopsies, after can best subserve her interests. The great success its return to the abdomen. Personally I have not been attending all abdominal operations inclines us to seek able to verify this, but I recall two cases, one in my in that direction, and the question is asked and ansown practice, and one of a friend whom I assisted wered by Mr. Sheent: "Should hermotomy from within was such that its return seemed of doubtful propriety; hernia? This has hitherto hardly been a question

As the following case, which occurred in my own

N. R., American, aged 12 years, entered my service ened by the tight and long-continued pressure. Often in the St. Louis Mullanphy Hospital December 12, these openings are so small that they escape the hasty 1886, with a strangulated inguinal hernia of several inspection made at the time of the operation. Gross days' duration. He stated that on the Wednesday says: "At the seat of stricture the bowel is usually preceding his coming to the hospital (which was on ulcerated or pierced with apertures commonly so Monday) while skating he was suddenly seized with small as hardly to admit of the escape of gas, much a severe pain in the abdomen, which he did not locate less of mucus and feces." In this way many cases definitely. He returned home, and his mother adof peritonitis can be accounted for, as gas alone with- ministered simple remedies which failed to bring relief. He noticed then for the first time a lump in the right Paralysis of the bowel as the result of strangula- groin about the size of a hickory nut. His mother's

³ Medical News, Dec. 4, 1386. 4 British Medical Journal, February 19, 1887.

attention was called to this, but as it had been there peritoneal cavity, and my finger entered an opening before, and had always gone away of itself, nothing in the intestine at its exit through the external ring, was thought of it. The next day, being no better, a; which doubtless resulted from the very slight manipphysician was sent for, who ordered opiates, hot ulation necessary. I then grasped it so as to prevent water injections and warm applications to the abdo- the escape of its contents, and by careful traction men. From the opiates he obtained only partial drew it out through the median opening. I then relief, and the injections brought away only a few discovered that the entire circumference of the bowel scybala. Vomiting of a dark brownish fluid, free had not been strangulated, but only about four-fifths from odor, supervened on the second day, and con- of it, while the remainder had been drawn so tightly tinued up to the time of his coming to the hospital, to the border of the ring as to completely occlude it. When I saw him, in the afternoon, after his entrance The part above the constriction was distended, and into the hospital I found him with a good expression, with a pulse of 100, regular and of good volume, low was collapsed. temperature 98.4° F. The abdomen was distended both above and below the opening, the intestinal and showed plamly the convolutions of the small contents having been pushed up and down, so as to intestine. There was but little pain on pressure. In the right groin was an inflamed tumor about the size of a large hen's egg, painful to the touch and pitting on pressure. The tongue was moist and covered in the centre with a thick white coating, while the edges and tip were red. The bowels had moved last on the morning of the accident. There had been no not urgent I concluded to defer any operative probe present to give their consent.

The next morning his condition had not materially changed. His expression was a little more pinched, his pulse was 112, still regular, but not as good volume as the evening before. Temperature 100° F. The tongue was a little dry, but otherwise unchanged; the abdomen was a little more tense; there was no noticeable change in the tumor, and no recurrence of the vomiting. With the consent of his parents it was decided to cut down upon the tumor, and if the bowel was not already open to incise it and allow the

escape of the fecal contents.

The sack was opened; there was an escape of two or three drachms of sero-purulent fluid. The knuckle of intestine was destroyed beyond recognition. When this was opened, there was an escape only of very offensive mucus and serum. The parts were now thoroughly washed with a solution of carbolic progress of the case to complete recovery was uninacid 1-20, and the examination proceeded with. The stricture was so very tight that I felt sure the bowel had been cut through, and if any attempt were made to divide the stricture the adhesions would be broken, and fecal extravasation result: yet if left alone with the hope that the obstruction might be spontaneously removed, the gut might be torn at the site of stricture, as happened in the case of Mr. M. Banks6 when, after six days of favorable progress, when the bowel had been left in situ, it ruptured, and in an hour or two the patient was dead. After carefully considering the case I decided to open the abdomen, resect the bowel, wash out the cavity and thus give my patient, as I thought, the best chance for recovery.

The abdomen was opened in the median line, the dead part of the intestine cut off close to the external ring, and the wound again thoroughly washed with the carbolic solution, and thoroughly dusted with iodoform. I then introduced my hand into the

much congested for some inches, while the part be-An assistant held the bowel prevent their escape. The abdominal opening was held together, and it and the exposed bowel were protected with hot towels. I then cut away the injured part of the intestine, being careful to reach healthy tissue, and a triangular piece of the mesentery, the free border of which was allowed to project slightly beyond the resected border of the bowel; vomiting for some hours. As the symptoms were this was done to prevent sloughing of the cut edges of the bowel, an accident which too frequently intercedure until next morning when his parents would feres with the success of the operation. The edges of the mesentery were first brought together with a continuous suture of carbolized silk No. 2. Then the intestine at its mesenteric junction was carefully adjusted and held by fine interrupted silk sutures. The mucous membrane was next sutured and subsequently the serous and muscular coats. For this the Lembert suture was used. The parts were then thoroughly washed and returned into the abdomen, which was afterwards cleansed with hot water. The opening in the groin was again washed, dusted with iodoform, a bone drainage tube introduced, and closed with catgut suture. The toilet of the peritoneum having been made, the abdominal opening was closed with silk sutures, bichloride and iodoform dressings applied, and the patient returned to bed and surrounded by hot bottles.

Reaction was complete in a few hours; and as the terrupted, it will be unnecessary to give it in detail. The highest pulse rate was 120; the highest temperature reached was 100°. The bowels moved spontaneously on the morning of the fifth day, a healthy stool, free from blood, being the result. The only complaint was some colicky pains which gave trouble for some days. He left the hospital six weeks after the operation, and has remained well ever since.

Considerable shock followed the cutting away of the disorganized bowel, and required the hypodermic use of brandy and ether; the pouring of hot water into the belly aided the reaction, although that had already advanced before this was done. Shock, after the cutting away of the dead bowel, is one of the chief dangers of the operation, and unless the patient is in a condition to resist this, it is better to postpone the resection of the dead part until his condition can be improved. I would advise that just before this part of the operation is reached a full hypodermic injection of brandy and morphine, or ether, be given, in order to prevent this shock as much as possible.

Medical Times and Gazette, May 9, 1885.

Another danger-an insurmountable one-is the of the intestine. Of this number eight died and time required for the operation; in most cases two thirteen recovered (one with an artificial anus). hours or more. In completing this operation I was These cases are shown in the following table: a little less than two hours. Had I been fully pre- Analysis of the above cases shows that death was pared for such an operation I would have made it in caused by shock in 3, septic peritonitis in 5. At a little over an hour. This is one of the advantages time of operation 7 were moribund, 4 were in bad of the abdominal opening. We are thus enabled to condition, 10 were in fair and good condition. Of reach the parts better, and by so doing hasten the the latter only I died, and that after 8 days of favor-

mortality from herniotomy? and how can we do it? with 3 deaths and 3 recoveries. In 2 the patients After carefully considering the causes of death in were moribund, and in the third there was ulceration these cases, I think the questions can be answered after 8 days of one of the sutures. In 5 the resecaffirmatively, by opening the abdomen and resecting tion was secondary, with 1 death. at once the injured bowel in all cases where there is In regard to the treatment of gangrenous intesany doubt of the possibility of a return to a healthy tine: Shall we resect the dead part at once, or shall condition, provided the patient is able to withstand we incise, and resect later? Statistics favor the secthe shock and long-continued anæsthesia. If, how- ondary operation, but I think when we examine into ever, there seems a probability of healthy reaction, the causes of death, we can readily explain why it is allow the injured portion to remain outside, covered so. It will be seen that of the 21 cases cited above with hot aseptic towels, until this question can be 8 only were in good, and only 2 in fair condition. positively decided. If it is already dead and the Of this number only a died, and that was a case of

able progress, from septic peritonitis caused by ul-The questions now arise, can we lessen the great ceration of a suture. Laparotomy was done 6 times

NAME OF OPERATOR AND WHERE REPORTED.	No, of Cases.	Recoveries	Deaths.	Primary Resections.	Secondary Resections.	Condition of pa- tient at time of operation.	Part removed.	No. of inches.	Laparotemy.	Cause of Death.	REMARKS.		
D. V. Dean,	ı		1	1		Moribund.	Heum			Shock.	Not reported.		
H. H. Mudd.	3	1	2	3		1 Moribund, 2	+ 4	5. 5. 3.		Shock, 2.			
W. H. Folker, Brit. Med. Jour.,	1	1		1		7 Fair, 1 Bad.	4 +				Intestine stitched to opening, as condition of		
Ang. 15, 1885.										~ .	patient would not allow complet'n of operat'n		
R. Parker, Liverpool Med. Jour. January, 1886,	2		2	2		Moribund, 2.	6.4	14 in 1	2	Sep. peri- tonitis, 2,			
M. Banks, London Lancet, April	1	1		1		Good.		3	τ	tomus, 2.	Hernial opening extended to allow return of		
25, 1885. J. C. Stewart, Am. Jour. Med.	1	1		1		Fair.	"	4			bowel.		
Sciences, Jan., 1886. J. A. Wyeth, N. V. Med. Jour.,	ı	1			1	Very bad.		21/2	ı		Powel was left in place 13 days, until condi-		
March 19, 1887. R. S. Sntton, New Eng'd Med Monthly, April, 1885.			1		1	Good,			1	Sep. peri-	tion of pat, imp, sufficiently to allow resect'n. This operation was done for cure of artificial anus. Patient died after 8 days from sep-		
N. Obalinski, Przglad, Lekarsk,	5	3	2	3	2	(Good, 3,				Sep. peri-			
W. Ström, Norsk, Mag. Laeg.,	1	1		1		† Moribund, 2 Bad.	••			tonitis, 2.	of the intestines.		
1886, 4, R. 1, p. 573-79. Crespi, Gaz. Med, di Roma, xii,	1	ı		1		Bad.	6.6						
March 1, 1886. C. Villetti, Gaz. Med. di Roma,	ı	τ		ī		Good.							
xii, March 1, 1886. Mazzuchelli, Gaz. Med. Ital.;	1	1		1		Fair.	4.6						
Lombard., Nov. 15, 1884. N. B. Carson.	1	1		1		Good.	11	21/2	1				

operation, open the bowel and await the improve- not altogether a safe procedure, as we have already ment of the patient.

formed, according to Reichel, 56 times, with 29 one of my early operations. Finding the bowel gandeaths; a percentage of 51.44. Treves adds: "It grenous I opened it and allowed it to remain in place. will be seen that the chief cause of death in these. Some weeks later the patient, having entirely recovoperations is peritonitis, and it must be owned that ered from the effects of the operation, after eating this peritonitis is usually dependent upon some flaw largely of oranges and other fruit given by friends, in the details of the operation." After naming these he was seized with cramps, followed by symptoms of causes he further says: "It is not, therefore, too obstruction, from the effects of which he died two much to expect that the mortality of the operation days later. may be very greatly diminished by improvement in nals and other sources twenty one cases of resection alone. A relief of all distressing symptoms generally

6 Treves: "Intestinal Obstruction."

condition of the patient unfavorable for immediate secondary operation. Leaving the bowel in situ is cited in a case of rupture at the site of constriction. Resection for gangrene of the bowel has been per- An accident, similar in some respects, happened in

Shall the constriction be divided, or allowed to rethe details of the operation." Since Reichel's tables lieve itself? The most rational thing to do, I think, were published, in 1883, I have collected from jour- is to allow it to relieve itself, which it will do if let follows the opening of the bowel. Unless we intend tempted it.

to the dangers of the operation.

OCULAR TROUBLES OF NASAL ORIGIN.

Read before the Chicago Medical Society, January 17, 1887. BY BOERNE BETTMAN, M.D.,

OF CHICAGO, ILL.

The close anatomical connection between the irritation in neighboring organs. eyes and nose favors the spreading of disease from one organ to the other, by direct continuity of tissue, nervous systems. Numerous pathological conditions of the eyes and lids are directly attributable to abothe nose. normal changes in the nose. Treatment directed to the ocular organs under these conditions will, as can well be understood, fail to influence them.

the inner surface of nose and tear ducts. This fact cause of epiphora, redness of the lids and other abnormal conditions in the nose, provided the disturbhave recognized this connection years ago. Macdactivocystitis, do not fail to mention nasal affections. most exhaustive treatises on diseases of the tear pasportant rôle played by the nose in the production of epiphora and conjunctivitis. In order to verify the the so-called reflex ocular symptoms.

It is only since the publication of Hack's mono-

to proceed with the operation, it is only adding fresh graph on the operative radical cure of migraine, dangers to interfere with the bowel, or attempt to re- asthma, hay fever, etc., that the nose has been relieve the constriction. By so doing we allow septic garded as the source of certain ocular complaints matters to enter the abdomen, an accident which which have baffled the efforts of the oculists. Hack must assuredly have befallen my case had I at- in his introductory remarks calls attention to the fact In conclusion, I would advise, in cases of stran-to temporary obstruction of the nose. This condigulated hernia: 1st. When the bowel has been out tion disappears often as rapidly as was its onset. some hours, and when it has been constricted suffi- An attempt to investigate the nature of this impediciently to render its return to a healthy condition at ment to breathing will in many instances fail to reall doubtful, that it should be resected at once, if the veal a pathological change. The introduction of condition of the patient is such that he or she can instruments into the nose or other factors giving rise withstand the shock of the operation. 2d. If the to a reflex action cause the symptoms to van-condition of the patient is such as not to admit of ish. After repeated examinations made at various immediate resection, I would advise that the bowel times, the physician will at last discover that the be incised and left in situ without interfering with lumen of the nose is occluded by a swelling of the the stricture, until such time as the condition of the anterior end of the inferior turbinated bone. The patient will allow the more radical operation. 3d. mucous membrane may show a perfectly normal ap-If the resection is to be made as a primary or sec- pearance, indicating that the cause of the swelling is ondary operation, I would advise that the abdomen due to changes underneath it, in the cavernous be opened in the median line, as by so doing, I be spaces, which become filled with blood, bulging the lieve, we enhance many times the chances of recov-mucous membrane outwards until it at times reaches ery of our patient, while we do not in the least add the septum. This swelling can give rise, as has been proven, to reflex neuroses in various organs, which It is unnecessary here to mention the many ad- can furthermore be allayed by destroying the seat of vantages of this procedure, as any one at all familiar irritation by operative measures. Thus, Hack acwith abdominal surgery can readily appreciate them. counts for certain forms of migraine, asthma, hayfever, supraorbital neuralgia, vasa motor reflexes of the skin of the face, epiphora, redness of the lids, turgesance of the conjunctival blood vessels and photophobia. Thickening (hypertrophy) of the mucous membrane, polypi, rhinitis, naso-pharyngitis, deviations of the septum also call forth symptoms of

I desire to substantiate the above remarks by eiting a few cases which did not yield to the ordinary and also through the medium of the circulatory and treatment directed to the eyes, but improved immediately after eradicating the abnormal conditions in

Case 1.—Eugene F., aged 10, consulted me May I for an epiphora of both eyes. His mother stated that the boy's eyes were constantly "weeping" when The lachrymal passage is the connecting link be out of dcors. The slightest exposure to the wind, tween nose and eye. The mucous lining of the lids dust or heat would provoke a flow of tears down his and eyeballs is but a continuation of that, covering cheeks, which were quite eroded from the action of the saline fluid. The eyes were bathed in tears, the alone would suggest the rationality of seeking the conjunctiva palpabrarum thickened and congested. Both eyes were emmetropic. To determine the presence or absence of a stricture in the tear passages, I ances cannot be traced to local causes. Oculists passed the nozzle of an Anel's syringe into the lower caniliculi, and was able to force the water through kenzie, Scelberg Wells, Schweiger and almost all the nose in a stream. This indicated a perviousness all other authorities, in enumerating the causes of of the ducts. An examination of the nose revealed an extensive swelling of the anterior portion of both But none of them devote more than a passing notice inferior turbinated bones. Whenever I touched these to this subject. Not even Schirmer, Michels, De parts with a probe, profuse lachrymation immediately Weeker and Landolt, who have written perhaps the set in. Light thrown into the eyes by means of an ophthalmoscope produced violent sneezing. These sages and the lids, seem to have recognized the im- experiments convinced me of the reflex nature of the correctness of my diagnosis I instructed the parent to apply a cocaine ointment several times to the Hack's swelling. The effect was most satisfactory. overflow of tears ceased almost entirely. I made

¹ Dr. Gruening, of New York, was perhaps the first oculist to call attention to Hack's investigations in this country.

deep incisions into the swelling with a knife electrode, and also employed the flat burner. The slough was fissura olfactoria as a possible cause of anosmia (page completely thrown off after ten to fourteen days, 62). The subjoined case demonstrates more than The boy was perfectly cured at the end of a month's any other, the reflex nature of certain ocular affectreatment. I have seen him since and found no tions, and the immediate relief obtained by the apchange in his condition.

eyes." It is especially annoying during the winter lent blepharospasmus. Eventually I succeeded in and on windy days and is always aggravated by sud- obtaining a view of the eyes, which were bathed in den changes of temperature. The tear passages tears and extremely sensitive to light. Every time were pervious; the eyes normal. Both inferior tur- the eyes were exposed to the glare of the light she binated bones were greatly swollen. Two applicas sneezed violently. The only abnormal condition I tions of the flat electrode completely controlled the could discover was a congestion of the palpebral and abnormal condition of nose and eyes.

epiphora, but of the left eye only. Eyes and tear attacks during the winter months. I found a Hack's ducts normal. The mucous membrane of the left swelling in both nostrils. The introduction of the nostril was highly congested and sensitive. She nasal speculum caused flow of tears and sneezing. stated that owing to the pain experienced when I soaked two pledgets of cotton in a 5 per cent. breathing on a cold or windy day she constantly solution of cocaine and placed them in the nose. I kept her must or handkerchief to the left nostril. The repeated this twice, allowing the cotton to remain right nostril was apparently normal. I recommended in situ five minutes at a time. The effect of the an alkaline solution with which to spray the nose. drug was almost immediate. She gradually opened This relieved the difficulty in a comparatively short her eyes, and after a lapse of three-quarters of an

eyes, is the presence of polypi. Such a state of af | ceeded in doing on two occasions since. fairs was found in the right nostril of Herman S., a Jarvis' snare and succeeded in effecting a cure.

treatment on August 23, for weeping of the eyes area exists at the posterior end of the inferior turand constant pain above the eye-brows. She also binated bone, and Sajous has demonstrated another stated that the lids itched and frequently became red sensitive spot at the anterior part of the nasal cavity at the edges. I found a hypermetropic astigmatism near the angle forming the anterior boundary of the of both eyes, also a convergent strabismus of the left vestibule. The erectil tissue covers the whole surone. Her error of refraction was corrected, the left face of the inferior turbinated bone. as was originally rectus internus tenotimized, without relieving, how. described by Kohlrausch and later on verified and ever the signs of irritation. I therefore surmised more minutely described by Voltolini. This would that the origin of the trouble was located in the nose. | go to prove that the swelling of the mucous mem-This supposition was found to be correct. Both in brane covering the inferior turbinated bone may ocferior turbinated bones were immensely swollen. cur over its entire surface, producing secondary The mucous membrane along the free edges of the irritation throughout the nose. The various forms middle turbinated was so thickened as to perfectly of rhinitis and deviations of the septum are also obliterate the fissura olfactoria. On inquiry I ascer, amenable to treatment. The duty of a painstaking tained that the sense of smell was completely gone. physician is to investigate the causes of diseases; Several applications of the cautery had an excellent oculists will do well to subject the nose to a thorough effect. At home she employed the douche. When examination in seeking the source of numerous ocular last I saw her, a few weeks ago, she no longer com- complaints. plained of difficulty in breathing through the nose. She sleeps with her mouth closed; her sense of smell is as acute as ever, and her eyes appear and feel perfectly well.

Zuckerkandl calls attention to the obstruction of the The eyes received no plication of cocaine to the inferior turbinated bone.

Case 6.—Emma B. aged 16, was led into my of-Case 2.—Mr. J. K., aged 23, has been troubled for fice by her mother. She kept both eyes closed, an five years by the constant presence of "water in his attempt to separate the lids being followed by a vioocular conjunctiva. The girl said that her trouble Case 3.—Emma K., aged 28, also complained of was of two days' duration. She had several similar hour was able to bear the light. I could not prevail Case 4.—Another anomalous condition of the upon her to have the parts cauterized. She now nose, which may provoke secondary changes in the employs cocaine to abort attacks, which she has suc-

The greater number of cases which have come aged 26. The flow of tears prevented him from per- under my observation during the last two years have forming the duties of cabinet maker. He constantly been treated with the galvano-cautery. In every had a handkerchief in his hand to wipe away the instance the heated platinum was employed; three tears. He also complained of pain in the eyes and or four applications were made during one sitting. shunned strong light. His physician ascribed these Several patients gave a second and third sitting besymptoms to a cold, and prescribed two solutions, fore satisfactory results were obtained. Applications one to be instilled into the eyes, the other to be of the cautery restricted to the anterior end of the sniffed up the nose. The polypi were attached to inferior turbinated bone, frequently failed in procurthe middle turbinated bone. I removed them with ing relief. In such cases I usually found a swelling of the posterior parts of the inferior turbinated bones Case 5.—Mrs. Catherine W., aged 35, applied for also. John Mackenzie has shown that a sensitive

18 Central Music Hall.

MEDICAL PROGRESS.

Physiological Action of Nitrous Oxide Gas. Odontological Society, based upon numerous clin- April 9, 1887. ical observations and experiments. The effects of nitrous oxide inhalation upon the mammalian organism are, he says broadly speaking-1, a condition of researches on sugar in urine are not less interesting, an.esthesia; 2, an emotional state, provoking a sen- and tend to correct the commonly accepted views on sation of exhibitration—in fact, it plays the rôle of a the subject. Professor Scheibler, a chemist well stimulant; 3, it gives rise to modifications of the known for his researches on sugar, has observed respiratory and 4, circulatory systems; and 5, pro- that the determination of the quantity of that subvokes marked muscular movements which may be stance contained in a liquid gives different results, classed as (a) rigidity and (b) jactitations. The according as it is done by Trommer's method or an esthesia produced by nitrous oxide is not dependent upon analgesia or loss of sensation of painful sively dealt with according to the degree of polarisaimpressions of the sensory end-organs, such as that produced by cocaine, etc., or upon failure of the bler has isolated a substance which is more powerful conducting sensory nerves, for sensation is retained in that respect than grape-sugar. Dr. Leo's reuntil the perceptive powers themselves cease to receive; moreover, there is immedialely anterior to the loss of consciousness a hyperæsthetic stage, therefore it may be concluded that the nerve centres Trommer's (alkaline solution of copper); by ferare acted upon. The ways by which nitrous oxide may enter the system, and is enabled to produce its! special effects are—either that it gives rise to other bodies by changes in its chemical form, or by acting olating a substance corresponding in its chemical as an irrespirable gas and causing asphyxia, or by composition to grape-sugar, and also a carbo-hydrate exercising a specific action, just as strychnine does. Dr. Frankland came to the conclusion that nitrous oxide was not decomposed during its sojourn in the body, basing his opinion upon analyses made of the air expired by rabbits when confined in an atmosphere of mixed air and nitrous oxide. In the first it was absent in normal urine, although a great amount stage of asphyxia, that of dyspnæa, there is an increase in the respiratory movements, both inspiratory and expiratory; in the second a dominance of outside the organism, and that it is a pathological the expiratory efforts, culminating in general convulsions, in the last, exhaustion, with long-drawn inspirations, gradually dying out. The blood-pressure during the first and second stages rapidly rises. Dr. Dudley Buxton has never observed an increase lent.—British Medical Journal, Jan. 8, 1887. in the expiratory movements when HO has been administered, which are merely increased in number and depth, or expiratory convulsions, notwithstanding the gas has been pushed to its utmost limit, and from a large number of sphygmographic tracings the tension in the arteries has been lower than normal. In experiments upon dogs, Dr. Buxton found that where a trephine-hole was made through the skull, during the inhalation of the gas the brain pulsations. became more forcible and somewhat hurried; then ness of the back of a knife-blade, and left on for the brain substance was seen to swell up, until at fifteen or twenty minutes, when it will cause a little last it actually protruded through the aperture; burning. It is then to be wiped off with a soft cloth, whereas in a similar experiment, with the trachea and the skin powdered with tale. The skin soon beoccluded, the brain receded, sinking away from the comes inflamed, then turns brown, and finally peels opening. Other experiments showed that the heart's off. The desquamation can be hastened by the apaction was but little interfered with by nitrous oxide, plication of Lassar's paste with 2 per cent. of salicylic even when inhalations were pushed until respiration acid. When the desquamation has ceased, the acne was interrupted; during asphyxia, on the other hand, will be found to be greatly benefited.—Therap. a rapid and continuous increase in blood pressure Monatshaft., 1887. No. 1.

invariably occurred. The dose of nitrous oxide required to produce insensibility varies very considerably in different persons—a fact which supports the view that nitrous oxide exerts a specific action on the nerve centres. Dr. Buxton also discusses many - Dr. Dudley Buxton has communicated two other interesting points in the action of the gas, valuable papers upon the above subject to the such as the occurrence of hallucinations.-Lancet,

> A New Substance in the Urine.—Dr. Leo's with the polariscope. As sugar now-a-days is exclution, this fact is of enormous value in trade. Scheisearches yield analogous results, though in a different field. He has examined a great quantity of diabetic urine after three different methods, namely, mentation; and with the polarisation apparatus. In many cases the results agreed, while in others there was a considerable difference. He succeeded in isdiffering considerably from grape-sugar, and turning the plane of polarisation to the left. The power of reduction of this newly-discovered substance is to that of grape-sugar as 1:2.48. Dr. Leo found this substance in three specimens, of diabetic urine, but was examined for that purpose. From this, it may be concluded that the substance does not originate product. The theory of Dr. Jaques Meyer, of Carlsbad, that it may be connected with obesity is negatived by the fact that, of the three persons in whom this substance was found, only one was corpu-

> THE TREATMENT OF ACNE.—LASSAR recommends the following paste for all forms of acne:

B-naphthol	10	parts
Precipitated sulphur	50	4.6
Vasoline or lanolin	25	4.4
Green soapñā	25	4.4

This is to be spread upon the skin to the thick-

THE

PUBLISHED WEEKLY.

THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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SATURDAY, MAY 7, 1887.

HIGH PULSE-TENSION.

With our increase in knowledge and means of clinical research has been developed a disposition to undervalue the methods and ideas of our forefathers. With the multiplication of instruments for diagnosis, much of the oldtime dependence upon the eye and finger has been lost. This is particularly true with regard the more if they are the subjects of gout or renal to the pulse. Hence it is with satisfaction that we direct attention to the Croonian Lectures delivered last month in London, before the Royal College of ment, Broadbent thinks not, unless it threaten the Physicians, by Dr. William H. Broadbent, upon structural integrity of the heart or brain, in which turing to consider so old a subject on the ground that blood-letting should be resorted to, and would save there has been a great "awakening of interest" in life in hundreds of cases in which it is now sacrificed this direction, and that, although much has been to popular prejudice against venesection. In other learned, there is still a great deal to be acquired. instances tension may be relieved by the administra-The lectures may be found entire in the British Med- tion of appropriate drugs, such as the nitrite comical Journal, of March 26, April 2 and 9, 1887, and pounds and the potassium and lithia salts which the Lancet of the same dates. They are too long for latter, by promoting metabolism and diuresis, oceven a cursory review within the limits allotted to this casion the elimination of those waste products, article. Hence, among the many interesting points whose presence in the blood possibly tends to considered, we shall direct attention to only that of keep up tension by irritating the arterioles and capilhigh tension of the pulse.

By tension is meant the degree of intra-vascular blood pressure; "distension might perhaps be more apparatus in which the arteries are contracted upon expressive than tension, if less exact and technical." their contents, while the blood-pressure is in reality It is shown by fulness of the artery between beats, low, owing to feebleness of the heart's action. This the vessel lying like a cord under the finger. The Broadbent would designate as "virtual tension," and is pulse is compressed with difficulty, is slow in ascent, the characteristic pulse of cardiac dilatation. "Now, long in duration and gradual in its decline, these as the artery allows itself to be flattened, the pulse characteristics being more marked, the larger the ves- wave which lifts it into the cylindrical form appears sel. High arterial tension is chiefly due to peripheral to be sudden, and the pressure after lasting a certain resistance, i.e., hinderance to the outflow from the time, seems to drop suddenly. The artery may be capillaries into the veins. At the same time the small or large, and the pulse varies accordingly.

heart's action must be vigorous. The causes of inlournal of the American Medical Association. creased tension are, according to Broadbent: 1. Hereditary, as shown by the facts that paralysis and heart disease are often found in members of the same family, although of different habits of life, and that functional derangements, due to high pulse-tension, are seen in childhood and throughout life in many families. 2. Kidney disease of all kinds, except such as is attended with suppuration; being most pronounced in contracted kidney. 3. Gout and allied conditions, including aimost the entire range of affections attributed by Murchison to functional derangements of the liver. 4. Lead-poisoning, with or without renal disease or gout. 5. Anæmia. This is not fully understood, nor, as Broadbent says, is it invariably the case. 6. Pregnancy. 7. Constipation. 8. Plethora. 9. Chronic bronchitis and emphysema.

> The effect upon the heart of a gradual increase of arterial tension is to produce hypertrophy of the left ventricle, so commonly seen in renal cirrhosis. When, however, high tension is suddenly brought about, the heart is liable to dilatation. This explains the danger, which threatens individuals past middle age, particularly in violent or too prolonged exertion, mischief.

As to whether high tension always calls for treat-The speaker excused himself for ven-case it should be lessened. If apoplexy be imminent, laries into contraction.

There is another condition of the circulatory

We meet with the conditions which give rise to vir- the bad effects sometimes seen from ether. attack. Again, as the heart becomes worn out in Ten, twenty, or thirty drops of chloroform, he says, often encountered in connection with the large white majority of Dr. Sayre's cases young children? kidney. The pulse is weak, soft, of low tension, and there is albuminuria.

als with high blood-pressure.

There are many other points in these Croonian not permit the consideration. A perusal of the lectures in full would repay the busy practitioner, since they not only contain much valuable information, but also abound in practical suggestions. They show Dr. Broadbent to be a man of intelligent obexperience.

WHAT IS THE SAFEST ANÆSTHETIC?

ether or chloroform as an anæsthetic recently took lung and kidney trouble as when ether is used for place before the New York Academy of Medicine, half an hour or an hour. And while anæsthesia of two which may be taken as giving a fair expression of the minutes' duration in a case of renal trouble might opinion of some of the most experienced men in the not be followed by bad effects, it probably would if country in regard to the relative advantages of these the agent were used for half an hour. two agents. It is perhaps unfortunate that the disthough not to an extent to be compared with the use it; he would have it used more cautiously. of ether or chloroform.

excites no spasmodic rigidity, and is not followed by | 2. When there is any chronic pulmonary affection,

His tual tension at the two extremes of kidney disease. method of giving it is peculiar, as compared with the At the outset of acute renal dropsy, while there is usual methods. He uses a modification of Lente's obstruction in the arterioles and capillaries, the heart inhaler, which by a rubber attachment can be made is rendered weak by the pyrexia and low diet, and to fit any face perfectly: thus the patient is not althere is more or less tendency to it throughout the lowed to breathe any air not charged with chloroform. the course of chronic granular disease of the kidney, will almost always produce anæsthesia in this way; it ceases to be capable of maintaining the high and if from any cause the heart should show signs of tension which is characteristic of this disease, and weakness the resort to artificial respiration will virtual tension takes its place." In certain cases of quickly cause the patient to expire the entire amount renal disease the pulse is of low rather than high of chloroform. Given with a cone a much larger tension. This, according to the speaker, is due to quantity of chloroform is taken into the system than absence of peripheral resistance instead of cardiac is absolutely required, and when trouble arises a fatal failure, and is a bad prognostic sign. It is most result is more likely to ensue. But are not the large

The views expressed by Dr. Knapp are certainly worthy of more than ordinary attention, as from 1860 Low pulse-tension often appears to be physiolog- to 1874 he used chloroform in more than 3,000 cases; ical and to run in families, as does its opposite, and while he had no fatal results he had a number of Broadbent thinks that persons with a pulse of low critical cases. Since 1874 he has used ether extension tend to accumulate fat, wear out less rapidly, clusively, and has had no ground for complaint, and but resist acute disease more feebly, than do individu- has found no contraindication for the administration of ether. He gives it by the "choking plan," though at the beginning the patient is allowed sufficient air Lectures, of which it is to be regretted space does to prevent the sensation of strangulation so often complained of. He has had no fatal cases, and has not found that the secondary effects are more unpleasant than those of chloroform. But there is one point to be considered in his experience: in several hundred of his cases the average duration of anæsservation, who has profited by his wide clinical thetization was one minute thirty-seven seconds; and we cannot draw absolute conclusions from an experience in these cases as to what will take place when the an esthetic is given for long surgical operations. With anæsthetization of one or two min-A discussion on the question of the selection of utes there cannot be the same risk to subsequent

Dr. Gerster takes a more middle ground regarding cussion did not include other anæsthetics, such as these two agents than do most surgeons. While bichloride of methyl and the A. C. E. mixture, the lat- granting that chloroform is by far the more powerful ter of which especially is much used at present, agent, he does not join in the wide condemnation of while it is more dangerous at the time of operation, It is noticeable that the only advocate of chloro lits use is not followed by the secondary affections of form as the preferable anæsthetic as a rule was Dr. the lungs and kidneys seen after the use of ether. Sayre, who has held this view for many years, be- He thinks ether contraindicated: 1. When acute or cause the agent is agreeable to take, speedy in action, chronic nephritis is present, or is supposed to exist.

especially in the aged, the very young, and feeble persons generally. 3. When it will not produce the complete aniesthesia and relaxation indispensable for — In his Thèse d'Agrègation for the Assistant Profesthe performance of many operations. The presence sorship of Medicine, Dr. De Beurmann recently of a fatty or weak heart of course contraindicates took for his subject "De la Médication Abortive" chloroform, as does fright, probably, while it lasts. (Abortive Medication). The question has often so safe as ether, nor is it safe in marked nervous de- ought to arrest a malady in its earliest stages, to cure pression. But Drs. Weir, Wyeth and Thallon do not it in an extremely short time, and produce the restradmit that nephritis is a positive contraindication to tutio ad integrum of the organs affected by the morhypodermatically before the operation.

tional eases of laryngeal or tracheal stenosis.

repeatedly shown that inhalers should be used. Many surgeons give morphine or atropia, or both, before beginning the anæsthetie; this is a wise preeaution, but does not justify carelessness in giving the anæsthetic. Dr. Thallon uses the ordinary inhaler employed by dentists for nitrous oxide gas when giving ether, and with it he has kept up anæsthesia for hours without using more than a quarter of a pound of ether. All anæsthetics are dangerous, and become more so when administered in unknown quantities and in an unsafe manner

ABORTIVE MEDICATION.

But valvular lesion is not a contraindication if there been put, What is abortive Medication? To this be satisfactory compensation by muscular hypertro- the author replies that it is that which is intended phy, as shown by the regularity and character of to interrupt the course of a malady in its natural the pulse. In amenia, as a rule, chloroform is not evolution. Strictly speaking, abortive medication the use of ether. In regard to the pulmonary troubild process; in other words, to cure in a sure and bles sometimes seen after the use of ether, Drs. Weir rapid manner, to diminish notably the length of the and Abbe point out that these may be avoided by duration of the malady, or, as the author expresses having the patient less exposed during the operation, it, to jugulate, should be the end of drugs and aborkeeping hot towels about him, and using greater care tive means. In the present state of science, abortive in transferring him from the operating room. As for medication is not yet established, nor yet is the dithe collection of mucus in the air-passages during rection in which it should be employed clearly indithe administration of ether, Dr. Amidon showed two eated. Medical antisepsis will no doubt become in years ago that it may be avoided by giving atropia the future one of the procedures to which one will have the most frequent recourse, and the antiseptics It may be said that Dr. Wyeth formulated most will be placed in the front rank of abortive medicaclearly the cases in which chloroform is justifiable: ments. De Beurmann refers to some of the diseases 1. In children under six years of age, in whom it is to which the so-called abortive treatment has been less likely to cause an accumulation of mucus in the applied, the effects of which have till now been more trachea and bronchi than ether; and for this class of or less satisfactory. For example, numerous drugs cases it is preferable because it is more rapid and have been employed against blenorrhagia, as nitrate less irritating in action than ether. 2. In women in of silver, corrosive sublimate, carbolic acid, solutions childbirth, where the recumbent position is impera- of the salts of quinine, permanganate of potash, etc. tive (and we may add, because it acts better than The results obtained have been somewhat encourether). 3. In an emergency when ether cannot be aging, but the medication may be considered inobtained. 4. In a patient who has previously taken efficacious, as it is difficult to reach the micro-orether badly. 5. In an emergency when it is neces-ganisms which have penetrated to the interior of the sary to perform an operation within two or three mucous glands of the urethra. Abortive medication hours after the ingestion of solid food. 6. In excep- has rendered useful service in the treatment of furuncles, carbuncle, diffuse phlegmon, bubo, etc. Sur-It must be said that much of the trouble from an- geons have aborted boils by a strong application of æsthetics is due to careless or faulty administration. Ithe tineture of iodine, by injections of carbolic acid; There is a wide-spread impression that anyone can another pretends to have obtained the same result give the anæsthetic; and there are many surgeons more quickly by making a deep incision at the very who still adhere to the towel-cone, giving unknown beginning of the malady, but this is followed by a quantities of ether or chloroform, though it has been prolonged application of spirits of camphor, which is known to possess antiseptic properties, and which should be taken into account in the result of the medication. Some surgeons employ multiple punctures at the commencement of diffuse phlegmon, but M. Le Dentu prefers large incisions which, if emploved at the outset of the exudative period, will, according to this surgeon, be capable of arresting the progress of the inflammation, and even of completely preventing suppuration. It is known that the evolution of charbon is marked by two stages: in the of any real use in that malady. It appears however, first the infection is local, in the second it is gener- to have attenuated the malady, by aborting the supalized and irremediable. It is sufficient to intervene purative process. before the second stage to make the malady abort. This may be done by the eradication of the malignant pustule, followed by deep cauterization and by iodine injections into the periphery of the ædematous zone.

By analogy, the same happy results were hoped for in syphilis, tuberculosis, and other affections. But the utility of the extirpation of the chancre is strongly combated, by a great number of authors, and those among the most competent, absolutly deny any efficacy in the operation. The question is then suggested, whether the constitutional treatment of syphilis may be considered as an abortive medication; to this, however, De Beurmann makes no reply. Another question suggested is, whether tuberculosis is a virulent malady, comparable to syphilis, generalized immediately after inoculation? doctrine is not without its partisans, but, as De Beurmann suggests, this is no reason why the abortive medication should be neglected in these cases, as most encouraging results have been obtained by the ablation of a local tuberculous mass, anatomical tuberculosis, lupus, masses of osteitis, cold abscesses, etc. In favor of surgical interference, the author argues that certain masses of tuberculosis, local in appearance, are only manifestations of general infection, while others are truly local affections and consequently curable. In puerperal infection antiseptic injections, which have been so much vaunted in these latter times, have given the most brilliant results. Even rabies, which till now has been considered incurable, may be usefully combated by the abortive medication, now known as the method of Pasteur or the anti-rabic inoculations. Against pneumonia, typhoid fever, no abortive remedy has as yet been found efficacious, notwithstanding the daring attempts that have been made in this direction, particularly as regards pneumonia.

The antiseptic injections even in the body of a pneumonic mass are still too recent to judge of their efficacy or otherwise. Intestinal antisepsis and general antisepsis render very great service in typhoid recommended by Dr. Du Castel against small-pox is ter printed at present. The present status will justify

THE AMERICAN MEDICAL ASSOCIATION AND THE JOURNAL.

As we issue a large extra edition of the present nnmber of The Journal for general circulation to members of the profession in all parts of the country, we have presented all that we could gather at this date of direct interest to members of the Association, concerning the programme of work, both in general session and in the Sections, and the reductions in railroad fares and hotel charges so far authorized. The programme is incomplete, and it is desirable that further reports of papers and contributors should be forwarded to the Chairman of the Committee of Arrangements as early as possible. The indications thus far point to a large meeting, and one of the most important that has been held in many years. The promised liberal reduction in railroad and hotel charges, and the central position of the place of meeting and its easy access from all directions, are favorable for a large gathering of representatives from every section of our country. And they will certainly receive a cordial welcome from the profession and citizens of Chicago.

The Editor of THE JOURNAL and his assistants will be no less happy to welcome the members of the Association to the publication office, where they can more readily realize the progress made during the little less than four years since the first number of THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIA-TION was issued. At that date, 1883, and for the preceding five years, the average annual receipts of the Treasurer indicated less than 1,000 members regularly paying the annual membership dues, while since that period the number has increased more than threefold, and with the receipts from subscribers and advertisers, has so increased the income that, instead of \$5,000 as in 1883, it will reach not less than \$20,000, as will be shown in the forthcoming report of the Treasurer for the current year. And instead of indebtedness, as many feared, they can see a profever, but we cannot really say that they have jugu- ductive surplus of printing material in active use exlated the malady. Fortunately the same cannot be ceeding in eash value \$1,058—constituting the nusaid of the salicylate of soda in acute articular rheu- cleus of a printing and publication establishment matism, and of sulphate of quinine in paludal infectivities, at the end of another decade of judicious busition, which are two precious medicaments, and really ness management, will equal a working capital of abortive. It has been asked whether the medica- \$10,000, and then doing the work of a weekly journal tion by ether and opium in combination, recently of nearly double the number of pages of reading-matthe commencement of the next volume. But it been: should not be forgotten that all true progress must be in the line of natural growth or well-proportioned development.

Illinois State Medical Society.—The annual meeting of this important State organization is to commence in this city on Tuesday, May 17. It is operation, before the patient is exhausted and the highly important that there should be a full attendance from all parts of the State. Neither the local Committee of Arrangements nor the profession nephrectomies have died of shock, yet of 24 nethroughout the State should allow the fact that the American Medical Association is to have its annual meeting in the same city only three weeks later, to lessen their interest in, and attention to the professional organization of their own State. The legitimate basis of all efficient general organization of the hip joint disease, and (especially) cystitis, for a long profession consists of the local City, County and District Societies embracing the general practitioner and specialist alike. Representatives from these make the State Societies; and on the efficiency of the several State organizations will always depend the character, scientific value, and permanency of the National Association.

Swiss Delegates to the Congress.—We learn with pleasure that the Swiss Confederation have appointed Professor Theodor Rocher, of Berne, Switzerland, and Dr. Henry A. Banga, resident in Chicago, U. S. A., as delegates to the International Medical Congress, to be held in Washington, Sept. 5, 1887.

THE WEST VIRGINIA STATE MEDICAL SOCIETY, will hold its twentieth annual session at White Sulphur Springs, W. Va., July 13, 14 and 15, 1887. The Secretary is J. L. Fullerton, M.D., of Charleston, W. Va.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Stated Meeting, March 21, 1887.

(Concluded from page 470.)

Dr. William T. Belfield read a paper on

DIGITAL EXPLORATION OF THE KIDNEY, WITH REPORT OF THREE CASES.

the addition of four more pages of reading matter at of the operation. The chief causes of death have

- 1. Shock (42 per cent. of the fatal cases).
- 2. Uraemia (14 per cent.).
- 3. Peritonitis (21 per cent.).

These three factors were thus responsible for 77 per cent. of all deaths. Improvement in the results of renal surgery seems, therefore, to require means for the avoidance of these three great dangers.

The chances of fatal shock are decreased by early damage to kidney tissue extensive through long illness. This self-evident proposition is illustrated by the fact that, while about 18 per cent. of all (250) phrectomies of fairly healthy kidneys removed for wounds of loin, ureter, for mobility, etc., not a single death occurred from shock.

The greatest obstacle to the early surgical treatment of renal diseases has been faulty diagnosis. Such cases are usually treated as lumbago, sciatica, time before the true seat of the lesion is detected or even suspected. Since it is not always remembered that pyelitis produces symptoms identical with those commonly ascribed to cystitis, the former is not suspected, and a diagnosis of cystitis is made; and as cystitis is still too generally regarded as an entity, a disease instead of a mere symptom requiring explanation—the patient is treated for "chronic cystitis." Finally, months or years later, a lumbar swelling or other symptom reveals the renal origin of the difficulty. Meanwhile the patient has become so enfeebled that he succumbs to the shock of an operation that could have been safely borne at an earlier period. Early exploration of the kidney—a comparatively slight operation—has, by drainage of the pelvis, in many cases relieved a difficulty which at a later stage would have required nephrectomy, a formidable operation; moreover, a preliminary drainage has been shown to be a valuable factor in diminishing mortality from nephrectomy. Thus, of seventy-three nephrectomies for suppurative lesions collected by Gross, twelve were made after previous exploration of the kidney, with but one death; of the remaining sixty one—without previous nephrotomy—thirty-one died.

Uraemia rarely occurs after any renal operation provided the second kidney be present and in healthy condition. While commonly associated with nephrectomy, one of the annexed cases shows that unemia may be inevitable after simple nephrotomy; hence a necessary preliminary to any renal operation should be an attempt to ascertain the functional condition of the opposite kidney. In the female this can often be accomplished by cauterizing the ureter, after Paw-THE PRESIDENT, E. J. DOERING, M.D., IN THE CHAIR. lik's method; in the male probably the best, though still an uncertain, means is Silbermann's instrument for compressing one urereter. (Instrument shown.) The statement that the abdominal incision, by permitting digital examination of the opposite kidney, obviates the dangers of uræmia, is fallacious; for in Of some 250 cases of nephrectomy heretofore remany cases kidneys which are indistinguishable by ported, about 44 per cent. have died from the effects; the finger, or even by the eye, from normal organs

are extensively invaded by disease—inflammatory, urinate. Six months ago he passed two small calculi tuberculous or calculous. hibited by Dr. Steele this evening are signal examples has had slight colic on left side several times, followed —normal in size, contour and consistence, yet each by expulsion of clumps of pus but no calculi. extensively tuberculous. Palpation through an abdominal incision could have detected nothing abnor- ably former, bacilli were found in one examination of mal in either of these kidneys.

The following cases illustrate several of the prin-

ciples above enunciated:

hood; has had dyspepsia for years; for a year past ney showed the pelvis considerably dilated, its orihas suffered from headache, pain in back and left thigh; menstrual intervals shortened to two or three mucous membrane ulcerated in several places; the weeks. Was variously treated for lumbago, sciatica, and ovarian disease. In March, 1886, urination was unduly frequent and sometimes painful; urine contained pus and blood; was treated for cystitis.

On admission is emaciated and feeble; urination every half-hour or oftener, painful; has frequent pain in lumbar region, often shooting down to left thigh; requires morphine constantly. Urine acid, depositing blood, pus, and occasional rosettes of large uric had never caused pain, had been first diseased; the

acid crystals.

Diagnosis, calculous pyelitis, probably limited to left side; right ureter catheterized and urine appeared

normal.

November 29, 1886, kidney was exposed and pelvis explored; mucous membrane rough and ulcerated, \(\) clots of pus evacuated; wound in kidney packed with bladder.

Except for persistent vomiting for a few day, recovery was without notable incident. The renal fistula was closed on the twenty-first day; patient has since been free from all her former symptoms often affords the only available means for accurate

and is regaining flesh and strength.

G. F., 30 years old, was knocked down by a cable car November 28, receiving a lacerated wound of tion is almost devoid of danger; while saving the right hand and various contusions. The hand was kidney, it may accomplish all that a dangerous nedressed, and patient presented no notable symptoms phrectomy could offer at a later stage; and if it fails to until December 11, when often straining at stool lie cure, it materially increases the chances of recovery passed a large quantity of blood with the urine and from a subsequent nephrectomy. had severe pain and tenderness over the right kidney, with some temperature; these symptoms persisted in of the opposite kidney should precede an exploratory spite of rest, ergot, gallic acid and opium; the right incision into the pelvis. loin while not swollen, felt boggy. December 22, the patient having experienced several irregular chills and sweats during the previous day, a lumbar incision was made down to the right kidney. The peri-renal tissues were found closely adherent, extravasated blood was seen under the capsule and a rent one and a quarter inches long was found in the posterior surface of the kidney extending into the pelvis; about half an ounce of a watery fluid lay behind the kidney. A large drainage tube was inserted. The temperature remained high for several days, after which entitled recovery rapidly ensued, and January 14 the patient was discharged well; the wound entirely healed.

C. L., 48 years old, farmer, began some two and a half years ago to suffer from slight pain and stiffness in the loins; later, pus appeared in the urine; was treated for Bright's disease. ago urination became frequent and sometimes painful; was supposed to have cystitis. Has lost flesh; his rest has been much disturbed by frequent ealls to sity into milliampères.

The pair of kidneys ex- after some renal colic on left side; since that time

Diagnosis, tuberculous or calculous pyelitis, prob-

pus, and the lower organs were normal.

Exploration, January 26. The kidney (left) was considerably enlarged; no calculus could be de-S. M., widow, 26 years old, delicate since child- tected with finger or needle. Incision through kidfice narrowed by a thickening of upper part of ureter;

pyelitis evidently tuberculous. Nothing of note occurred until the fifth day, when the urine became scanty and tinged with blood; soon the usual evidences of uræmia became manifest, and death ensued from this cause on the eleventh day. A partial autopsy showed that the right kidney was extensively, the left slightly tuberculous; bladder and prostate normal. Evidently the right kidney, which function of the left, which had latterly been performing most of the renal excretion, had been arrested not by the slight incision, but by the congestion which followed the removal of the accustomed pressure in the dilated pelvis. Similarly uræmia has followed the sudden evacuation of a habitually distended

To summarize: 1. Surgical affections of the kidneys and its pelvis are frequently masked under symptoms of eystitis, lumbago, hip joint diseases, etc.

2. Digital exploration of the kidney and its pelvis

diagnosis in the early stages.

3. When made with due precautions, this opera-

4. An investigation into the functional condition

GYNÆCOLOGICAL SOCIETY OF BOSTON.

Stated Meeting, February 10, 1887.

THE PRESIDENT, H. M. FIELD, M.D., IN THE CHAIR.

11. J. Harriman, M.D., Secretary.

A paper contributed by Dr. Apostoli, of Paris,

"ON A NEW METHOD OF TREATMENT OF CHRONIC METRITIS, AND ESPECIALLY ENDO METRITIS,

> BY THE INTRA UTERINE CHEMICAL GALVANO CAUSTIC,"

About a year | To be successful in this operation the following electrical instruments are necessary:

First.—A medical galvanometer divided for inten-

last for some time and to preserve practically the by simple electrolysis or by galvanic cautery; if by same strength after several successive operations, electrolysis it was nothing new, as Dr. Cutter has The best battery is that of Leclanché.

length to reach all parts of the uterine cavity and curately controlled, and thus its action was uncertain. which is not affected by acids, as platinum. It must also be provided with a must to protect the vagina, that the action was simply an electrolytic one. He the best being a celluloid tube.

applied to the abdomen, allows a very intense current to pass without pain, without heat and without fear of burns; the best is the one invented by Dr. Apostoli in 1882.

resisting enough not be easily broken.

The details of the operation are as follows:

1. Make a tepid and antiseptic vaginal injection, placing the patient as if for an examination by the speculum.

2. Charge the battery, arrange the galvanometer and put in proper position the clay muff.

progressively the electrode previously singed and disinfected.

positively in all hæmorrhagic cases and less thor-

oughly in other cases.

Never surprise the uterus or make a too painful. application, for it should be remembered that there are irritable uteri which can receive treatment only in a very mild form. After two or three applications the intensity must be increased, reaching in most cases 100 to 150 milliampères and in some cases to 200 milliampères. The intensity must at first be proportioned and regulated according to the patient's power of endurance; afterward according to the extent and gravity of the lesion and the time it has existed. The duration of the application should vary from five to ten minutes. Applications should be made every week and every second day if required. A rest of bifid. The patient had never menstruated, but last several hours should be required of all patients who have been operated upon. This rest is necessary for the safety as well as for the efficacy of the method. Vaginal antiseptic injections night and morning should be ordered. This simple and harmless treatment is only a galvano-chemical scraping, acid or basic, according to cases. It induces a formation of new mucous membrane and forms a kind of intrauterine exudation, the action of which can be varied at will. Its beneficial effects, which Dr. Apostoli has verified in a great number of instances, does not fail to make itself felt from the first, increasing rapidly and soon restoring the patient to health. It does not condemn the woman to a forced repose and calls for no additional treatment.

Dr. E. W. Cushing did not see any advantage in the method described by the paper over the usual practice of giving ether and curetting the interior of the uterus under antiseptic precautions. He certainly regarded the latter as the shorter and safer method, inasmuch as he understood that Dr. Apostoli's procedure required, in some cases, as many as 90 or 100 applications. He did not understand from

Second.—A permanent battery of sufficient size to the paper whether the desired effect was produced used it in a similar way; if by cauterizing, its extent Third.—An intra uterine electrode of sufficient and depth of destructive action could not be ac-

Dr. L. F. WARNER understood from the paper thought that it would be a dangerous method of pro-Fourth.—A neutral or insensible electrode, which cedure in the hands of the inexperienced or careless as the degree of effect could not be accurately known. The effect of the application might go so deep as to injure the deeper tissues of the uterus and thus set up an inflammation, or it might not reach deeply Fifth.—Cords supple enough not to obstruct and enough to remove all the diseased tissue. Unless it has the same effect as curetting it will fail to accomplish its purpose.

OVARIAN TUMOR ATTACHED TO VERTEBRA-BIFID

Dr. E. C. Keller presented a tumor with the following history: Patient 19 years old. Was sent 3. Introduce into the uterine cavity slowly and to New England Hospital two months ago and was supposed to be pregnant. She stoutly denied the possibility of such a condition. Upon examination 4. Cauterize the unterine cavity thoroughly and fluid was found in the abdominal cavity and external ballottement gave evidence of a solid tumor. The ascites increased to such an extent as to make relief of some kind necessary. The trocar was introduced twice but no fluid was withdrawn. Subsequent developments showed that the trocar struck the solid tumor both times, and thus prevented the exit of the fluid. The abdomen was then aspirated and four quarts of fluid removed; the remainder of the fluid leaking out after the aspiration. Peritonitis followed the tapping and the radical operation was postponed three weeks. Upon opening the abdomen a solid tumor was found attached to the fourth lumbar ver-This tumor had arisen from the left ovary but was attached to the right side. The uterus was May had molimen. Good recovery.

FOREIGN CORRESPONDENCE

LETTER FROM GLASCOW.1

The University - The Hunter Collection in the Museum—Surgery in Glasgow—MacEwen's Osteotomies - Operation for Cerebral Abscess - Radical Operation for Herma — Cerebral Cyst—Treatment of Fractures-Subcutaneous Osteotomy versus Abdominal Section in Obstetrics.

A walk with Prof. George Buchanan through the various departments of the University of Glasgow soon convinced me that Glasgow may well be proud of her school as every branch has been supplied with every conceivable facility for teaching, regardless of expense. The buildings are located upon a hill in the western part of the city, and are surrounded by a beautiful park. We met Sir William Thompson,

¹ By permission of Drs. Fenger and Senn.

in diminishing his working power.

complished scholar, very kindly showed me the most in subcutaneous fractures. After osteotomy the deinteresting specimen in William Hunter's collection. formity is at once corrected and the limb immobili-I had here an opportunity of examining the speci-zed the same as after a fracture. He has divided as mens and casts which had been used in illustrating many as eight bones at one sitting and has never obthe classical work of Hunter "on the Gravid Uterus." served embolism or any other untoward symptoms. For any one who has had an opportunity to examine For genu valgum he usually applies a well padded the wonderful book it is a great source of satisfaction splint with a foot board along the outer side of the to study the original specimens from which the illus- limb, this splint is fastened upon a cross piece to pretrations were made. In these days of unsuccessful vent rotation. cholecystotomy it is interesting to look at a specimen of 1,070 gallstones, varying in size from a filbert he had operated for cerebral abscess about four weeks to a millet seed, taken after death from the same pa- ago. The patient was a boy about 7 years of age tient. In the collection of urinary calculi I exam- who had suffered from purulent inflammation of the ined with much interest a stone corresponding in middle ear with perforation of the tympanum for shape to the interior of the bladder, and which, as some time. A number of weeks ago cerebral sympthe label stated, weighed 1 pound 23/4 ounces. A toms appeared, and the mastoid process was opened number of specimens illustrate the etiological relation behind the ear by another surgeon without any benbetween renal calculi and hydro- and pyonephrosis. efit. When the boy came under the observation of A number of specimens showed impaction of the Dr. MacEwen, he showed distinct signs of mental renal calculus in the pelvic extremity of the ureter perturbation; the pulse was slow and the temperawith extensive localized cystic dilatation of the pelvis ture subnormal. The only focal symptom was a of the kidney and its calvers. In one case the stone slight ptosis on the affected side. From the history had become arrested near the vesical extremity of of the case and the complexus of cerebral symptoms the ureter followed by immense dilatation of the tube it was concluded that the patient was suffering from above the point of obstruction and dilatation of the a cerebral abscess. The head was shaved and thorpelvis of the kidney. The anatomy of the male and oughly disinfected, and the trephine applied at a female organs of generation is illustrated by numer-point about an inch above and an inch behind the exous careful dissections, some of them have been ternal meatus. When the disc of bone was removed treated with mercurial injections, which even at this the dura mater appeared tense, but otherwise normal.

well.

magna artery. In none of his cases had he found it

one of the most famous of scientists, in his laboratory making the section of bone he directs that the chisel busily engaged in his scientific investigations. The should be always directed away from the artery. In weight of advancing years appears to have no effect children suffering from rachitis the operation is postponed until the disease has subsided. The process Mr. Young, the Curator of the Museum, a most ac- of callus formation proceeds in the same manner as

He showed me a case in his private practice where time present the vascular network in a perfect manner. No cerebral pulsations. A thoroughly disinfected In the surgical wards the antiseptic treatment of needle was inserted and passed in a downward and wounds is not thoroughly practiced. I was shown forward direction towards the petrous portion of the two cases of operation for hæmorrhoids done actemporal bone, the supposed seat of the abscess, cording to the plan devised by Dr. Lange, of New About an inch from the surface pus was found. The York. Excision of a circular strip of the ano-rectal abscess was incised and about an ounce of creammucous membrane with the eclatic veins and sutur- colored pus escaped. For the purpose of securing ing of the wound. In one case the operation was more efficient drainage a very small trephine was apattended by serious hamorrhage, while in the other plied over former site of operation, and an opening it was nearly bloodless. Both patients were doing made in the floor of the abscess cavity. The middle ear, the primary seat of suppuration, was thoroughly I called on Dr. Wm. MacEwen, whose name has scraped out with a Volkmann's spoon and thoroughly become familiar wherever orthopædic surgery is disinfected. The first trephine opening was closed practised. He informed me that he had performed with bone from the disc removed, an aperture suffihis operation of subcutaneous osteotomy with the ciently large being left for the drainage tube. Anchisel 900 times for genu valgum and varum and other drain was introduced from below, thus securing curvature of the leg, and out of this number of cases efficient through drainage. An antiseptic occlusion he never observed a bad result. He is very partic- dressing finished the operation. The effect of the ular that the line of section in cases of genu valgum operation was marvellous. The stupor disappeared and varum should be made above the epiphyseal promptly and full consciousness was restored in a line by selecting as the fixed landmark a finger's few days. The discharge was slight, and at present breadth above the external condyle of the femur. the boy runs about and plays, nothing indicating the The small incision for the chisel is made at a point gravity of the former lesion. The defect in the skull diametrically opposite and in part of tendon of the has been almost completely repaired, a slight depresadductor magnus, so as to avoid the anastomotical sion indicating the location of the trephine opening.

Dr. MacEwen places great stress on the impornecessary to resort to measures of any kind to arrest tance of replacing the disc of bone in toto or in fragharmorrhage. In the hands of other operators the ments after trephining, for the purpose of obtaining popliteal artery had been injured, an occurrence closure of the opening by bone during the reparative which he attributes to carelessness of the chisel. In process. He is a firm believer that in an aseptic

wound completely detached fragments of bone not the brain, showing that the meninges were ruptured only retain their vitality, but take an important part at the time the injury occurred. Where the brain was in the process of repair. A number of cases which exposed a limited circumscribed area of inflammation I saw in his wards would certainly tend to prove the and softening was found, but no indications of supimportance of imitating his practice.

inversion of sac and closure of inguinal canal by stitch-appeared to be thoroughly under the influence ing the pillars over each other has yielded the most of chloroform, he had a violent convulsive attack. satisfactory results in his hands. The inverted sac The cavity created by the spooning was drained forms a cushion over the double layer of tendinous through a defect of the bone disc and the usual antistructures, conditions which necessarily offer a maxi- septic dressing applied. Since the operation the pamum resistance against the subsequent intra-abdom-tient has been free from pain and convulsions, and inal pressure which, after the ordinary operations, as the wound is nearly healed we can sately assume tends so often to a recurrence of the hernia. He has that the recovery will be complete. performed the operation a great many times and has lost only one case from peritonitis and has never ob- to what extent cerebral surgery can be practiced served a return of the hernia.

and saw another case of cerebral surgery. A little ing a great interest in this modern department of boy about 4 years of age who was running about the surgery, and we may safely predict that a man of ward was pointed out as one of the most recent cases. such ability and indomitable energy will point out The lad sustained an injury of the skull in the tem- new indications and methods of operation for the poro-parietal region a few months before admission, successful treatment of injuries and pathological Almost immediately after the injury hemiplegia was conditions of the brain and its envelopes. Dr. Macobserved on the opposite side. The paralysis re- Ewen advocates the propriety of treating subcutamained and was complete on his admission into the neous transverse fractures of the patella from mushospital. A few weeks ago, under strict antiseptic cular contraction, by suturing, as he claims that in precautions, the disc of bone was removed over the all such cases bony union by any other measures is fissure of Rolando at a point corresponding to the prevented by interposition of soft parts between the motor centre for the lower extremity. The dura fractured ends, and that an apparent good result mater was found tense and not pulsating. The dura after the ordinary methods of treatment always leads was incised and several ounces of a clear fluid es- to bad functional results by the gradual elongation cyst lined with a brownish membrane, a sharp frag. Fractures of the femur are treated by an outside long ment of bone from the internal table of the skull splint well cushioned, and short splints surrounding was found projecting into the brain and was removed. the thigh. After excision of the elbow joint he re-The interior of the cyst was scraped ont with a sharp sorts to passive motion as soon as the wound is spoon and another smaller opening made in the skull healed. During the day the forearm is flexed upon and membranes at a lower point for more com- the arm, and supported here with an elastic band plete drainage. The large disc was replaced, only a passed over the opposite shoulder, which tends gradsmall opening being left to secure drainage at this ually to increase the flexion, while at night the arm place. The case was explained by assuming that is straightened by weight and pulley extension. the injury produced a fracture of the skull and operation is perfect and only slightly depressed.

which illustrates in the same striking manner the the ilium could be divided on each side. It would prompt effect of surgical treatment. A young man seem that this suggestion should be seriously conin perfect health received an injury to his skull some sidered by obstetriciums, and as Dr. MacEwen is two years ago. No symptoms attributable to the in- ready to do this operation the first opportunity that jury were observed until six weeks ago when patient presents itself, it is to be hoped that the profession was attacked with severe headache and epilepsy. He of Glasgow will call upon the master of subcutaneous had a hundred or more attacks daily, but never com- osteotomy in the first case where such a procedure pletely lost consciousness. The muscular spasms is indicated, so that he may demonstrate the feasiinjured. At the point of injury a slight depression safe operation for cases which have been until now could be felt. At this point a disc of bone was re-subjected to abdominal section, which, so far, has moved with the trephine, which directly exposed been attended by a fearful mortality.

puration. The diseased tissue was removed with a This operation for the radical cure of hernia by sharp spoon, and although the patient at this time

The three cases related above show conclusively with success in cases which heretofore were doomed I visited the Royal Infirmary with Dr. MacEwen, to succumb to certain death. Dr. MacEwen is tak-Further examination revealed a subdural of the cicatricial tissue between the bone ends.

He makes a very important suggestion to obstetrisubdural hamorrhage sufficient in amount to cause cians by advocating the substitution of subcutaneous the primary paralysis, and that a cyst formed at the osteotomy for the more grave operation of abdominal site of the blood clot which kept up the paralysis, section in cases of greatly contracted pelves. He The operation was performed about six weeks ago, claims that his experiments have demonstrated that and was followed immediately by disappearance of section of the pubic bone an inch and a half or two paralysis, so that at present both motion and sensa-inches from the symphysis pubis and section of the tion are nearly perfect. The bony wall at site of ascending rami of the ischium, would add one and one-half inches to the antero-posterior diameter of Another case of injury to the skull was shown the pelvis, and that in case more room is required were limited to the side opposite where the skull was bility and advisability of substituting a simple and

DOMESTIC CORRESPONDENCE

GALVANIC MEASURE.

Dear Sir:—You have kindly opened your valued pages to me, which I deemed necessary to protect American Electro-therapy from ridicule. called attention to the error, and that ends the matter as far as I am concerned, but I beg again for space, not to answer the personal attack made upon me, as that is neither of interest or importance, but Washington, D. C., in 1887. to add another word to the subject of galvanic measure, that your readers may understand why I have spoken so positively.

In this progressive age it may seem bold to the superficial observer to say, "that no one ever has used, or ever will use a certain remedy without danger," but the electric current is a force so well known in certain respects, and so exactly measurable, that we can draw the line with assurance; and I am no more a prophet in saying that ten ampères of current can never be used upon the living subject than were I to say that you cannot explode a dynamite cartridge upon the abdomen without serious injury to the subject. About the same effect would be produced by ten ampéres of current. Ten ampères is of the Congress. the current used in the large electric lamps upon our streets; for the inside store or hotel light six ampères are generally employed. If an unfortunate fireman comes in contact with such a current for a moment, in cutting the wire, he is struck dead! The fatal shock is caused by about one-tenth of an ampère, by 100 milliampères, through the high resistance of through the human body, which, with a dry skin, a day. represents a resistance of 30,000 ohms roughly estimated, one-tenth of an ampère (100 milliampères), the meeting places of the Congress and its Sections. strange as it may seem, would be the actual current passing through and causing the fatal stroke!

ten ampères of current passed through the abdomen? Granting a deep uterus and thin abdominal walls, the JOURNAL in due time. tissues intervening between the electrodes ofter a resistance of about sixty ohms, and ten ampères through sixty ohms of resistance represent a force equal to six horse power! If the resistance is greater, eighty or 100 ohms, as it is likely to be, this current would mean eight or ten horse power. What what would become of an abdomen subject to this energy for five months? Six horse power represents in electro-chemical force a cautery which would burn the tissues like hot iron whatever electrodes might be used; and it is not likely that this, or any approximate intensity ever has been or ever will be serviceable or possible in the healing art. Any scientific electrician will verify these statements.

Very truly yours,

Geo. J. Engelmann, M.D. 3003 Locust St., St. Louis, April 26, 1887.

INTERNATIONAL CONGRESS.

NINTH INTERNATIONAL MEDICAL CONGRESS, WASHINGTON, D. C., SEPT. 5, 1887.

COMMITTEE OF ARRANGEMENTS.

The following memorandum is published by order of the local Committee of Arrangements for the information of persons desiring to attend the Ninth Meeting of the International Medical Congress, in

RATES OF TRANSPORTATION.

Red Star Line, \$100; Antwerp to New York and

Inman Line, \$100; Liverpool to New York and

Hamburg Line, \$90; Hamburg to New York and

Royal Netherlands, \$80; Amsterdam to New York and return.

North German Lloyd Line, \$187.50; Bremen to New York and return.

Same rates are allowed for the families of members. Cunard Line, 10 per cent. reduction for members

HOTEL RATES IN WASHINGTON.

Arlington Hotel, from \$3.00 to \$3.50 per day. Riggs House, from \$3.00 to \$3.50 per day. Willard's Hotel, from \$3.00 to \$3.50 per day. Metropolitan Hotel, \$3.00 per day. National Hotel, \$3.00 per day.

Other hotels conducted on European style will the human body. The current used for the Brush furnish rooms at \$1.00 to \$2.00 a day. Good Lodgelectric light is about ten ampères; if this is sent ing-houses will also furnish rooms from \$1.00 to \$1.50

Proper accommodations have been secured for

Transportation within the limits of the United States has not yet been determined upon, but will Such is the effect of 100 milliampères through soon be made public. Particulars of the plan of 30,000 ohms resistance; what would be the effect if entertainments will be published in the official programme, and all notices will be published in THE

> Official: A. Y. P. Garnett, Chairman.

C. H. A. Kleinschmidt, Secretary.

Since the above announcement of the Committee we are informed by Dr. J. W. H. Lovejoy, Chairman of the Sub-Committee on Transportation, that the Cunard Line of Steamships have agreed to include the families of members of the Congress, in the reduction of 10 per cent. from their usual rates for the round trip.

Although the regular agents of the White Star Line of Steamships from Liverpool to New York, when applied to by the proper Committee at Washington, refused to make any reduction, as has been heretofore announced, we are reliably informed by Dr. James 11. Parkinson, of Sacramento, Cal., that the proprietors of that line have since advertised a reduction of 10 per cent. from the usual rates, to members of the Congress and their families on the return trip from New York.

ASSOCIATION ITEMS.

AMERICAN MEDICAL ASSOCIATION.

The Thirty-eighth Annual Session will be held in Chicago, Ill., commencing on Tuesday, June 7, at II A.M., in Central Music Hall, corner of State and Randolph streets, and will continue four days. Good rooms for the several Sections will be provided as near the hall for general meetings as possible. Registration books will be open in Central Music Hall on Monday, the day preceding the meeting, for those who wish to register early. In the general meetings of each morning, in addition to the Address of the President of the Association and the Addresses of the Chairmen of the several Sections, the following important subjects will be presented for consideration:

(a) Annual Report of the Board of Trustees for the publication of The Journal, J. M. Toner, M.D.,

Washington, Chairman.

(b) Report of the Special Committee on Changes in the Plan of Organization and By-Laws of the Association, N. S. Davis, M.D., Chicago, Chairman.

- (c) Report of the Committee on a Monument to Benjamin Rush, A. L. Gihon, M.D., U. S. N., Chair-
- (d) Report of the Special Committee on Cremation, J. M. Keller, M.D., Hot Springs, Ark., Chairman.
- (e) Report of the Standing Committee on Meteorological Conditions and their Relations to the Prevalence of Disease; also concerning the Collective Investigation of Disease in Cooperation with the Committee of the British Medical Association, N. S. Davis, M.D., Chicago, Chairman.

(f) An Amendment to Create a "Section on Dermatology and Venereal Diseases, Proposed by Albert

L. Gihon, M.D., U.S. N.

The work for the several Sections is not yet completed, but as far as reported is as follows:

- Section of Practical Medicine, Materia Medica and Physiology.
- C. N. Cooper, Cleveland, Tenn., "Glanders in the Human Subject, with a Case."

N. S. Davis, Jr., Chicago, Ill., "Value of Antipy-

rin in the Treatment of Rheumatism."

G. W. McCaskey, Fort Wayne, Ind., "A New Method of Intra-Pulmonary Medication," etc.

Chairman, J. S. Lynch, M.D., Baltimore, Md.; Secretary, J. B. Marvin, M.D., Louisville, Ky.

TWe have received no report from the officers of this Section.]

- Section of Obstetrics and Diseases of Women.
- J. E. Kelly, New York, N. Y., on "Lithiasis in Pregnancy.

Charles Meigs Wilson, Philadelphia, Pa., "The

Technique of Ovariotomy."

Hiram Corson, Plymouth Meeting, Pa.,

Treatment of Abortion."

Wm. T. Taylor, Philadelphia, Pa., "Eclampsia." J. W. Robertson, Cal., "The Medical C. W. S. Caldwell, Freeport, Ill., "Intra-Uterine and Hydrology of Northern California." Therapeutics."

George F. French, Minneapolis, Minn., "The Chief Source of Danger from the Use of the Intra-Uterine Sound."

B. E. Hadra, Austin, Texas, "Hysteria and the Ovaries.

Ely Van de Warker, Syracuse, N. Y., "Laparotomy as a Cure for Tuberculosis of the Peritoneum."

John A. Miller, San Francisco, Cal., "Erosions in Ulcerations of the Vaginal Portion and their Relation to Lacerations of the Cervix, with Practical Hints when not to Perform Emmet's Operation."

John Morris, Baltimore, Md., "Treatment of Pla-

centa Prævia.

Win. M. Findley, Altoona, Pa., "Ante-Partum

Hæmorrhage."

Papers have also been promised, more or less definitely, by H. F. Campbell, Augusta, Ga.; L. Ch. Boislinière, St. Louis, Mo.; S. S. Todd, Kansas City, Mo.; E. H. Trenholme, Montreal, Canada; W. M. McPheeters, St. Louis, Mo.; A. McLaren, St. Paul, Minn.; John M. Keating, Philadelphia, Pa.; W. H. Wathen, Louisville, Ky.; W. H. H. Githens, Philadelphia, Pa.; Howard A. Kelly, Philadelphia, Pa.; W. P. Manton, Detroit, Mich.; and A. H. Halberstadt, Pottsville, Pa.

Chairman, F. M. Johnson, M.D., Kansas City, Mo.; Secretary, W. W. Jaggard, M.D., Chicago, Ill.

III. Section of Surgery and Anatomy.

H. O. Walker, Detroit, Mich., "External Perineal Urethrotomy, with Report of Eighteen Cases, Instruments, etc."

N. B. Carson, St. Louis, Mo., "Injuries of the

Abdomen and their Proper Treatment.

W. C. Wile, Philadelphia, Pa., "Surgical Notes from the Case-Book of a General Practitioner.'

I. D. Griffith, Kansas City, Mo. "Skin Grafting." W. D. Kearns, Pittsburgh, Pa., "Retro-tlexed

Splints for Fractures of the Forearm."

E. E. Glover, Terre Haute, Ind., "Operative Treatment of Non-Malignant Stricture of the Rectum."

V. P. Gibney, New York, N. Y., "The Management of Cold Abscesses.

R. Harvey Reed, Mansfield, O., "A Case of Calculi in the Appendix Vermiformis."

A. Sidney Roberts, Philadelphia, Pa., "The Mechanical and Operative Treatment of Infantile Spinal and Cerebral Paralyses.

Papers have been promised by Wm. T. Bull, New York. N. Y.; H. Tuholsky, St. Louis, Mo.; and J. McF. Gaston, Atlanta, Ga.

Chairman, H. H. Mudd, M.D., St. Louis, Mo.; Secretary, A. M. Pollock, M.D., Pittsburgh, Pa.

IV. Section on State Medicine.

The following gentlemen have promised to read papers upon the subjects mentioned:

Henry B. Baker. Lansing, Mich., "Scientific Col-

lective Investigation of Disease.'

Carl H. Horsch, N. H., "The Necessity of Inspection of Food Animals.

J. W. Robertson, Cal., "The Medical Climatology

Prof. V. C. Vaughan, University of Michigan,

"The Chemistry and Physiological Action of Tyro toxicon."

T. B. Greenley, Ky., "The Hygiene of Infancy and Childhood.

and Necessity of the Regulation of Medical Practice by the State.'

H. C. Markham, Independence, Iowa, "State Secretary, W. B. Lawrence, Batesville, Ark. Regulation of Medical Practice-Its Value and Im-

portance.

Major Morse K. Taylor, Surgeon U. S. Army, "The Influence of Military Life on the Health of the Soldier.'

Woods Hutchinson, Iowa, "The Physical Basis of Brain-Work."

Walter Wyman, Surgeon U.S. Marine Hospital Service, and several others, have promised papers, but

have not yet announced their titles.

The Section is also instructed to submit at the coming meeting of the Association the draft of a law regulating the conditions requisite as preliminary to the study of medicine, the requirements for graduation and for the license to practice medicine, to be urged upon the several States in order to secure uniformity in method and results throughout the United States. It is proposed to discuss this question in connection with the papers of Drs. Millard and Markham above announced. Members of the Association desiring to read papers upon any subject properly coming within the purview of the Section on State Medicine, are requested to notify the Chairman or Secretary at once.

Chairman, George H. Rohé, 611 N. Calvert St., Baltimore, Md.; Secretary, Walter Wyman, U. S. Marine Hospital Service, New York, N. Y.

V. Section of Ophthalmology and Otology.

C. M. Hobby, Iowa City, Iowa, "Sympathetic Ophthalmia."

J. L. Thompson, Indianapolis, Ind., "Observations on Displacement of the Crystalline Lens, from Congenital and other Causes."

J. M. Ray, Louisville, Ky., "Hydrobromate of

Hyoscine as a Mydriatic."

F. C. Hotz, Chicago, Ill., "Treatment of Hypopyon Keratitis with Frequent Irrigations of Sublimate."

J. W. Heustis, Pittsburgh, Pa., "Some of the

Ophthalmological Clinics of Europe."

Robert Tilley, Chicago, Ill., will exhibit "A Boy of 12 years illustrating the results of either Pemphigus or Essential Shrinking of the Conjunctiva in both Eyes.

Dudley S. Reynolds, Louisville, Ky., "Nature and

Treatment of Phlyetenular Ophthalmia."

Chairman, X. C. Scott, M.D., Cleveland, Ohio.; Secretary, J. H. Thompson, M.D., Kansas City, Mo.

and Hypodermic Medication of Infants."

I. N. Love, St. Louis, Mo., "Scarlet Fever."

S. B. Sperry, Delafield, Wis., "Aphasia in Children."

of treating Congenital Phymosis."

II. Landis Getz, Marshalltown, Iowa, "Diphtheria."

The following have promised papers: Dunham. Columbus, Ohio; W. D. Haggard, Nash-P. H. Millard, Stillwater, Minn., "The Propriety ville, Tenn.; Henry Jameson, Indinapolis, Ind.; J. V. Shoemaker, Philadelphia, Pa.

Chairman, J. S. Knox, 70 Monroe St., Chicago, Ill.;

VII. Section of Dental and Oral Surgery. K. B. Davis, "Pathological Conditions of the

Teeth, and their Systemic Effects."

G. Frank Lydston, "The Necessity of Liberal Professional Education in the Practice of Dental and Oral Surgery."

Garrett Newkirk, "The Deciduous Teeth and their Relation to the Health of Children."

A. H. Thompson, "Pathological Heredity, and

Congenital Abnormalities of the Teeth."

Arthur Freeman, "Dental Lesions causing Facial Neuralgia and other Neural Phenomena."

W. H. Atkinson, "Sponge Grafting."

Subjects not announced, Chas. Payne, A. E. Baldwin, J. Taft, W. W. Allport, John Marshall.

Chairman, J. S. Marshall, 240 Wabash Ave., Chicago; Secretary, Eugene S. Talbot, 125 State St., Chicago.

VIII. Section of Medical Jurisprudence.

Judge Amos G. Hull, New York, "Medical Jurisprudence in its Relations to Undue Influences as Affecting Wills and Contracts."

Joseph F. Edwards, Philadelphia, Pa., "The Suppression of the Illegal Practice of Medicine."

James G. Kiernan, Chicago, Ill., two papers, "State Supervision of the Insane," and "Medico-Legal Relations of Epilepsy."

N. S. Davis, Chicago, Ill., "The Medico-Legal Relations of Alcoholic Liquors, Fermented and Dis-

tilled."

Frank S. Billings, Lincoln, Neb., "The Necessity of a Uniform Stantlard of Education; especially more detailed Pathological Instruction to Unity of Professional Action in Forensic Medicine."

T. D. Crothers, Hartford, Ct., "Mental Respon-

sibility in Inebriety."

S. V. Clevenger, Chicago, Ill., "The Medical Jurisprudence of Mental and Nervous Diseases."

E. C. Spitzka, New York, "Paralytic Conditions

in Relation to Testamentary Capacity."

N. E. Brill, New York, "Report on the present state of our knowledge concerning Concussion from Railway Accidents."

Alfred F. Holt, Cambridge, Mass.; W. C. Wile, of Philadelphia, Pa.; F. E. Daniels, Austin, Texas; and Herman J. Boldt, New York, have also partially promised comments.

VI. Section on Diseases of Children. Chairman, l. N. Quimby, Jersey, City, N. J.;
1. A. Larrabee, Somerville, Ky, "Epidermic Secretary, W. W. Kimball, Minneapolis, Minn.

The above incomplete report of work for the several Sections, includes many interesting and important subjects for discussion, and indicates a very general interest in the coming annual meeting of the W. S. Stuart, Philadelphia, Pa., "New Method Association. We shall add other names and topics each week as they may be furnished us.]

RAILWAY RATES.

The following named roads will give reduced fares to all delegates, members, and their families attending the meeting. Return tickets will be issued on the certificate plan only. Tickets for the return journey will be sold at 1/3 the highest regular limited fare. If there is no limited fare to a desired point, the price will be 13 the unlumited fare. Tickets for the return journey will be limited to continuous passage by first train after they are bought. All tickets for return journey must be accompanied by a certificate signed by the Chairman of the Committee on Transportation, or by an authorized member of the Committee, showing that the holder has attended the meeting. Tickets are good for 10 days from date of purchase.

The roads which will accept return tickets on the certificate

plan are:

Baltimore & Ohio (west of the Ohio River).

Buffalo, New Vork and Philadelphia.

Chicago & Grand Trunk.

Cincinnati, New Orleans & Texas Pacific.

Chicago, Vincennes & Cairo Line.

Chicago & West Michigan. Chicago, St. Louis & Pittsburgh.

Cincinnati, Hamilton & Dayton. Cincinnati, Indianapolis, St. Louis & Chicago.

Cincinnati, Washington & Baltimore.

Cleveland, Akron & Columbus.

Cleveland & Marietta.

Cleveland & Pittsburgh.

Cleveland, Columbus, Cincinnati & Indianapolis. Cleveland, Loram & Wheeling.

Columbus & Cincinnati Midland.

Columbus, Hocking Valley & Toledo.

Chesapeake & Ohio.

Chicago & Atlantic. Dayton & Ironton.

Detroit, Lansing & Northern.

Dayton & Union.

Detroit, Grand Haven & Milwaukee.

Evansville & Terre Haute.

Flint & Pere Marquette.

Fort Wayne, Cincinnati & Louisville.

Grard Rapids & Indiana.

Grand Trunk.

Indianapolis & St. Louis.

Indianapolis & Vincennes.

Indianapolis, Bloomington & Western.

Indianapolis, Decatur & Springfield.

Jeffersonville, Madison & Indianapolis.

Kanawa & Ohio.

Lake Erie & Western.

Lake Shore & Michigan Southern.

Lousiville & Nashville.

Louisville, Evansville & St. Louis. Louisville, New Albany & Chicago.

Michigan Central.

Michigan & Ohio. New York, Chicago & St. Louis.

New York, Pennsylvania & Ohio.

Niagara Falls Short Line.

Ohio & Mississippi.

Pennsylvania.

Peoria, Decatur & Evansville.

Pittsburgh & Lake Uric.

Pittsburgh & Western.

Pittsburgh, Cincinnati & St. Louis. Saginaw Valley & St. Louis.

Scioto Valley.

Toledo & Ohio Central.

Toledo, Peoria & Western.

Valley Railway.

Vandalia Line.

Wabash Railway.

Wheeling & Lake Erie. Baltimore & Ohio (east of Parkersburg, Bellaire & Wheeling.)

Baltimore & Potomac.

Bennington & Rutland.

Boston & Albany (on business between common points in New England and points west of, but not including Albany.)

Boston & Lowell.

Boston, Hoosac Tunnel & Western.

Buffalo, Rochester & Pittsburgh.

Canden & Atlantic.

Central Vermont

Delaware & Hudson Canal Co.

Delaware, Lackawanna & Western.

Fitchburg

Lehigh Valley.

New York Central & Hudson River. New York, Lake Erie & Western.

New York, Ontario & Western.

Norfolk & Western.

Northern Central.

Philadelphia & Eric. Philadelphia & Reading.

Philadelphia, Wilmington & Baltimore.

Rome, Watertown & Ogelensburg.

Shenandoah Valley.

Troy & Boston.

West Jersey. West Shore.

The following named lines offer one and one-third fare for round trip:

Burlington, Cedar Rapids & Northern Railway.

Central Iowa Railway

Chicago & Alton Railroad.

Chicago & Northwestern Railway.

Chicago, Burlington & Northern Railway.

Chicago, Burlington & Quincy Railroad.

Chicago, Milwaukee & St. Paul Railway.

Chicago, Rock Island & Pacific Railway.

Chicago, St. Paul, Minneapolis & Omaha Railway.

Green Bay, Winona & St. Paul Railroad.

Hannibal & St. Joseph Railroad. Illinois Central Railroad.

Kansas City, St. Joseph & Council Bluffs Railroad, Milwaukee & Northern Railroad.

Milwaukee, Lake Shore & Western Railway.

Minneapolis & St. Louis Railway. Minnesota & Northwestern Railroad.

Missouri Pacific Railway.

Rock Island & Peoria Railway.

Sioux City & Pacific Railroad.

Wabash Western Railway. Wisconsin Central Lines.

[Other roads will be added as heard from. These lists have been prepared at great expenditure of time by the Chairman of the Committee on Transportation,

DR. LISTON H. MONTGOMERY,

Briggs House, 189 Randolph St., Chicago, who should be addressed for additional information.]

HOTEL RATES.

The following hotels in Chicago will commute their rates to delegates and members and their families attending the annual meeting in June:

Grand Pacific Hotel.—A discount of 50 cents to each person per day in all rooms, except those at \$3.00 per day, on which there will be no discount. By this arrangement a \$3.50 room with bath may be had for \$3.00, a \$4.00 room for \$3.50 for each person, and so on. A club room will also be placed free at the disposal of the Association for headquarters, if desired.

The Sherman House will give 50 cents per capita off regular rates, which are \$3.50 to \$5.00 per diem, as well 50 cents per capita off \$3.00 per day rooms where more than one person occupy a room. Such committee rooms, etc., as may be required will be placed at the disposal of the Association free of cost. No cots are ever used at this hotel, and every one will be given a good bed.

The Tremont House offers 50 cents discount from

regular rates, which are from \$3.00 to \$4.50 per diem. This rate applies to each person or delegate, of Willimantic, E. H. Davis, of Plainfield. both included.

The Palmer House gives a rebate of 50 cents per ielsonville. capita or, the American plan, when two occupy a room. On \$1.00 rooms, (European plan) a rebate of 25 cents per capita where two occupy a room. On brook, of Thompson, R. Robinson of Danielsonrooms for which the rate is \$1.50 and upwards, a rebate (on the European plan) of 50 cents per capita is offered.

The Briggs House.—The rates will be \$2.00 to \$2.50 per day for their best rooms, meals included, a reduction of 50 cents per day on transient rates.

McCoy's New European Hotel.—The rate will be 75 cents per day for each person when two or four oc-\$1.00 per day, or for man and wife \$1.50 per day.

Clifton House.—Transient rates are \$2.50 to \$3.50 per day. A reduction of 50 cents per day from the above rates is offered to delegates and their families.

Commercial Hotel. — Transient rates \$2.00 to \$2.50 per day. For all visitors in attendance at this meeting who stop at this hotel, a discount of 15 per cent. will be allowed on all board and room bills.

Leland Hotel offers accommodations to delegates at \$3.00 and \$3.50 per day, i. e. rooms with board.

The Richelieu, on the European plan only. The rate for single rooms, is from \$2.00 to \$5.00 per day; suites of rooms proportionately.

All these hotels are within five to eight minutes' walk from Central Music Hall, corner State and Randolph streets.

CHARLES GILMAN SMITH, M.D., Chairman Local Committee of Arrangements. LISTON H. MONTGOMERY, M.D., Chairman Committee on Transportation.

RUSH MONUMENT COMMITTEE.—The Rush Monument Committee will meet at Chicago, Illinois, on June 7. proximo. The hour and place of meeting will be announced on the morning of the first day of the meeting of the American Medical Association. Chairmen of local Committees are requested to send their reports of collections to the Treasurer, Dr. J. M. Toner, 615 Louisiana Ave., Washington, D.C., First Lieut, and Asst. Surgeon Julian M. Cabell (recently apat their earliest opportunity. It is desirable that every State, Territory, and branch of the Government Services represented should make as favorable a showing as possible in the next report of the Com-George H. Roné, Secretary. mittee.

MISCELLANEOUS.

WINDHAM COUNTY (Conn.) MEDICAL SOCIETY. —At the recent regular annual meeting of this Society the following officers and delegates were elected:

President—Charles J. Fox, of Willimantic. Vice-President—F. G. Sawtelle, of Pomfret. Secretary and Treasurer-Charles N. Allen, of Moosup.

Censors—W. A. Lewis, of Moosup, T. M. Hills,

County Medical Reporter—R. Robinson, of Dan-

Fellows to State Medical Society at Hartford in May-T. R. Parker, of Willimantic, Lowell Holville, W. A. Lewis, of Moosup, H. L. Hammond, of Dayville; alternates, F. O. Bennett, of Willimantic, E. E. Gaylord, of Woodstock, N. Hibbard, of Danielsonville, E. H. Davis, of Plainfield, E. D. Kimball, of Scotland.

Nominating Committee—L. Holbrook; alternate, W. A. Lewis.

Delegates to American Medical Association at cupy a room. A single room for one person is Chicago in June-E. A. Hill, of Killingly, T. M. Hills, of Willimantic, F. G. Sawtelle, of Pomfret.

Essayist for 1888-W. W. Foster, of Putnam; alternate, O. B. Griggs, of Willimantic.

The next annual meeting will be held at the Hooker house in Willimantic.

DEPUTY INSPECTOR-GENERAL LLOYD, R. N., of the office of the Director-General of the Medical Department at the Admiralty, has been appointed to represent the British Naval Service at the forthcoming International Medical Congress.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM APRIL 23, 1887, TO APRIL 29, 1887

Lt.-Col. and Asst. Surgeon J. R. Smith, detailed as member of board to meet in Washington, D. C., April 28, to prepare rules and regulations for the government of the Hospital Corps of the Army. By par. 8, S. O. 92, A. G. O., April 21, 1887.

Major and Surgeon Morse K. Taylor, relieved from duty at Ft. Sill, I. T., May 10, 1887, to proceed home, San Antonio, Texas, preparatory to retirement. Par. 20, S. O. 92, A. G. O., April 21, 1887

Major and Surgeon Chas. M. Heizmann, detailed as member of board to meet in Washington, D. C., April 28. to prepare rules and regulations for the government of the Hospital Corps of the Army. By par. 8, S. O. 92, A. G. O., April 21, 1887.

Capt. and Asst. Surgeon Fred. C. Ainsworth, detailed as member of board to meet in Washington, D. C., April 28, to prepare rules and regulations for the government of the Hospital Corps of the Army. By par. S, S. O. 92, A. G. O., April 21, 1887

pointed), to proceed to Ft. Omaha, Neb., and report in person to the commanding officer of that post for temporary

duty. Par. 19, S. O o2, A. G. O., April 21, 1887.
First Lieut, Chas. E. Woodruff, Asst. Surgeon (recently appointed), ordered for duty at Ft. Wayne, Mich. S. O. 96, A. G. O., April 26, 1887.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U.S. NAVY, DURING THE WEEK ENDING APRIL 30, 1887

Atlee, E. W., Asst. Surgeon, ordered to the receiving ship "Vermont."

Biddle, Clement, P. A. Surgeon, detached from the Naval Academy, and ordered to Marine Rendezvous, Philadelphia,

Ashbridge, Richard, P. A. Surgeon, ordered to the Naval Academy.

Hudson, A., Medical Inspector, ordered to the U. S. Str. "Trenton."

Decker, J. Corbin, Asst. Surgeon, detached from the receiving ship "St. Louis," and ordered to the U. S. Str. "Trenton." Hibbett, C. T., P. A. Surgeon, ordered to the U. S. Str. "Trenton."

ournal of the ${ m A}$ merican ${ m M}$ edical ${ m A}$ ssociation.

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No. 20.

ABSTRACT LECTURE OF

ANTIPYRESIS AND ANTIPYRETIC METHODS.1

BY PROF. DR. H. VON ZIEMSSEN, DIRECTOR OF THE MEDICAL CLINIC IN MUNICH,

mortality of typhoid (Port).

their supporters, and all parties assert the correctness has shown, by using the same material as did Port, of their views on grounds that, in their opinion, will that Port's hypothesis is untenable. We must wait stand any test. It would be a lamentable state of for other material before further estimating Port's affairs if in this way physicians should become scep- conclusions. tical; and especially if, after a period of active antiresis were divided and made but little impression.

tious diseases, and especially of typhoid fever, a favor-the windows opened day and night. The result of able influence on the individual case? Has it the same this experiment speaks clearly enough: the number or a corresponding influence on the totality of cases of deaths from typhoid fever by this treatment, withof disease, and also on the mortality? Both quest out the use of medicines, in the years 1875 to 1882 tions we must answer affirmatively. Observations at (inclusive), was 28 in 520 cases of the disease, while the bedside prove the first, and the concordant statis in the other divisions of the same military hospital, tics of the clinician the latter. We can affirm with in which a more mild water treatment was used with

more favorably and less dangerously shaped under judicious and antipyretic treatment; and, on the other hand, that the mortality of typhoid fever has fallen at least to one half its former rate.

Against these propositions different objections have been raised. On the one hand (Fiedler), the decrease of typhoid (both as to number of cases and mortality) in the larger cities, is referred to their health regula-In analyzing the views as to the value of antipy-tions, and certainly with truth. Our observations in retics we may group authors as follows: 1. The ex. Munich have shown the influence of these regulatremists, who use only the cold bath, and reject tions. Nevertheless, the relative decrease of morinternal antipyretics (Brand, Vogl, Winternitz and tality can scarcely depend on the healthfulness of the others). 2. Those who use luke-warm baths, but soil, but on the character of the epidemic, and doubtreject internal antipyretics (Naunyn and others), less also on the methods of treatment, as I will show 3. Those who, according to indications, use strict later. On the other hand (Port), the ratio of morand moderate hydrotherapy and internal antipyretics tality (the severity of the epidemic of typhoid) is (Liebermeister, Jürgensen, Riess). 4. Those who connected with the state of the soil-water. From imagine fever to be a kind of necessary and salutary the statistics of the Munich garrison for the last ten regulation, arrangement or mechanism, and use anti-years Port finds that the fluctuation of the soil-water pyretic interference only on the appearance of is more an index of the severity than of the size of dangerous conditions or complications (Heubner, the epidemic. From this he draws the conclusion Curschmann, and others). 5. Those who regard that antipyretic therapy is without any influence on fever as necessary, reject antipyretics, and only use the mortality, since the reduction of the former mordietetic measures (Glaser). 6. The class who ab tality from 20 to 2 per cent., as shown by the tables solutely deny an influence of therapeutics on the of the hospital of the Munich garrison, would be impossible without the discovery of a specific remedy. We thus see that all possible conceptions have But Vogl, chief physician to the garrison hospital,

Such works as that of Vogl are of the greatest pyresis with its satisfactory results, we should be value for the further development of the antipyretic drawn, by a reactionary movement, into the thera- therapy of typhoid fever, because they are based on pentic indifference of the Vienna school. Against very similarly situated material-strong young men such a movement, all who understand the subject, from 20 to 22 years under corresponding and almost and especially clinicians, must fight; and it is pleas- similar external circumstances-with well disciplined ing to know that at the IV Congress für innere Med-attendants schooled to a certain method-a cold icin those who expressed themselves against antipy- bath at 63.5° F. lasting a quarter of an hour (with a rectal temperature of 102.2° F.) about every three Has the antipyretic treatment of highly febrile infec- hours, winter and summer, in unheated rooms, with certainty that the course of the individual case is internal antipyretics, there were 52 deaths in 610 ¹Translated, by permission, from advance sheets by Wm. G. Eggles cases in the same time. This is, then, a mortality of ton; M.D., of Chicago.

this we may perhaps draw the conclusion that in military hospitals under the given conditions the energetic Brand's cold water treatment is superior to the litre of rum, 50 grm. sugar, and hot water). modified treatment, and that combined with antipyretics, and that, as a rule, it gives the best results in typhoid fever. This conclusion exactly corresponds to what has been the case in the Prussian army since 1865, since which time the mortality from typhoid the greater number of clinicians and physicians. fever has fallen from 25 to 8 per cent.; this, accord ing to the report of the Prussian Minister of War, is due principally to Brand's cold water treatment, though partly also to improved hygienic conditions and better individualization in treatment. The present results in the Prussian army are entirely independent of local, temporary, and individual influences.

But though these results, taken with the former publications of Brand, Jürgensen, Liebermeister, and others, show that there is no doubt that Brand's method is best in military practice, the case is somewhat different in civil practice. We cannot intro duce Brand's method directly into civil hospitals and private practice: there is a lack of trained attendants and that degree of discipline which forbids opposition on the part of the patient or carelessness on the part of the attendant; and again—and this is a most important point—the clinical material of the civil hospital and private practice is different and much less fit for such energetic cooling as Vogl carries out both by regulating the temperature of the barracks and the bath. Consider the circumstances of age, sex, anomalies of development, pregnancy, anomalies of constitution and nutrition, bad dwelling, inebriety, occupation, scrofula, tuberculosis, chlorosis, anæmia, cardiac affections, syphilis—these are the things with which, in addition to typhoid, we have to contend in our typhoid paitents in civil practice. The military physician should not forget them; he has a better mortality percentage because he has the flower of the youth of the whole country in his hands, with all uncertain and precarious constitutions excluded, while we have to treat the miserable people in all their unfavorable conditions.

With the strict Brand Vogl cold-water treatment we will now compare the results of a pure but somewhat modified hydrotherapy in a civil hospital. As representative of this method I place Naunyn before all others. He has not a large amount of material at his command, but it is large enough to cast into the scale. By his modified method Naunyn lost 10 of 145 cases, or 6.9 per cent.; certainly a favorable percentage. His method is as follows: When the axillary temperature (which is measured every three hours) reaches 103.1° F. the bath is given, usually eight baths in twenty-four hours, and in most cases between noon and midnight. Naunyn divides the baths according to temperature into: cold (72.5° to 81.5° F., duration five to ten minutes), luke-warm (from 81.5° to 90.5°, ten to fifteen minutes), and warm (90.5° to 95°). The warm baths are given in the great restlessness and muscular weakness. For sevtemperature than 72.5°. The diet consists of 1.5 in which there is no other trouble than high tempera-

a percentage of 8.5 by the combined method. From litre of bouillon with an egg, rarely two eggs, 1 litre of milk, 1 roll, 1 litre of water or 1.5 litre of wine or sometimes 1.5 litre of grog (consisting of 0.5

> We come now to those authors who use combined antipyresis, the combination of baths and internal antipyretics, according to the indications of the individual case. This group appears to embrace by far The statistics published by them correspond entirely, if we recognize the statement as correct that typhoid usually gives a less mortality in small than in large With this method of combined antipyresis there is great play for modifications of the methods of treatment, and it is not impossible that the methods of the clinicians using this are all different. The cold, luke-warm and warm baths, the gradually cooled and the prolonged luke-warm bath, the cold douche, the moist pack, the cold fomentation, the simple sponging, and of internal remedies quinine, antipyrin, thallin, salicylic acid, kairin, hydrochinone, antifebrin—all these have their friends and supporters.

You will now ask: Which method of antipyresis shall we employ in our cases? What kind of hydrotherapy shall we use? And under what circumstances shall we use antipyretic measures? Our discussion of these points must begin with a consideration of those changes which antipyresis is intended to and can control. As the name shows, it was at first thought that the object of antipyretic treatment was the fever alone, and the factors from which the conception fever arises, principally the high temperature of the blood and tissue. This opinion, which was mainly defended by Liebermeister, arose from the idea that the high temperature of itself, especially if of long and uniform duration, was dangerous, and threatened life. There is no doubt as to the dangers of hyperpyrexia, but it seems that the high temperature has usually not the significance which Liebermeister at first attributed to it. The severe cerebral symptoms, the cardiac degeneration, renal troubles, the trophic disturbances, do not seem to be the effects of the high temperature, but coeffects of the dangerous process, the infection, causing the fever.

We may now answer the question as to what antipyresis should do, by saying that we must first widen our conception of the word; it is not merely a battle against fever heat and its action, but also against the carriers of infection and their destructive products and actions in the organism. To take an exact position between the fever action and the microbe action is not possible at present. Naunyn has cleared up many points, but much is still dark. Naunyn con cedes the acceleration of the heart's action and respiration as the influence of over heating. The troubles of the nervous system, of the blood and its vessels, of digestion, of tissue change and secretion, he places to the account of the infection. But the proofs which Naunyn gives are mostly of a negative later stages in very actively delirious patients with nature, and there are still many doubts, especially as regards the nervous and circulatory troubles, as to eral years Naunyn has not given baths at a lower the innocence of the fever. The cases of aseptic fever,

ture, are very exceptional; and we must also regard tion a favorable influencing of the general condition as exceptional those cases in which, especially among is not to be mistaken. The action of cold and lukethe lower classes, the nervous system is but little or warm baths may perhaps be defined as follows: The not at all affected by the fever, so that the patients bath acts on the fevered organism by cooling the continue to go around, and even to work for days blood at the periphery, and then by the return of after the beginning of the disease. Against these the cooled blood from the skin to the interior of the we may place those cases of extreme susceptibility body and to the internal organs. Whether this to fever, usually occurring in persons of nervous stream of cooled blood has an immediate effect on constitution.

may be conditional upon the infection, as shown by regard as the most distinctive action of the cold bath. the cases with severe prostration of cerebral function. The excitation experienced by the sensitive nerves fever, for example, the early loss of consciousness transmitted centripetally, and acts to a greater or and the active delirium in the first days of typhus less degree on the important nervous centres. The fever, the severe nervous troubles in many cases of lowered excitability of the brain is raised, and from acute sepsis, in which there is no or but little fever, the refreshed centre goes out a fresh innervation of In the same way are the boundaries between the limits the circulation, respiration, digestion, tissue change of action of the fever and the infection in the circu- and of the motor apparatus. The effect is a restful latory and respiratory troubles uncertain. That the sleep, a clear sensorium, a fresher look, active moveacceleration of the heart's action and of respiration ments, and a surprising desire for food. depends on the fever may perhaps be regarded as proved, as it is probably proportional to the relaxa- beginning with the improvement of digestion, it must tion of the vascular walls, which may be recognized, must be said that there is not only an increased deby the constantly noticeable dilatation of the arter sire for food, but what is taken is more perfectly diries and capillaries during fever, as well as by the gested than before. This shows that there is an insphymographic tracings. The relaxation of the pe- creased secretion of the digestive fluids, which is ripheral vessels which is peculiar to fever can be probably to be ascribed only to better innervation. attributed to nothing else than paralysis of the vaso-| We can in this way feed the patient very differently; constrictor nerves, since, as Bäumler has shown, the and this is of great importance in long continued reaction of the vasculars to irritation of the skin (stroke with the finger nail) is very prompt. If, then, the troubles mentioned are caused by the fever, we must, on the other hand, refer the nervous troubles, disturbances of organic tissue-change, of the quality of the blood, and of secretion, perhaps entirely or in the greater part to the infection: the paralysis of the heart, the reduction of the number of red blood corpuscles, the deficiency of alkali and carbonic acid in the blood, the generally increased excretion of urea (especially the large epicritical), the albuminuria, and the trophic disturbances of the muscles and skin.

We will now consider the antipyretic measures in connection with these disturbances; how and to what extent the former affect the latter. Hydrotherapy deserves to be considered first; according to the experience of all competent observers it has the first ripheral irritation to deeper and slower movements. place, because it combines in itself all the attributes. The improved sensible innervation of the mucous of a remedial measure necessary in these cases, and membrane supplied by the vagus causes reflex cough, its action on the fevered organism may be varied to any degree. But the mistake must not be made of this way the formation of bronchial obstructions, supposing that the favorable action of the cold water treatment has been particularly proved in typhoid than by the usual advice to turn the patient on the fever, whilst in other febrile diseases, such as pneu-side from time to time; a recommendation which I monia, erysipelas, and acute phthisis, it is shown to think purely theoretical, since, on the one hand, a be much less applicable. In the last-named affec- typhoid fever patient cannot remain on the side for

the central nervous apparatus is not certain, but I I mention these things in order to show that the believe I may conclude from a personal experience absence of nervous symptoms in individual cases (a severe attack of typhoid fever in 1874, during does not prove that as a rule there are no nervous which I was bathed a great deal) that the immediate troubles in fever as such, but that they depend on effect after the bath and the first effect of it is a senthe infection. I have no doubt that fever itself af- sation of drowsiness and cooling of the brain: and I fects the nervous system, and slightly or more se- must say that this is an indescribably pleasant effect. verely according to the height of the temperature. Following this directly cooling effect is the refresh-On the other hand, I think that the cerebral troubles ing action on the central nervous system, which I with comparatively low temperature, as in typhoid from the low temperature of the bath is at once

> To speak more particularly of these effects, and fevers, such as typhoid. The circulatory apparatus receives its waves of excitation from several sources: by way of the reflexes, a direct excitation from the cutaneous vessels, and finally the excitation of the heart muscle from the cooled blood circulating through it. The succession of phenomena is as follows: The first perceptible action of the bath is the contraction of the peripheral essels (often to the extent that the pulse disappears), so far a direct action; then increase of blood-pressure and overfilling of the vessels in the internal organs, and after a time relaxation of the peripheral vessels and invariable persistence of the high blood-pressure. The heart works slowly and forcibly, the vessels show an improved tension, as recognized by the decrease of dicrotism and the return of the elasticity-elevation.

The respiratory apparatus is excited by the peby which collected secretions are thrown off. In atelectasis and catarrhal pneumonia, is better avoided

pneumonia, will be avoided.

and sweat, are increased by the bath treatment. The freshed sensation. tongue is moist, the eye is bright, and the skin is

soft and supple.

is shown by the non-appearance of bed sores, etc. must always use the mildest measures when it can Besides the trophic innervation the conditions of the be done without injury to the effect desired. The circulation (blood-pressure, rapidity of the circula- miserable condition of a patient for an hour after a tion and vascular dilatation), also play an important too cold bath, and the frightful appearance which he part here.

treatment is determined by the indications of the in-refreshing, an enlivening action on the nervous sysdividual case. The complete bath must be regarded tem, not depression or shock. For twenty years, as the most effective, convenient and pleasant form of hydrotherapy; in this all experienced observers the gradually cooled bath, and I can now most highly

are agreed.

The temperature of the water and the duration of the bath are regulated by the stage of the disease, the height of the temperature, the quality of the heart's action, the condition of the nervous system and the general constitution of the patient. We may say generally, the more recent the affection, the higher the temperature, the more resistant the heart and nervous system, and the stronger the constitution, the colder and longer is the bath, and the more frequently is it to be repeated. Very low temperaroom is very pleasant. The patient is placed, as often as necessary in twenty four hours, in the same a rule, however, a temperature of $65\frac{3}{4}$ ° is too low.

The average duration of the bath should be from fifteen to twenty minutes. The number of baths in twenty four hours varies according to the intensity mine when the bath is to be renewed, by the tem icised as routine practice, but as a rule it is correct. Frequently there are cases in which we must order the bath when the temperature reaches 102.2, and other cases in which we do not, or generally do not, bathe even at 104°. In my opinion the reaction of the patient after the first bath is an important point, and this is best determined by the condition of the nervous system, the pulse, and by the subjective

a long time, and, on the other hand, the former con- of the body is very important, but this is not the ception of the mechanical origin of hypostatic pnen-lonly thing to be considered; some constitutions are monia is, in my opinion, very faulty. What is ne-but little affected by cold baths, though they are cessary is, not lateral decubitus, but deep respiratory again and again desired because they are refreshing, movements with expansion of the lower and posterior give a good pulse, and are followed by sleep, while portions of the lungs, and the normal sensib lity and the temperature is lowered only slightly and for a excitability of the bronchial mucous membrane, so very short time. In other cases, especially of nerthat the collection of mucus and the consequences vous constitution, the action of cold baths is often of bronchial obstruction, atelectasis and catarrhal unsatisfactory. True, the temperature goes down for a few hours 3.5° or 5°, but the patient feels un-The visible secretions, the urine, the saliva, tears comfortable, chilled, and has not the desired re-

You must consider that in private practice attention must be paid to the subjective sensation of the Finally, the favorable action on the trophic spheres patient, and to the sentiments of his friends, and you presents, will not add to your reputation. And the The form, duration and temperature of the water- bath has here failed of its purpose, since we wish a therefore, I have recommended for private practice recommend it after an experience with thousands of cases of typhoid fever and other infectious diseases.

The patient is placed in a warm bath of 90.5° or 86°—this is always 14° or 18° below the temperature of the body, and in proportion to it is still to be considered cool-and then the water is continually poured over him with the hands or a large sponge. While this is being done cold water is very slowly poured in at the foot of the bath tub, and thus the temperature of the whole bath is gradually lowered to 77° or 72.5°, until the patient's teeth clatter, or he tures for the bath have been lately discarded by the declares that he cannot stand it colder. The pagreater number of authors, and it is seldom that a tient must now remain in the bath as long as possible, temperature lower than 65\(^34\)° is used. In most cases say fifteen or twenty minutes. He is then taken I use baths between 72.5° and 86°, according to the from the bath and placed on a blanket, previously individual constitution, though in early cases, with warmed, and he is wrapped in this without being strong constitution, baths of 63.5° to 65¾° are fre-dried. In this he remains in the greatest comfort quently given. The bath at the temperature of the for a quarter of an hour, when he is rubbed dry, clean linen put on, and he is allowed to sleep.

By this form of bath we have entirely in our hands water, this being renewed only in the morning. As the degree of reflex action desired, and at the same time as a measure of the amount of action we have the objective state and the subjective feelings of the patient. The cooling of the blood by the gradually cooled bath is not less, though the sensation of and resistance of the fever, between two and six; I shock is absent, than by the very cold bath, because seldom use a larger number. We can best deter- the bath can be kept up as long as desired. And I think it better to fall a little short of our purpose by perature. Brand's recommendation to bathe when the use of the warm bath than do too much by the the axillary temperature reaches 103.1° must be crit-cold bath. In regard to the individual expressions of physicians who do not recommend the gradually cooled bath, I can only attribute them to insufficient experience. But I can say that every physician who, like myself, has had personal experience with the different forms of baths, both on patients and himself, will endorse the luke-warm and gradually cooled baths.

Warm baths of 90.5° to 95,° though not much becondition. Of course the effect on the temperature low the normal temperature of the body, are never-

actions of tolerable warm baths seem therefore as well as its cheapness. praiseworthy. A sleep after the bath is especially Of the methods of using these drugs, of their important, as by it the brain has a rest which it ob- principal and secondary effects, I will speak more nervous system has been quieted to some extent we phoid fever. can very soon follow the warm with the gradually cooled bath, and even with baths at 77° or 72.5°.

It would of course be very wrong to have the same bath-temperature for every case and for every stage. Individual indications are here very necessary in order to obtain the proper effect. Not only do different constitutions and different conditions of infection need very different temperatures and forms PNEUMATIC DIFFERENTIATION AND THE PNEUof baths, but the temperature of the bath should vary a great deal in the course of the same sickness. In the case of a weak, nervous woman who comes under your care in the second week of a neglected typhoid the condition of the nervous system, of the temperature, pulse, etc., will show that you can only use warm baths of 90.5 to 95,0 and perhaps add a short douche or a wet-sheet. If the action on the pulse, temperature and nervous system is satisfactory, the bath temperature on subsequent days may phthisis. Certainly as far as indications for treatbe lowered to 86°, and later even to 77, with from ment are concerned, the all imporatnt question to four to five baths a day. But in the third week, decide is, when does a degenerative process in the when there are spontaneous morning remissions, lungs become tubercular? We know that two contwo or three baths of 90.5° may be given each day, ditions are necessary: 1. Susceptibility or soil. 2.

The indications for the temperature, frequency Impregnation and germination. and duration of the bath also depend upon the needs of the individual case. The sum of the symp- corded the clinical evidence of the liability of even toms, the whole clinical picture and the influence upon the simplest bronchial catarrh to become an unconit of the first baths, but not the effect on the tempera trollable phthisical degeneration. They also recorded ture, should alone serve as guides.

short and not too cold douche in the warm bath may atmosphere. It is possibly true that the bacillus of be tried in severe asthenic forms of the different tuberculosis may find its way into the animal econacute infectious diseases, and is often well borne, omy through the stomach or by the abraded mucous This is especially the case in those infections whose or cutaneous surfaces. It is absolutely sure that a course is rapid, as scarlatina or small-pox, and in tubercular person in an ordinary dwelling, theatre, which all therapeutic measures must be carried out church or closed vehicle, will contaminate the air to in a few days.

sidered as having much of an antipyretic effect, as that prevent germination in such exposures are not its temperature is very soon raised to that of the understood, but vital resistance is the term that thus uses, have a marked local cooling effect, but the to establish and maintain the normal equilibrium beeffect on the temperature of the body is inconsidera- tween carbonic acid and oxygen, and the intelligence tipyresis than for antiphlogosis, as in combatting acts of involuntary protection. We are told by san-

theless 12° or 14° below the fever temperature, and think that the opposition to them has gone too far. while the reduction of temperature is not inconsid. The more recently discovered substances of this erable, it is insufficient, and the reflex action is very class excel the former both in a more certain antipyslight. The warm bath is therefore especially suita- retic action, which is almost without unpleasant acble for those cases which the older physicians de- companying effects, and in the much smaller dose scribed as febris nervosa versatilis, cases which have required. As for the individual drugs, my experithe character of irritable weakness to a marked ex- ence is that the earlier ones, quinine, conchinine, tent. Such cases, in which the infection so fre- salicylic acid, hydro-quinone, resorcine, and others, quently shows a malignant character—we see are surpassed by antipyrin, thallin and antifebrinthem in measles, scarlet lever and small-pox as well. Antifebrin is superior to antipyrin and thallin both as in typhoid and other affections—bear the shock on account of its more certain effect (which is of a cold douche or a cold bath very badly as a rule, almost entirely free from unpleasant accompanying at least at first; and the subjective and objective effects), and on account of the small dose necessary

tains in no other way. When the extremely irritated particularly in the lecture on the treatment of ty-

ORIGINAL ARTICLES.

MATIC DIFFERENTIAL PROCESS. ITS DEFI-NITION AND GENERAL SUGGESTIONS FOR ITS APPLICATION.

BY HERBERT F. WILLIAMS, M.D.,

OF BROOKLYN, N. Y.

(Concluded from page 512.)

Recent research has simplified our classification of

The writers in the earlier part of this century repercentages of recovery due to what we can now as-As regards the cold douche I may remark that a cribe as due to a continued residence in an aseptic such an extent that his companions and neighbors The simple wet pack probably cannot be con-will respire his bacilli laden breath. All of the factors Ice bladders, of which we make various far conveys the answer. The ability in the subject They are therefore less serviceable for an and intuition with which we are endowed, lead us to itarians that the sleeping-room should be the best In regard to the value of the antipyretic drugs, I ventilated room in the house. In many cases tubercular susceptibility is primarily instituted by persist- and ceaseless activity of our living organism. ent pulmonary indolence.

day's exertion, mental or physical, produces relaxa- must be a difference in size of the breathing aperture tion of our nervous energies; our respiratory power between inspiration and expiration before he indecreases, both in inspiratory length and expiratory formed himself that such a provision had been made force; we have a resultant increase of carbonic acid in the physiological function of the glottis. The in our general circulation and of course in the method theory he advanced in his article upon "The Physics" dulla and pons, at such a time we grow sleepy, and of Pneumatic Diffentation" seems to have been unsuch a condition is made manifest by our awkward, challenged, and while it may be possible to suppleattempts of revival by "gaping," and with the deeper ment the function of the glottis, the ability to coninspiration of this act we succeed for a time in reviv-, dense vapor upon the interpulmonary surface must ifying the sluggish medulla and through it the pneu-depend upon the conditions which he clearly indimogastrics, but in a short time and for the same rea- cates. More than this, a close study of the function son our respiration becomes superficial and again we of the glottis will show that its proper action is an gape, until finally we retire, sleep rapidly supervenes essential, even indispensable condition to life. and should we observe the phenomena of the respiration the varying humidities, temperatures and densities tion we would find the highest expression of normal of our atmosphere, and in many vocations, a conbreathing. The inspiratory act becomes long, deep tinually placid glottis would drown us in a moist atand forcible. The air is fairly aspirated into the thor- mosphere, or parch and crack our inter-bronchial ax; the expiration is short, and in the sound sleeper the mucous surfaces in a hot dry atmosphere. This can vibrating nares hardly remit their sonorous rattle be- be shown by the behavior of the glottis in the Rusfore the hungry lungs are again impelling the air with sian bath, where the glottis remains wide open dura faithfulness that nothing but their supreme function could demand. Sleep is "nature's great restorer" when conducted in compartments with unlimited supplies of pure air. Recent experiments prove that amount of moisture upon the mucous surfaces. It bacterial germs which are inevitably introduced into the air cells through the polluted air of seggregation, are annihilated by the voraciousness of the tissue ion, are rendered obtund by moisture and the recells with which they come in contact when the vital resistance of the cell is at the standard of health. Normal sleep then may be a virtual antiseptic process.

It is probably true that the lungs of every man, pulsion of abdominal contents. woman and child in this city have almost daily visitations from circumambient microbes. The bacillus of tuberculosis is no small minority of the sum total, but so long as the lung tissue is maintained at its normal point of vital resistance, the bacillis are in nocuous. Pulmonary indolence is the first step to susceptibility.

From such insidious causes down to the most sthenic inflammation that may attack the lung itself we have every gradation of power whose sequential direction is the destruction of the vital resistance. The soil is now ready, impregnation takes place, germination follows; the bacilli seize upon the stagnant lungs, invade the guarding tissue cells, gain an entrance into the blood and lymph channels and the citadel is at once in a state of siege.

From this brief outline it is plain to be seen where we must direct our treatment. I have referred to the indications for treatment in most of the simpler conditions that lead to the graver septic pathological by Mr. Ketchum in his study of the mechanism of conditions. I will now refer to that department of the inspiratory act; but let us see how this may be my subject which treats of topical medication.

First, is it possible? One can hardly study the mechanism of the human body and fail to discover the evidence of adaptation of ends to means. We have only to discover the function of a given part or section, when we shall surely find no bungling mechanism that permits or compels its perfect action. We are not to forget that the inexorable laws of complemental saturated air. At this juncture, had physics find their supremest expression in the constant | 1 Medical Record, Jan. 9, 1886.

Joseph Ketchum, by a process of synthetic reason-In a condition of robust health, the fatigue of the ing reached the conclusion that in respiration there ing expiration. The respiration of dry air will cause the glottis to contract during expiration, thereby retarding the outflowing air, and keeping a sufficient would seem that the terminal nerve filaments which convey centric impressions from the glottidean regverse by dryness. It is needless to refer to the comprehensive action of the glottis when upon a full inspiration, it is instinctively closed to effect the ex-

In studying this unique mechanism we find it of far more importance than physiologists have ascribed to it; and to maintain its healthy action or to supplement it is the key note to the question of topical medication. I have shown how by forced inspiration and inspiratory differentiation it is possible to convey spray and vapor deeply into the pulmonary structure. It remains to describe such other means within our control as will surely condense saturated air in interpulmonary spaces and cavities.

This contemplates the principal act of the entire differential scheme, viz: Respiratory differentiation. In this act with a variation of, say one inch Hg. from minus to plus, the weight of the normal air with each inspiratory and expiratory act, we are now compelling the circulation of a corresponding increase in complemental air in the complete respiratory act. There must be in this act an assertion of the power of the physiological action of the glottis, as described supplemented.

The patient makes a full inspiration through the ordinary capacious breathing tube, breathing a saturated vapor for temperature and density of air, with the assistance of one inch Hg. minus the weight of normal air i. e., rarefaction. Now, with this act, we have our ordinary quantity of inspired air, plus the

we the physical, or especially the expiratory strength, eral circulation, and to those who have grown skepwe could by closing the glottis, and making a violent tical either concerning the power or the desirability expiratory effort condense our interpulmonary com- of thus producing local and general medication, I plement of air; but we are contemplating a measure—especially appeal for calm judgment, lest the failure for the cure and relief of diseased, not healthy hus to produce a salutary effect may be as much the remanity. Taking our patient, then, with his lung sult of an ill chosen remedy as the possibility of its fully permeated with saturated air (a position he can non-application. It is idle to adduce argument to maintain with comfort for a longer time than if fur- prove that every protessional man knows, ether, nished with his ordinary inspiratory force), we will chloroform, nitrous oxide, etc., are, strictly speaking, now call upon him to give us his full expiratory vapors. We know that their action depends upon power, at the same time giving him the assistance of the fact of their entrance into the circulation through say one inch Hg, plus the weight of the normal air the pulmonary avenue. i. e., compression in the cabinet. We will do more —it will be remembered 1 said he made his inspira- and though those thus far supposed to be possessed of tion through a tube of sufficient capacity to produce germicidal power, are of a lower specific gravity no obstruction to the inflow-now by the use of the than ether or chloroform, the deficiency can be artificial reversible glottis, we will restrict his expira- counterbalanced by bringing them to their vaporiztions to a point impossible for him to expire in suffici- ing point before use. But in a therapeutic sense we ent time, and with sufficient comfort to maintain his are by no means restricted to moist agents. Chemexistence without the assistance above described, ically dry air, the various gases and smoke, may Now then, a force of one-half pound pressure per more fully suit the pathological necessity. In the square inch is being exerted about the superficial selection of dry agents, respiratory differentiation, area of the lungs, and upon the saturated air therein. with restricted expiratory aperture should be used, This air is restricted in its outflow to a degree which for the compression so effectual in squeezing the. will admit of the dynamic value of pressure in pro- moisture from saturated air, will as effectually disducing compression of the interpulmonary air, and seminate air and its dry contents into such communiat the same time permit a comfortable and sufficient cating bronchi and vesicles as would resist the ordirespiration. Respiration may thus be carried on for nary respiratory current, and the diffusion dependent an indefinite period with the absolute assurance of thereupon. When primary infiltration is a tubercuthe deposition of a fixed quantity of condensate lar deposit or a neoplastic growth, of course the upon the interpulmonary surfaces and air containing pulmonary structure at the seat of such disturbance cavities. This condensate may be increased by heat- has become pathological and impervious to air. It ing the vapor to the limit of tolerance and probably is not in the province of this paper to theorize on safely by covering the thorax with refrigerant bags the etiology of tubercle, or to present such facts as of salt and ice. I think then, that I have demon- may go to show the possibility or impossibility of strated that topical application is possible.

has been the goal for unlimited professional want nevertheless, that any demonstrable area of lung and endeavor. I am practically acquainted with the tissue which is tubercularly infiltrated must forever means hitherto within our control by which we have remain so, or else softening, ulceration and excavahoped at least, that effectual topical medication was tion must take place. It is with a full realizaproduced. Whatever of scientific basis there may be tion of such a probability that I would urge the unfor such a hope, the fact remains that spray introduc- remitting use of antiseptic vapors, for the purpose of ing inhalers, nasal and oral appliances have long circumscribing the area of deposit by rendering the been used, and constitute in the estimation of many contiguous lobules sterile to the pacillic germ. Ulan essential element in the management of phthisical ceration and breaking down may take place. Here

It is essential to distinguish in this connection between spray and vapor. By the forced inspiratory secure a more thorough evacuation of the ulcerated act, it is inevitable that the small particles of the area. It has been my good fortune to see recovery medicament are given an impetus that carries them take place by such a chain of pathological and deeply into the interpulmonary structure; and where therapeutic events. cavities are formed which communicate with the larger and adjacent bronchi, it is equally inevitable fection does not supervene as rapidly or as conthat agents in the form of spray can be deposited stantly as in the prodromal catarrhal inflammations. therein. When spray is finally subdivided or nebulized, One reason for this may be that the cells of the such portions may the more easily spring into vapor hyperplastic tissue are as voracious for the bacilli as when the atmospheric variations and temperature the normal histological tissue cells. True fibrosis of will permit. These variations may be found in the the lung is a chronic change that will resist every contrasted temperatures of the external and the effort to restore its function, but such patients have interpulmonary air, and I have already referred to normal lung tissue left, or they would not be alive, the means by which this can be increased; I have in and it is the gradual involvement of these healthy other papers and discussions pointed out the evil areas that finally gains it the mastery of the subject. dence of the introduction of agents into the gen- Judicious and occasional treatment with such agents

Every substance is capable of being vaporized, clearing up such a deposit by any treatment medic-Secondly, is it feasible? Whether feasible or not it inal, climatic or mechanical. It is my conviction, it is of paramount importance that antiseptic vapor be not only introduced, but forcibly introduced to

In fibrous degeneration of the lung, tubercular in-

and catarrhs will save lung tissue, prolong life and themselves occasionally for inspection and treatment. render existence comfortable.

and duration of treatment may work harm, and in symptom which they themselves recognize as dethe judgment of competent observers $\frac{4}{10}$ to $\frac{6}{10}$ in-manding treatment. spiratory differentiation from five to ten minutes, once or twice weekly, will gain them all the benefit the courage of our convictions. To temporize with to be derived. Where respiratory differentiation is one small râle, to allow our sympathy and generchosen $\frac{2}{10}$ to $\frac{4}{10}$ excursion is sufficient.

various forms and manifestations of phthisis, weight, is a breach of faith as flagrant as any error While the several forces of the differential pro- we can commit. cess at our command enable us to manipulate and adapt the treatment that advanced disease de-daily for a week or ten days, then tri-weekly, bimands—in other words to treat it—the supreme im- weekly and weekly, and covering a long period of portance of bringing our skill and energy to bear at time, perhaps for months and even years. As sad a a time of more equal warfare is manifest. Nothing mistake as can be made is to promise too much, or to that experience has shown to be of benefit should be allow a patient of this class or his friends to hope omitted, and in so far as this may apply to the for an absolute restoration to health. If such a dietary or as a means for the preparation for climatic happy result is attained it can be accepted with good sojourn, the skillful administration of pneumatic grace by all concerned, but opportunities for infinite differentiation will be found a potent auxillary.

advise the following: First, residual air expansion, tremes of pressure and rarefaction as the earlier and repeated once or twice; Second, respiratory differen- acute cases. The value of climatic treatment is intiation with artificial reversible glottis, restricted ex- disputable, but with such means within our control piratory aperture, from five to ten minutes; Third, the failure to prepare the patient's lungs for the full the sitting may be concluded by inspiratory differentiation. In early phthisis with prolonged expiration, absurd as to send a man with purulent ophthalmia forced inspiration with high rarefaction one to two and conjunctivitis, to view the beauties of an art inches through a constricted inspiratory inlet, may gallery, or the grandeur of a summer's sunset. be interspersed with the last act. Treatment conducted in this manner, will in a few inspirations inspiratory differentiation. Seventh, Medication. In lower the rarefaction in the cabinet. When it has the choice of agents much must depend upon our reached $rac{\Gamma_0}{\Gamma_0}$, inspiratory differentiation can again pro-| knowledge as therapeutists. While it is undoubtedly ceed; spray can be used with the forced inspiration, true that sedative and emollient agents will allay the and the condensation of such of it, as springs into excess of bronchial catarrh in chronic phthisis, there vapor may be produced by compelling the patient to is nothing so ethereal about pulmonary tissue that make an expiratory effort through a constructed expiratory outlet, but such act is exhausting and unnecessary when the respiratory act is used. In respiratory and inspiratory differentiation spray, vapor, antiseptic gas, or air, should never be ommitted; Fourth, Cogwheel respiration and prolonged expiration may be treated by respiratory differentiation with artificial reversible glottis with constricted inspiratory and free expiratory aperture—(The patient simply reversing the artificial glottis in the breathing tube); Fifth, the duration of treatment and the length of each sitting must depend largely upon the character of the disease, and the evidence for good or evil that is gained as the case proceeds.

The acute affections will rarely require more than from two to six daily consecutive applications. Cases that demand correction of faulty development, weekly or bi-weekly expansion, covering a considerable period of time. The same for anæmia, chlorosis, amenorrhæa, sleeplessness, anorexia and assimilative deficiency.

In early phthisis daily treatment from ten to twenty minutes should be given until all adventitious sounds disappear, the sputa free from bacilli or absent altogether. The treatment can then be relaxed, McCaskey.

as act as emollients to the intercurrent congestions but such patients should be cautioned to present This provision is as imperative as to command them It is in these cases that over zeal in frequency, force to report for consultation upon the advent of any

In the diagnosis of early phthisis we must have osity to explain away a symptom like a slight hæm-Little further need be said concerning the orrhage or a persistent anæmia, or pallor, or loss of

In chronic phthisis treatment should be given good may be lost by promise or hope of impossible For the general manipulation of phthisis I would accomplishment. Such cases do not require the exadvantage of any particular locality would seem as

Sixth, primary hamorrhage must be treated by shall prevent it from responding like the other tissues of the body to well chosen antiseptic agents. general tendency in the profession now is to discard polytheraphy, and especially in the conservative measures of antiseptic, surgery; and if we are to indulge the hope of the discovery of an efficient germicide against the bacillus of tuberculosis, we must select single agents and follow them to the finish. Where such agents are vaporized as by Dr. Mc-Caskey's vaporizer2 their doses must depend upon their point of air saturation, but when projected by spray they must bear a certain per cent. of the solution sprayed. Glycerine, cosmoline, and agents of like specific gravity make a seductive spray, and perhaps in appropriate conditions an effective one; but for a pure antiseptic effect we are not to forget that impure glycerine, the sugars and oils may be efficient cultivating mediums for bacterial propogation, and if successfully impelled into pulmonary spaces may make a rich pabulum for the microbe we are seeking to destroy.

²Dr. George W. McCaskey, of Fort Wayne, Ind., an earnest colaborer in this work, has devised a vaporizer, whereby we can keep a cubic foot of air saturated with the vapor of any agent. An article descriptive of this will shortly be presented to the profession by Dr.

How far this may apply to moist agents of any description can only be determined by careful and continued study. If we are to reason from analogy or to act on the hints that we gain from the study of Read before the Chicago Medical Society, April 18, 1887. climatic treatment, we must primarily conclude that cases that should do well in warm, moist atmospheres of southern climates will do well with antiseptic vapors and spray; while those cases that should show improvement in cold, dry climates would best respond to dry dehydrating agents. The range of medication being so thoroughly under our control, it must require as good judgment and discrimination as by internal medication. I have found a hint in treating some cases, by changing as much as possible the character of the air from that in which the disease developed, and I have further found preliminary course of cabinet treatment to materially aid me in the selection of climate for individual cases. While the rapid improvement that has super vened upon a climatic change, after a preliminary course of pneumatic differential treatment may be ascribed to the effectual expansion thereby induced, I am sure I am warranted in my conclusion that a measure of the benefit is due to thorough disinfection of the lungs and the evidence gained of the patient's tolerance of moist or dry air, as the case and Septicamia by the means of Gaseous Enemata ac-

I will mention a few of the most important agents that I have thus far used: Dry air, this can be easily furnished by attaching an U tube to the breathing faucet, and packing the tube with pumice stone and pure sulphuric acid; or absorbent cotton borated or mercurialized may be loosely packed in the tube.

The bichloride of mercury in solution of a strength

of $\frac{1}{500}$ to $\frac{1}{20000}$.

Lugol's solution to to 50 per cent.

Creosote to to 50 per cent.

Pure carbolic acid 10 to 50 per cent.

of pure glycerine and water as diluents.

Oxygen gas and the per-oxide of hydrogen may be appropriately applied. I am now using C. P. glycerine as a de hydrating and disinfectant spray.

As emollient and sedative applications I have used morphine, cocaine, atropia, stramonium, and a

weak emulsion of peppermint oil.

It is unnecessary to make further reference to special agents. The list is as extensive as the materia medica, and as in other departments of medicine, each practitioner will find certain agents to behave better in his hands than in those whom he seeks to instruct, yet as there is probably but one best way to do everything, it is equally probable that there is but one best bacillicide and one best opportunity destroy it, or at least to neutralize its action. For for its perfect work.

450 Classon Avenue, Brooklyn, N. Y., April 26, 1887.

BERGEON'S METHOD OF TREATING PHTHISIS BY GASEOUS ENEMATA.

BY FRANCIS J. CRANE, M.D.,

OF CHICAGO, ILL.

In January last, the N. Y. Medical Record contained an article headed "A New Treatment of Phthisis," which gives a brief outline of Dr. Bergeon's method of administering carbon dioxide mixed with sulphuretted hydrogen gas, and referred to an article published in the British Medical Journal, of December 18, 1886. This described in full the apparatus and mode of using it, and stated they had been procuring beneficial results by the method, and that Professor Cornil, of Paris, had also become an enthusiastic supporter of it. This led me to write to Dr. Bergeon, and in the course of my correspondence, he presented me with an apparatus, as well as with the treatise of Dr. Morel read before the French Academy last June, and also one by Professor Cornd. These are so exhaustive that I have embodied in this paper only the essence of both, as follows:

New treatment of the diseases of Respiratory Organs cording to M. Bergeon's Method. By Dr. V. Morel. It would seem from the statements of physicians who have tried either to prevent the development or the proliferation of the bacillus, or to destroy it, that it is the one thing which we have to overcome in the treatment of phthisis. In reasoning by analogy with other contagious diseases, as, for instance, cholera and hydrophobia, it might be urged that the bacillus is not the immediate cause of the morbid phenomena of tuberculous affections. It is known that, aside from miliary tubercles, which invade the lungs and are the cause of the patients' symptoms, the gravest In using the last two agents I have projected the phenomena of phthisis are due to the septicæmia, which spray with the "Semple Inhaler," using equal parts poisons the patient, and is caused by the suppuration of the tubercles, which, brought in contact with air, undergo putrefaction and are absorbed into the The bacillus' work, then, by producing lesions of texture, which become fatal to the organism by rapidly destroying or, by undergoing softening and absorption, produces septicæmia. To use Darembourg's expression: "The bacillus is nothing, but septicæmia is everything."

In acknowledging that it is not necessary to ascribe to the microbe all of the morbid phenomena of phthisis, it is not less true that its presence is to the organism an incessant and real danger, and that consequently, in endeavoring to discover a remedy for the lesions which it has produced, it is necessary to this purpose such agents as sulphuret of hydrogen, bisulphide of carbon, and other antisepties mixed with pure carbonic acid, are employed.

Principles of Bergeon's Method.—The first mode of treatment thought of consisted in applying by inhalation some substances having parasiticidal properties. It is known that antiseptic substances are poisonous when introduced into the arterial system, either directly or by inhalation. Claude Bernard has

rial system through the lungs produce toxic effects towards a state of health with all the signs of cure. almost instantaneously. Besides, the antiseptic substances have an irritating action, and this action, method, I can now assert that the results I predicted operating on diseased lungs, will only increase the three months ago have been achieved. The patients existing lesions, while their unpleasant odor aroused that I considered cured have no more expectoration, a refusal in the patients to their use; this is probably and give on auscultation stethoscopic signs which the reason why so little success has been obtained by denote the presence of quiescent cavities, or cicainhalation in the treatment of phthisis, and is con trized lesions. Some of these patients have been clusive proof that the introduction of antiseptics by obliged to return to a life of labor; nevertheless their the stomach is preferable, for Cl. Bernard has shown respiratory organs have stood the test, and the amethat when a poisonous or medicinal substance is in-lioration obtained has been permanent. troduced into an organ distant from the arterial system; into the digestive tract, for instance, it cannot so exhausted, now have only 3 or 4 grams of sputum enter the arterial system, because it is expelled before a day, at the beginning of the treatment it was reaching it. It must pass through the portal system, from 250 to 300 grams. We have found bacilli, it is the hepatic veins and the pulmonary texture, there true, in the sputa of these patients; yet it remains to to be exhaled, or it can be expelled in the liver with be discovered whether these bacilli which continue the bile.

troduction of poisonous substances into the digestive mode of action of carbonic acid introduced by intube may be done without danger by taking certain, testinal absorption in the venous blood and afterward precautions, of which the most important consist in expelled by the lung, it can be said from the obsernot injecting too large quantities at once. and not vation of patients, that this gas, filled with proper injecting more before the first has been completely medicinal substances, greatly modifies the respiraeliminated. What avenue ought to be chosen? The tory function, and makes the hæmatosis more comstomach or the rectum?- In both cases, the medicament will have to pass through the portal vein, the followed by an increase of strength and weight, a liver, the hepatic vein, the right heart and pulmonary diminution of fever and night sweats. arteries, but we think the rectal way is preferable, for the patient cannot take a dislike to the antiseptic giving this treatment: 1. The CO2 ought to be as substances on account of their disagreeable odors.

Gaseous Enemata in the Therapeutics of Respiratory Organs, Pulmonary Phthisis, Asthma, Whooping-cough, Bronchitis, Bronchiectasis, Broncherrhwa, Pulmonary Catarrh. By M. Cornil.¹ The principle of the action of gaseous infections and of their rapid elimination by the lung, has been given by Cl. Bernar l. He showed that when sulphuretted hydrogen is injected into the rectum of an animal, the gas is expelled by the lungs; he proved that we can so inject it in almost unlimited quantities, without causing harm; whereas its introduction by inhalation rapidly occasions grave accidents and the animal's However, to introduce sulphurous hydro gen, or any other gas or vapor, into the economy per rectum, for the purpose of destroying the microorganisms which exist in a number of diseases, it was economy, and easily tolerated by the bowel.

Carbonic acid gas admirably answers the purpose; it is very easily borne by the colon, rapidly absorbed and afterward expelled by the lung, with the medicinal gas which it holds. This gas itself, in all probability, plays a very important part in this new treatment of pulmonary diseases.

Dr. Bergeon, who inaugurated this method, published a few months ago the first results obtained in the treatment of pulmonary phthisis by this method. Physicians of Lyons, Paris, Geneva and Marseilles who have treated phthisis by the method, have generally obtained a very rapid disappearance of the phe-

shown that poisonous gases introduced into the arte-nomena of pulmonary suppuration, and a progress

Concerning the patients I have treated by this

While many patients whom the expectoration once to exist after the return to health have kept their It is well established by experiments that the in-functional activity or not. Whatever may be the plete and easy. It gives a sensation of well-being,

The following precautions must be observed in pure as possible, so as not to inflame the bowel. That obtained by the reaction of dilute sulphuric acid on the bicarbonate of soda has always been perfeetly absorbed by the bowel without producing any toxic effect.

2. The gas should be collected in a receiver from which the air has been expelled.

3. Make the injections just before a meal, or at least three hours after, and never when the patient is weary. It is necessary to be very cautious in experimenting with other medicinal substances, for if, although the sulphuretted hydrogen is inoffensive, other agents, as turpentine, chloral, ammoniæ, iodine, bromine, ether, etc., may not be, and might be the cause of an inflammation of the intestinal mucous mem-

It is not necessary that the dose be large; by innecessary to find a gaseous vehicle, inoffensive to the jecting twice a day 4 or 5 litres of carbonic acid gas passed through 500 grams of sulphur water, we rapidly notice the disappearance of all the phenomena. of pulmonary suppuration, either in its acute or chronical state.

Bergeon's method has been successfully experimented with by Dr. Chantamesse, in his service at St. Antoine Hospital, during the months of August, September and October. The following are his results: "Two patients brought to the hospital suffering with violent attacks of asthma were, half an hour after the injection with sulfo-earbon vapors, entirely relieved of the dyspnæa. The treatment having been continued for a few days, the breathing was relieved, and the attacks were not repeated during the time they remained." Nine patients giving general

¹ See The Journal, January 15, 1887, p. 69.

and local signs of pulmonary tuberculosis, with tuberthem has increased nine pounds in weight.

phthisis, one of intussusception of the bowel and one of spasmodic croup. With the croup and intussuspatient was sleeping, apparently as well as ever.

Case 1.—Mr. W., aged 26. Two sisters and a former. brother died of phthisis; he had been treating with

corresponding to nearly if not quite half of its original capacity. Nowhere on this side could vesicular respiration be heard, while the left apex likewise yielded unmistakable signs of disease. There were cedema of the feet, incessant cough, broken sleep, watery stools and ravenous appetite, although he could not retain anything on the stomach; temperature 102° F. After the first injection of bisulphide of carbon, given in the evening,

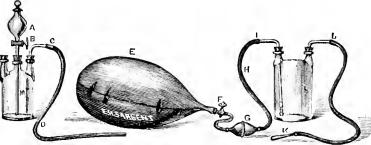
little with cough, but on rising in the morning, to use Bergeon has been one of the greatest benefactors of his own words, came nearly strangling for want of a the age. cough, which he finally got, and expectorated a pint with the one paroxysm. I then used the sulphuretted hydrogen water and he improved very fast; in one week he had a normal temperature; night sweats almost entirely stopped, expectoration was much less, and he was able to wear his shoes, which he had not been able to do for over six weeks. Unfortunately, however, at the latter part of the second week he ventured out in one of our rainy March days, took cold, and his death, two days later, cut short the record of what might have proven almost a miracle.

noticed, also, for about a week some night sweats, of medical science, Pepper's "System of Medicine," provocation.

This comprises all my experience, but these are facts, and facts are stubborn things to deal with. In does not possess a high degree of importance, even

regard to the best mineral water. I wish to say that, cular bacilli in the sputa, have obtained very great after trying the Latayette, Ind., the Blue Lick, Ky., amelioration from this treatment. The increase of and the Ypsilanti, Mich., mineral waters, I am satisweight has been rapid, one pound and sometimes as fied that the Ypsilanti mineral water is just what we much as 35 oz. a week; cough and expectoration want. It contains 20 cubic inches of gas to the galhave largely ceased. We always find the bacilli in lon, and is so strongly impregnated with it that I use the sputum, however. These patients have been it over the second time by having solid rubber corks under treatment for one month and a half. One of to replace the perforated ones when I have got through using the apparatus. Mr. St. Clair, President of the Company at 88 Randolph St., has kindly I have used this treatment with four cases; two of furnished a case of 12 quarts of the water, which I have forwarded to Dr. Bergeon, in hopes that it will compare favorably with the Eaux Bonnes water which ception it operated like a charm, overcoming both he is using. I have had an apparatus made by E. H. almost instantly. In the case of croup, I used the Sargent, of Chicago, which I think takes the place of bisulphide of carbon, and in half an hour the little Morel's very well, differing from it only in point of cheapness, costing but a little more than one half the

The true place of this mode of treatment cannot various physicians and changing climate (having be established until the experience of careful observbeen to Colorado twice) for over three years. The ers has been given us, years hence. I wish, thereright lung was nearly useless, as it contained a cavity fore, to urge the profession to investigate the matter



he slept well for three hours and was bothered very | fairly, since time, 1 am confident, will prove that Dr.

UNUSUAL METASTASIS IN MUMPS, With Report of Three Fatal Cases.

Read before the Loup Valley District Medical Society, April 7, 1887.

BY F. D. HALDEMAN, M.D.,

OF ORD, NEBRASKA.

The epidemics of mumps which are of frequent oc-Case 3.—Mrs. W., aged 34, widow, having lost her currence in almost every community, present some mother and older sister from phthisis, applied to me points of interest to which it may be well to refer. for some heart trouble. Complained of a dizzy sen- But little attention seems to be given in medical litsation on rising from a recumbent position; feet erature to the consideration of this disease. Aitken, swollen some, hectic tlush, considerable dyspnæa, in his "Science and Practice of Medicine," three slight cough with no expectoration. Diagnosis: volumes of over 3,000 pages, devotes one page to its Incipient phthisis with heart complication? She had consideration; and that monument to the progress which did not last, however, after the second admin- containing about 5,500 pages, devotes less than six istration of gas. She improved so rapidly that she pages to the subject; J. Lewis Smith, in his work on only made seven visits in all, and pronounced her the "Diseases of Infancy and Childhood," of over self cured. There is, however, no doubt but she 800 pages, devotes two pages to this subject; and will have a return of symptoms upon the slightest yet it is one of our most widely extended and frequently recurring epidemics.

Mumps, as it prevails under the usual conditions,

unusual large number of metastases, and cases of violent and even alarming general derangement. From referable to the parotitis. The minute emboli, de-January 1 to May 20, 1886, there occurred in my rived from the veins of the affected glands, charged practice twelve cases of metastasis in mumps. Out with putrescent matter, being arrested in the branches of this number, one died from metastasis to the right, of the pulmonary artery, excited a circumscribed lung, and one had serious heart trouble, but recov-pneumonia which caused a fatal termination. ered, as did the remaining ten cases. Two more Case 2.—On May 16, 1886, I was called to see opened into the right lung, producing death; and the getting along all right until May 10, when the other was metastasis to the uterus, producing death swelling began to leave the parotids and the testiterest to give in detail.

patient complained of feeling weak and worn out; mitting; the heart's action was confused and feeble. he had been up and dressed every day, and did not Auscultation revealed a distinct mitral murmur. consider himself sick enough to be confined to his Though inspiring deeply, he seemed to suffer from bed. On March 2 there was a severe chill, followed apnea, breathing hurried and anxious, but the air by high fever and sweating; patient not able to get entered the lungs freely. There was no pain, but up. On March 3 I saw the case for the first time. great agitation and feebleness, intellect clear. Both There was slight swelling of both parotids; left testi- testicles were slightly swollen and quite tender. No cle tender and about twice its natural size; tempera- enlargement of the parotid glands. I prescribed ture 103, pulse 90, respiration 30. Face flushed and quinine, digitalis, and acid sul. aromatic; applied the skin bathed in perspiration; frequent and sup-sweet oil to the testicles and ordered egg-nogg or pressed cough, accompanied by a scanty expectora-milk-punch to be given frequently. The pulse betion of glairy mucus; decided dulness on percus-came more regular, and his general condition gradusion over the lower lateral and posterior part of right ally improved. The temperature remained below side of chest; crepitant râle heard below the axilla normal until May 18. The heart difficulty subsided of the same side; tongue coated with a light fur and after a few days, and patient was able to be up in two bowels constipated. I directed poultices to be ap- weeks. There was slight atrophy of left testicle, but plied to right side of chest and sweet oil to the testicle; gave a powder of calomel and jalap to move bowels, and gr. viij doses of quinine were ordered to tis, is an event much to be dreaded, and was caused be given every four hours.

March 5. The swelling in both parotids had entirely disappeared; left testicle not so much swollen, but still very tender on pressure; temperature 104, pulse 110, face flushed and profuse perspiration; respiration 40, expectoration still scanty and streaked | Both parotid glands were affected, and five days afterwith blood; percussion and auscultation showed an increase of dulness over the right lung, with mucous râles in that region; tongue coated. The bowels had moved freely the day before; urine scanty and to syncope, followed; that evening he had a chill, high-colored. The same treatment was continued, and soon afterwards a high fever. On January 20 and in addition egg-nogg was ordered.

weak, respiration 50 and difficult. Skin bathed in fur; partial paralysis of right upper and lower ex-

when metastasis to the testicle takes place. Under sweat; increased area and degree of dulness over some conditions, however, it develops an intensity right lung, with mucous râles; retention of urine; of action which is quite unknown to the ordinary tongue covered with a dark-brown coat. Patient becourse of the disease. During the winter of 1886, came unconscious; respiration more frequent and mumps appeared as an epidemic in and about Ord; difficult; expectoration abundant; countenance livid not many children escaped, and a good proportion and swollen. He gradually sank into coma, which of adults were attacked. Among the latter were an deepened until it ended in death at 1 A.M. March 8,

This was evidently a case of embolic pneumonia,

fatal cases occurred near Ord, about the same time, Mr. J. V., a married man, about 28 years of age, under the care of Dr. Klinker, who has kindly given whose prostration and general appearance indicated me the history of these very interesting cases. One alarming illness. I was informed by his wife that he was metastasis to the liver, causing abscess which was taken with mumps on May 5, and seemed to be of a seven months' fœtus and premature labor, fol-tele became the seat of trouble. His condition did lowed by the death of the mother on the second day not become alarming until May 13, when he had after her confinement. A record of these fatal cases, a sinking spell with pain over the cardiac region; and of one which recovered, I think of sufficient in- the pulse was irregular and feeble. A physician was called in, and treated the case until May 16, Case 1.—A young man, 28 years of age, was taken when I was requested to take charge of the case. with mumps February 25, 1886. His general health His condition at this time was as follows: The previous to this time had always been good. The surface of his body was cold and drenched in perdisease progressed favorably until March 1, when spiration; temperature 97°, pulse 50, small and interno other bad results remained.

> The metastasis to the heart, producing endocardiin this case by septic infection of the blood.

Case 3.—Is one of the cases which occurred in the practice of Dr. Klinker, and the record given to me is as follows: Mr. N., aged 21 years, had an attack of mumps which dated from January 13, 1886. wards both testicles became tender and swollen. On January 10 the swelling in both parotids began to subside and a feeling of weakness, with a tendency Dr. Klinker was called, and found his temperature March 7. Patient's condition much worse. He 103°, pulse 120 and very weak, profuse perspiration, was propped up in bed, as it was impossible for him pupils widely dilated, tenderness over liver with conto lie down. Temperature 106, pulse 150 and very stant pain in that region; tongue coated with a light

tremities. Did not see patient again until January different liquids of the body, but principally in the 23. The temperature at this time was 104, pulse blood and in the urine of patients suffering from 130, profuse perspiration, with hurried breathing; mumps, micrococci of a special form. These results right hypochondrium tense and painful on pressure, were constantly obtained in patients suffering from very distinct jaundice; the paralysis had changed to mumps. Similar researches were made on children the left upper and lower extremities. The right thigh in health, and the results were absolutely negative; a became very much swollen at this time, and an abscess fact which shows that there is something specific in formed, which was not opened.

the mouth, throat and lungs so as to produce immediate death by suffocation.

Case 4. Mrs. D., 20 years of age, in the seventh month of pregnancy. She was taken with the mumps on April 1, 1886. April 5 the swelling suddenly left parotid glands, and she became very nervous and weak; complained of pain over the hypogastric region. Dr. Klinker reports that at this time her temperature was 1043, pulse 120 and feeble. There was pain and tenderness over the womb, with constant vomiting. Her fever continued high throughout her illness.

April 10. Active labor pains set in, and she was delivered of a seven months' feetus, which had evi dently been dead several days. The placenta came away, and with it a very profuse and offensive discharge. The patient became delirious, and died April 12.

I find in looking over the literature of this common disease, that metastasis to the cesophagus is mentioned by Dr. Richard McSherry, of Baltimore, Md.; to the kidneys by Dr. Croner, of Berlin; and deafness coming on during an attack of mumps has been recorded by Dr. A. H. Buck, of New York. Dr. H. V. Logan¹ gives the record of a very interesting case, in which there was double metastasis, and subsequently thrombosis occurred in most of the superficial veins. The left parotid and right testicle were involved at the same time; twenty-two days afterwards the left testicle became involved, and on the fortieth day of his illness inflammation of the right parotid gland set in. These facts indicate the serious nature of the disease, and, as I have already shown, there may be various other complications; which are to be very much dreaded. There are no other examples of metastasis so complete and satisfactory as that of mumps, and bearing in mind that both testicles are not unfrequently inflamed during an attack of mumps, it seems very probable that, in and give rise to more or less disturbance.

malady has long been known, but what the nature of of his researches on pyridine and allied basic subthe contagium was, has not been so well understood. stances (collidine,) and draws the following thera-Dr. A. Ollivier, Physician to the Children's Hospital peutic conclusions: 1. The pyridine is indicated in in Paris, has made some researches with a view of attacks of angina pectoris. Its effects are very ascertaining the correctness of the results previously rapid. Its use prevents other fits. 2. In asthma, obtained by Drs. Capitan and Charrin, who had been be it of nervous, emphysematous, or catarrhal naoccupied in the same line of research. Like these ture, in the pathological as well as in the sympto-

the disease under consideration. As it has been January 26. Patient semi conscious, and breathing shown that the development and propagation of with great difficulty. During an effort to cough, there mumps is due to the presence of micro organisms, came a large gush of dark purulent matter which filled it should be considered as an infectious or contagious malady, and should therefore be classed with measles, scarlet fever, small pox, etc.

[Note-Since preparing the above report, I have met with a case which shows the importance of this subject, and one of the mistakes likely to occur as a result of complete atrophy of the testicle following mumps: While in Omaha last month I was in the office of Dr. W. S. Gibbs, of that city, when a patient came in who had just met with an accident. It seems that, during an attempt to lift a ladder, he felt something give way in his right groin, accompanied by severe pain and faintness. taken to a physician who after an examination, found a tumor in the right inguinal region. After an ineffectual effort to reduce it, and finding that there was only one testicle in the scrotum, he pronounced it a case of partially descended testicle. The patient not being satisfied and suffering intense pain, came to Dr. Gibbs's office. We found a tumor the size of a walnut, and about as hard, lodged in the right inguinal canal; there was only one testicle to be discovered in the scrotim. After inquiring into the history of the case, we found that during boyhood he had the mumps, with metastasis to the right testicle followed by complete atrophy of that gland. The diagnosis of inguinal hernia was then made clear. Dr. Gibbs succeeded in reducing it, after passing his little finger to the seat of stricture at the neck of the sac, and by a process of tearing enlarged the opening sufficiently to allow the strangulated intestine to pass back, when he employed gentle taxis.]

My principal object in this paper has been to call attention to the seriousness of the results frequently attending these epidemics. No doubt some of the many pages of medical literature devoted to diseases which a busy practitioner might not see once in a lifetime, might profitably be given to the discussion of this most common ailment. I have availed myself of every material source of information within my reach, and deeply regret that more has not been published in an accessible form, to aid us in meeting the many indications which are frequently present in this common malady.

MEDICAL PROGRESS

Pyridine in Asthma.—Dr. Wyss, of Geneva, in many cases, the infectious material enters the circu-: Der Fortschritt, No. 1, January 5, 1887, commenting lation and, in passing through organs having a very on the treatment of asthma with pyridine, writes: complex circulatory apparatus, is apt to be arrested. The physiological and therapeutical properties of pyridine was investigated by Professor G. Sée. His That mumps is a contagious as well as infectious pupil, Dr. Dandien, recently published the results two experimenters. Dr. Ollivier discovered in the matic asthma, the effects of pyridine are superior to those of injections of morphia; they are of longer

¹ Medical News, May 27, 1882,

duration, and perfectly devoid of dangerous conse- air are wanting. The author therefore believes that quences. Moreover, pyridine is not merely a pallia- pyridine acts on the respiratory centre by means of tive, but really a curative remedy. 3. It is equally the trigeminus chiefly, but that the pneumo-gastric indicated in asthmatic attacks brought on by inhala- also is affected. The influence of pyridine on the tion of poisonous gases. 4. Its beneficial effects pneumo-gastric is also shown by the increased secreare improved in dyspnea of bronchiectatic and tion from the bronchial tubes. Pyridine therefore and tuberculous patients, and in dyspnea in conse-produces irritation of the terminal nasal fibres of quence of laryngeal affections. There is no contrat the trigeminus, and hence running off the nose, indication against the use of pyridine. Its absorp salivation, and expiratory dyspnæa. The action on tion and elimination by the urine being very rapid, the bulb by means of this nerve is evident, and the no accumulative effects are to be apprehended, respiratory centre is first stimulated and then para-Germain Sée gives the following directions for its lyxed. This is shown by the diminution of the use: 4 to 5 grammes (about 4 scriples) are poured quantity of the air respired, and by the respiration into a small plate and placed in the midst of a room becoming periodic and superficial. But the action of 25 cubic metres. The patient, sitting in a corner of pyridine is not limited to the respiratory centre in of this room inhales the volatilizing pyridine mixed the bulb, but also extends to the higher centre of with the air. In urgent cases the pyridine may be the cortex, since it produces sleep; and this again directly inhaled by pouring four to five drops of it contributes to give a periodic type to the respiration on a pocket handkerchief, which is held before the and to diminish the quantity of air respired in a patient's mouth and nose. Further independent obgiven time.—Loudon Medical Record, Feb. 15, 1887. servations will prove whether the properties of the pyridine bear out the extraordinary praise with which Dr. Dandien extols the efficacy of this remedy. The cutaneous injection of atropine in cases of hæmopgreat drawback is the strong, disagreeable smell, relysis was recommended by Tacke in 1882, and Dr. minding of rotten fish, of the slightly yellowish fluid, Hausmann, of Meran, has found it to be a most which will not be easly concealed. Dr. Wyss adds: successful means of allaying recurring hæmorrhage I tried the pyridine in only one case of a female patient, suffering many years from asthmatic attacks, No. 5, 1887). The great indication is to allow of in which the remedy had unmistakably a beneficial the formation of a thrombus in the bleeding vessels, effect. The patient, aged 44, has since December! 16, regularly, daily, three inhalations of pyridine, The capillary pressure will be lowered when the and has since been free of fits; whilst, before resorting to this remedy, she suffered at least twice a week the use of digitalis, restricted diet, and rest. Reflex from very severe asthmatic attacks.—London Med-vaso-motor constriction may also be assisted by ical Record, Feb. 15, 1887.

ACTION OF PYRIDINE ON THE FUNCTION OF RES (phthisis, pleurisy, chlorosis, etc.,) inhalations of pyrihalation the respiration remains less frequent and red, and was only arrested by recurrence to atropine. evident. The inhalation always causes abundant of every care, and it only desisted in the summer. the respiration is disturbed and becomes sometimes turpentine, etc. The quantities of atropine recomperiodic, and lastly, after the excitement has ceased, mended for hypodermic injection in cases of profuse pyridine. But sleep and the sense of less need of 0.5 milligrammes $\begin{pmatrix} 1 & 0 & 0 \\ 1 & 0 & 0 \end{pmatrix}$ grain to $\frac{1}{10000}$ grain.)

ATROPINE INJECTIONS IN HAMOPTYSIS.—The subas Traub explained, by diminished blood-pressure. smaller arteries have their calibre lessened; hence astringents or the application of cold. In chronic (and passive) cases iron is recommended. Ergotine, turpentine, morphine injections, and alcohol are PIRATION.—In health and in disease, says Silva, favorite remedies. In passive hæmorrhage from congestion some recommend wine, walking about, and dine have the effect of diminishing the quantity of deep respirations; in active hæmorrhage, only rest, air respired in a fixed period of time; sometimes ice, and morphine. But there are cases which resist by 500 cubic centimètres, sometimes even by 2,000 all these measures, and in these Dr. Hausmann has cubic centimetres, according to the time the inhala-found hypodermic injection of atrophine wondertion is given. Notwithstanding this, the feeling of fully efficacious. The following examples are given: need of air diminishes. The respiratory curve shows 1. A patient with cavities in both lungs had hæmopthat in the healthy man pyridine produces at first an'tysis twice daily for six days to an alarming extent. expiratory dyspanea; the respiration then becomes The hamorrhage was then arrested by a hypodermic less frequent, irregular, preventing true periods and injection of 0.3 milligramme of atropine $(\frac{1}{2} \frac{1}{60})$ grain sometimes long intervals of apnœa. After the in-nearly). After two months the hamorrhage recurless full, with deep inspirations. Sometimes sleep 2. A patient at San Remo was troubled with intervenes, and the periodic respiration is then more hamoptysis all through the winter of 1884, in spite salivation, preceded by a bitter taste in the mouth Next winter at Meran he was again similarly affected and roughness of the throat, with constant desire to for a long time, till two injections of atropine (of the spit; the nose also runs. The respiratory curves same strength as above) arrested the attack altoobtained by exciting the nostrils by the faradic current are very similar to those obtained by pyridine. The nose runs, there is salivation, expiratory arrest, treated in vain for eight days by ergotine injections, there are the occasional deep inspirations, and those or moderate hæmorrhage from the lungs, which reperiods of apnæa as seen after the inhalation of sist other means of treatment, vary between 0.2 and THE

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ployed in the treatment of the diseases of the upper if it is a hypersecretion the whole list of astringents air-passages, excluding those of a surgical nature, has been tried in vain. "The symptoms of so-called efficient and worthy of confidence? Such was the nasal catarrh are due to those morbid conditions of question discussed before the New York Academy the nasal mucous membrane which interfere with the of Medicine on April 21; and the fact that the great respiratory function of the nasal passagesquestion was brought up for discussion shows that namely, exosmosis of serum. Furthermore, the sothere is some doubt in regard to the favorable influ-called catarrh of the pharynx, larynx, and trachea ence of our measures upon the local diseased condi- are merely secondary to this condition, and not distions of the upper air-passages. The question was eases in themselves, being amenable only to treatdiscussed by Drs. F. H. Bosworth, Andrew 11 ment directed to the real seat of the disease—viz., Smith and W. H. Thomson.

Dr. Bosworth takes the ground that when we knew little about the treatment of diseases of the catarrhal affections of the upper air-passages conupper air-passages our machinery was very extensive; sists in the treatment of the nasal passages—which but now that we finally obtain striking success in the involves the restoration of these passages to a management of these diseases he thinks he may normal condition by the removal of obstructing safely say that all the machinery necessary might be bone and cartilage, reducing hypertrophied memcarried in a small hand-satchel. As regards topical brane, and correcting hyperæmia or other morbid applications to the larynx, in the early days of conditions. It consists in use of the snare, the saw, laryngology, did any of them, asks Dr. Bosworth, the knife and the cautery. And of these Dr. Bosever do any good? In his opinion, in the whole worth prefers the cautery. history of laryngology no case of so called chronic laryngitis was ever cured by topical applications; somewhat different from those just mentioned. In and as regards the more serious affections no one regard to the doubt as to the efficacy of our methods ever claimed that topical applications could cure of treating these affections, this does not exist for them. "The condition called chronic laryngitis is Dr. Smith as regards acute and subacute affections. merely symptomatic and secondary to disease of the In chronic cases he holds that surgical treatment nasal cavities in every case. The morbid condition cannot take the place of local treatment, " and that, is not an hyperæmia with hypersecretion, to be cor- when surgery has done all that it can do, there still rected by an astringent, but rather a perversion of remain nearly three-fourths of the chronic throat and the normal secretion of the part, due to the morbid nose cases for the treatment of which we are lesion above." He takes the view that there is no dependent mostly upon medicaments applied to

such condition as naso pharyngeal catarrh in the sense of its being a catarrhal inflammation of the vault of the pharynx. "This disease, which is supposed to consist essentially in an excessive secretion from the vault of the pharynx, due to chronic inflammation of its lining membrane, is a myth. This excessive secretion is in reality diminished secretion. It is a normal secretion from a healthy membrane, but undergoing subsequent change as a result of disease in the part above." Astringents are not indicated here, but some method which reaches the cause or course of the disease, which is situated in the nasal cavities.

In such conditions in the vault of the pharynx as hypertrophy of the pharyngeal tonsil, acute or chronic inflammation, neoplasms, or other diseased conditions consisting in structural changes the indications are for surgical treatment; local agents have no other than a palliative effect. Nor is nasal THERAPEUTICS OF THE UPPER AIR-PASSAGES. catarrh a hypersecretion, to be cured by the applica-How far are the topical measures at present em- tion of astringents; at least it may be said that even the nose."

From his point of view, then, the treatment of

The views taken by Dr. Andrew H. Smith are

the diseased surfaces." Dr. Smith's statistics are formations, which must be treated surgically. It taken from the report of a large throat clinic, in may be safely said, he thinks, that as pus can be which it is seen that of 1351 cases 370 operations prevented only by excluding germs, so all chronic were performed. But it is not very probable that mucous inflammations can be got rid of only by extwo or three times this number should have been op-cluding the presence or preventing the activity of erated upon? Is not much of the difficulty met germs. This possibly may be done by improving with in treating these cases unsuccessfully due to the resisting power of the tissues, and by using the non-interference (surgically)? "Under the most disinfectants directly; remembering in regard to the favorable circumstances," says Dr. Smith, all we can latter point, that pure ocean or mountain air is the do toward promoting the resolution of an inflamma-best disinfectant, and disinfectants of the earbolic tion is to assist the reparative efforts of nature." acid class probably next best, except for necrotic But how much, if any, reparative effort is nature affections, in which the chlorine class is better making in these cases?

Dr. Thomson begins his paper with the statement that in his opinion, "the treatment of chronic diseases of the upper air-passages should be directed chiefly by two principles: first, by taking cognizance of cutaneous nerve associations in the causation and in the perpetuation of inflammations of mucous membranes; and, second, local disinfection. We know that many persons with chronic mucous catarrhs are affected by external influences which are entirely inappreciable by persons in health, and can detect a draught of air, as from a keyhole, which would be unnoticed by a healthy person. For this weakness, or irritability vaso-motor tonics are needed, and Dr. Thomson knows of nothing which will compare with the local application of the cold. The cold douche to the nape of the neck on rising, care being taken that the hair of the back of the head is not even dampened by the water, and cold salt-water sponging of the throat, according to him, are measures which should be kept up for months together, in all affections of the upper air-passages. But why take care not to dampen the hair? Wash ing the hair every morning is a measure of cleanliness; why do away with it? When reaction from the douche is established, he says, and the skin is dried, the entire surface of the front and back of the neck and of the root of the neck, and then of the back of the shoulders, ought to be well rubbed with sweet olive oil, to lessen the tendency to perspiration, or at least to check the chilling effects of rapid evaporation of the perspiration. The sensitive surface must then be protected by special coveringthe patient should even sleep in woolen night shirts and between woolen sheets. During the day a perforated buckskin shirt should be worn over the light woolen undergarment.

Thomson looks for the greatest progress in the henceforth know that "We have an upper and a treatment of diseases of the upper air-passages, ex- lower skin. The lower skin moves all the time, and cept, of course, in those cases dependent upon mal- the upper skin moves when we do." We must admit

(chlorine, iodine, bromine, and sulphur).

PHYSIOLOGY FOR CHILDREN.

In the Century for April is an article on "English as She is Taught," by that man of humor and good common sense, Mark Twain. It consists mainly of answers to questions put to pupils in public schools, and gives a very good idea of the mental training received by children in obtaining what is called "an education." It shows, in other words, the folly of filling the minds of children with fragments of subjects which they cannot understand.

Amusing as is the article, it would be more so did it not have the sad side-did it not show how much growth-force, how much brain and nerve force, how much physical strength, are actually wasted to no purpose, and dwarfed. And while reading it we are constantly reminded that adults, "children of a larger growth," are but too often carried on in the same stream, into which they are thrown in childhood, to a ripe age of miseducation. It clearly shows the truth of what has been so often said: the child, or the pupil, must first be made to see, and then to understand what he sees. Space will not permit us to notice more of the article than that containing the answers to the questions on physiology; and from these answers we can readily imagine how the subject was taught-very much as it seems that chemistry (and physiology) is taught in many academic and medical schools.

The first answer, while not sufficiently comprehensive, is fully as clear as some that we have seen: "Physillogigy is to study about your bones stummick and vertebry." The next shows that hygiene is receiving no little attention in the schools: "Occupations which are injurious to health are carbolic acid It is in the direction of local disinfection that Dr. gas which is impure blood." Dermatologists must that the child was not far from the truth who said it is at once heralded as a grand achievement. It is that "The body is mostly composed of water and so important that it cannot wait for the slow circulaabout one-half is avaricious tissue." Old as is the tion of the medical press, but quickly reaches the science of human anatomy we are constantly learn- profession and the public simultaneously through the ing something new; it has remained for an American daily secular press and telegraph. And now comes child to discover that "the stomach is a small pear- the strife between the ambitious doctors to be first shaped bone situated in the body"; that "the gastric in the field with the new remedies, and if the more juice keeps the bones from creaking"; and that "the considerate would like to delay until more reliable salivary glands are used to salivate the body." The results could be possible, their patients speedily comchild who gave the following had most probably had 'pel them to fall into line, or abandon them for those a recent séance with the dentist: "The growth of a who have succeeded in first becoming armed and tooth begins in the back of the mouth and extends equipped for the new method of miraculous healing, to the stomach." Our ideas as to the functions of until the manufacturers are hardly able to supply the the cranial nerves must be revised if it be true that ineeded materials. "The olfactory nerve enters the cavity of the orbit

struggling child, nor the unintelligent teacher—or from the size of a pea to that of a hen's egg, and rather the unintelligent Boards, Committees, and the mucous membrane of the bowels ragged with Trustees-are the proper target for it. All through ulcerations, if a temporary improvement can be these answers one detects the signs of a certain prob- maintained for two or three weeks, it is sufficient to able fact—that a large part of the pupil's instructionstitute the subject of another favorable report, tion' consists in cramming him with obscure and and give an additional impetus to the strife. And wordy 'rules' which he does not understand and has yet, as inexorable time moves on just as many no time to understand. It would be as useful to thousands of dollars have become invested in the cram him with brickbats; they would at least stay." new materials, and the hopes of many thousands of We may also detect another very probable fact: that invalids have been revived, the stubborn fact remains, the teacher has made vain attempts to give instruc- that cancers will not soften and disappear under the tion in what he himself does not understand. "Isn't influence of condurango, nor a continued fever flee it reasonably possible," says Mr. Clemens, "that in for good from a cold bath or a dose of antipyrin, nor our schools many of the questions in all studies are a half disorganized lung be reproduced, good as new, several miles ahead of where the pupil is?—that he in three or four weeks by the magic influence of is set to struggle with things that are ludicrously gaseous enemas. beyond his present reach, hopelessly beyond his have written for our candid opinion of the value of present strength?" It seems so.

MANIA FOR NOVELTIES IN MEDICINE.

Probably there is to be found no period in the past history of medicine, characterized by such an active strife for making new discoveries, not only in the prolific realm of bacteriology, but in new therapeutic not possible to determine the real value of this or inventions and in novel applications of old remedies, any other method of treatment until a much longer as is the present. The mania for discoveries and inventions and the thirst for novelties has become fairly epidemic. It is only necessary to invent some kind of apparatus and either some new remedy or some new combination of old ones, apply them to the by Prof. Ziemssen which opens this number of The treatment of a few cases of some dangerous form of JOURNAL is the first of a series of lectures on varidisease, or, still better, to disease in such stage of our subjects, which will appear at short intervals advancement as had been regarded hopeless, and re-during the next nine or twelve months. Our readport some striking improvement, before time enough ers will be pleased to know that we have completed

It makes no difference whatever, whether the and is developed into the special sense of hearing." morbid conditions to be cured are lungs con-"If a laugh is fair here," says the author," not the taining one hundred suppurating cavities varying The many medical friends who the Bergeon treatment of consumption, as well as those who are intending to write, may gather from the foregoing our answer; which is, that it is a method of treatment as capable of doing harm, unless skilfully used, as it is of doing good; and that from the known pathological and anatomical changes involved in all the varities of pulmonary phthisis, it is time has elapsed.

PROFESSOR ZIEMSSEN'S LECTURES.—The lecture has elapsed to make permanent results possible, and arrangements by which we will publish them from advanced sheets. Among others the lectures will include the following subjects: "Subcutaneous Bloodinjections, Saltwater infusion and Intra-venous Transfusion;" "Cholera and its Treatment;" "Treatment of Typhoid Fever;" "Diphtheritic Paralyses and their Treatment;" and on diseases of the respiratory, circulatory, digestive, uro-genital and muscular ap-

Professor Senn's Letters.—In this issue of The JOURNAL appears the third of a series of letters from Dr. N. Senn to Dr. Christian Fenger. It may be safely said that no such review of foreign surgical phia Hospital in the use of Bergeon's treatment of work has ever appeared in this country as is being given in these letters, and that few men are so admirably fitted for writing up the subject as Dr. Senn. His tour includes England, France, Spain, Italy, and Germany, including the Congress of German Surgeons, recently held in Berlin. It is with pleasure that we acknowledge our indebtedness to Drs. Senn and Fenger for permission to publish these interesting and valuable letters. The letters will appear regularly.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Stated Meeting, April 18, 1887. THE PRESIDENT, W. T. BELFIELD, M.D., IN THE CHAIR.

PRELIMINARY DISCUSSION ON THE TREATMENT OF PULMONARY AFFECTION BY GASEOUS ENEMATA, WITH EXHIBITION OF APPARATUS.

THE PRESIDENT: During the last twenty-five years various specifics for pulmonary tuberculosis have been announced by enthusiastic physicians and have successively secured more or less attention from the profession, yet none of these has secured in the hands of others the results claimed by its discoverer. The benzoate of sodium treatment of Rokitansky accomplished nothing in other hands; the phenic acid injections of Déclat were powerless to arrest the disease in any but his own hands; the eucalyptol treatment of Roussel failed in the hands sion. She has gained over nine pounds of flesh, of other investigators. The latest method of treat-expectoration has ceased, sweats abolished. The ment—that recommended by Bergeon, of Lyons, after two years' careful observation—has, unlike its predecessors, met with almost unanimous approval of arrest, the bacilli of tuberculosis being still recogat the hands of those who have tried it, including physicians in the Paris and Philadelphia hospitals and several practitioners in our own city. Since the râles, dultiess of percussion, harsh breathing, deficimethod not only promises well, but is also universeent expansion over right upper lobe, and tubercle ally accessible to the profession, it has been deemed bacilli in sputa, have recently been placed under the advisable to present the subject to the members of treatment. In these cases the gain in one week has the Society in a preliminary discussion this evening. been most material. The râles have disappeared

There will be presented communications from Bergeon, of Lyons, Bruen, of Philadelphia, as well as the experience of several gentlemen who have used the method in this city.

Dr. Francis I. Crane read a paper entitled BERGEON'S METHOD OF TREATING PHTHISIS BY GASEOUS ENEMATA.

(See page 541).

THE PRESIDENT: This method of Bergeon has been extensively used in the Philadelphia Hospital, chiefly by Dr. Bruen, who has kindly sent the following résumé of his experience with it:

The experience thus far obtained in the Philadelconsumption by rectal injections of carbonic acid gas impregnated with sulphuretted hydrogen, has been

highly encouraging.

In the Medical News, of April 2, 1887, a statement of clinical results thus far secured in my wards, was presented. These results indicated that the element of suppuration in pulmonary phthisis was usually very positively influenced. The night sweats have been controlled in twenty five cases without an exception. The temperature has been modified even in the most advanced eases, and in some instances in which the disease has been extensive it has been brought to a normal point. A peculiarity of the temperature charts seems to be an introduction of a sub normal temperature in the forenoon. The expectoration has been lessened in all instances, and in some has disappeared. A marked impression has been made for the better on the nervous symptoms which attend the disease, and a more cheerful and sanguine spirit has followed the therapeusis.

It would seem justifiable to conclude that we have a most important therapeutic agent in the gas enemata treatment. One ease of acute broncho pneumonia treated on this plan has recovered, and will be discharged from the hospital. The history of her case has been already stated in the article in the Medical Another case of phthisis with pneumo thorax under treatment for five weeks, is so much improved that the patient insists on her discharge. The râles have disappeared from this patient's chest (the pneumo thorax was local and confined to the lower zone of the right thorax), the opening into the lung has apparently closed and retraction of the chest wall is going on. This patient had been ill for a year previous to admission to the Philadelphia Hospital; the pneumo thorax was noted on admiscough, however, continues as a modified symptom, since she is as yet merely a case of phthisis in stage nizable in the sputa.

Two cases of commencing phthisis with moist

and the patients express themselves as benefited, cases which cannot tolerate the treatment at all, The method of treatment is surely worth a careful One patient who had hiemorrhoids suffered from scientific investigation.

sodium and 5 grs. chloride of sodium in 22 ounces to be abandoned in the course of a month, although of water has proven the most satisfactory substance superintended by Bergeon himself. I was asked to to produce the sulphuretted hydrogen. A solution administer the treatment in a case in which the lungs more strongly impregnated with sulphuretted hydro—were so extensively destroyed that it seemed to me gen has not only been more advantageous, but unwise to administer it, though perhaps a small seemed injurious, apparently inducing palor, loss of amount of gas might have ameliorated the sympappetite, and in some cases, irritation of the bowels. toms; but had it been possible to abate or arrest the The gas should be introduced slowly, not less than disease, the patient could certainly not have lived half an hour scems requisite for each scance. From with such a small amount of lung left. Of course three to five quarts can be introduced in most cases, this consideration is one which renders the indisa gain in the tolerance of the necessary distension criminate use of the treatment hazardous. There of the bowel being rapidly acquired. The absorp- are cases in which the recovery, or arrest of the distion of the gas from the bowel is very rapid and in ease has been so complete that the patients are half an hour the distension will entirely subside. It practically well, and have been able to return to is sometimes introduced more rapidly, but the gain their advocations. However, if we are to estimate is in proportion to the time consumed in giving the this thing by the disappearance of bacilli from the gas. The carbonic acid can be pumped through the sputum we must say it is not a cure. No case is resolution containing the sulphuretted hydrogen by ported in which bacilli have entirely disappeared, the acid of a ball with valve attachment, and a circu- As you know, M. Cornil has instituted a number of lar received from Paris mentions an apparatus made experiments on animals with reference to this quesby Shet, 79 Rue Phillippe de Girard, on which an intion, a solution of which we are all looking for with acid. A convenient apparatus is now furnished by with a great many other substances. Evans, 1104 Chestnut St., Philadelphia.

from the examination of urine, or breath, nor of the few as yet for me to make any report; I would not effect of the treatment upon the bacillus of tubercu- wish to say whether the relief that has been obtained EDWARD T. BRUEN, M.D.

1814 S. Rittenhouse Sq., Philadelphia, April 11, 1887.

remedy is rather limited, but it seems to me there fall received injections of phenic acid twice daily, are several questions which should be considered in without any improvement, who had been taking speaking on this subject: First, is the treatment cabinet treatments from me for six weeks, without safe? Second, is it applicable in all cases? Third, improvement, in whom the right lung is extensively is it a cure? I have already answered these quest consolidated, with a large cavity; in this case the tions in an article in The JOURNAL which appeared relief for the first week was certainly very surprising. last Saturday (April 16). Practically the treatment The patient gained in strength and experienced a is safe under the precautions which are laid down, feeling of well being, or as she expressed it a clearer but Dr. Osler in some remarks before the Philadel-feeling in her head, a feeling of brightness which she phia County Medical Society, narrates a case in had not had for weeks. She certainly coughed less which the patient almost succumbed after the first and expectorated less at a time. Her stools had treatment, the gas being charged with a mixture of been clay colored in spite of everything I could do; bi sulphide of carbon and sulphuret of hydrogen, at the end of a week they were of a natural color. We can also conceive of cases in which, on account. The movement of the bowels was perfectly natural, of limited respiratory power, the rapid administration her tongue also cleaned off in a remarkable manner of the gas by producing distension of the large bowel, at the end of five days. The treatments were conwould seriously embarrass the limited respiratory tinued at my office twice a day, and the patient had capacity remaining in the patient. It is also con- to come into the city so the improvement was perceivable that an undue amount of distension in haps not quite as great as if she had taken the treat-cases of tubercular ulceration of the bowel might be ment as home. The second week she did not do dangerous, possibly producing rupture and peri-quite as well which I attributed to the quality of the tonitis; and it seems to me this is a consideration mineral water. At the end of two weeks she was which would render us cautious about administering improved in respect to all the symptoms which have this treatment in typhoid fever. I have had no ex-been related this evening. The night sweats had perience and seen no reports of cases of this disease | ceased, her temperature was lower, but not normaltreated in this way. In regard to its applicability in it ranged from 99° to 1005°. I took her temperaall cases; that has been partially answered in consid-ture at 9, 11, 2 and late in the afternoon, and the ering the previous question. It has been the exhighest she had with the exception of once was perience of Geneva physicians, as reported by M. 1004, it was repeatedly 985. Her tongue did not Wiss, and of De La Roche, of Lyons, that there are remain clean, and her appetite did not improve as I

such colic that the treatment had to be abandoned. In our hands a solution of 5 grs. sulphide of Wiss also mentions a case which the treatment has dication is placed to register the flow of carbonic much interest. French physicians are experimenting

I am now using the treatment upon two cases, We have not obtained as yet satisfactory results one is bronchitic asthma, but the treatments are too is due to the treatment or is merely a coincidence. Another case is a lady aged 34, who has been suffer-Dr. R. H. Barcock: My experience with this ing from phthisis for a year and a half, and who last plication, tubercular laryngitis, quicker than she which gives about the proper amount of sulphuretted would otherwise have done. M. Bergeon states de-hydrogen gas, at least the patients all say that they cidedly that tubercular laryngitis has been very feel better and have no unpleasant symptoms. I greatly improved by this treatment. In the case have given it in three other cases, one has some just mentioned the laryngeal symptoms have im pelvic trouble, and the physician who is treating her proved, but whether entirely due to the treatment I thinks that might be a counter-indication to the am not prepared to say, as she has had various remedy, but she seems to be better in her general sprays and one topical treatment to the larynx. Her condition, has increased in flesh, and coughs less and case is somewhat discouraging owing to the extent prefers to continue the treatment. Another case of of the disease since it is not entirely confined to the incipient tuberculosis, where the upper left apex is right lung. She has complained of no unpleasant affected more particularly, seems to be improved symptoms since the first treatment when she complained of a slight burning at the anus and a desire the treatment one week. to evacuate the rectum. Once or twice she complained of a little colic. She is now taking the treatment of phthisis I saw the difficulties that were treatments at home and feels very much encouraged, but the outlook to me is not what it should be. I saw her last Thursday, and I felt disappointed to The apparatus presented to-night is not portable, learn that she is beginning to perspire again.

this case thus far, and it proves that the treatment patient or else one must run the risk of breaking the does not give rapid improvement in all cases, and apparatus. In the first place, I thought of a method and the fact cited by Wiss, that out of four cases of collecting the carbonic acid gas, by taking one of treated in Geneva all died within three months, those portable laughing-gas cylinders, to be obtained shows that it does not cure in all cases. However, at any dental depot, to a soda-water fountain and it is a treatment which is so admirable and furnishes having it charged with carbonic acid gas. There can such good results in many cases, that I think all be stored from one to 500 gallons of gas, equally physicians are justified in trying it. Another thing chemically pure with that recommended. This apwhich recommends it is that after the patient be-paratus would simply require the turning of a stopcomes accustomed to the treatment it can be handed cock in the tube or opening to permit the gas to over to a trusty member of the family to administer, escape at any rate desired. If found desirable to Compared with pneumatic differentiation it offers a continue the use of sulphuretted water, instead of much better chance for the improvement of the pa tient, although there are cases in which pneumatic by using a wash bottle and a delivery tube. I believe differentiation will do what this will not. But thus an equally efficient method is to introduce into this far this method gives better prospects of benefiting cylinder a solution of sulphide of potassium, which a number of cases than any method which has been furnishes for every ounce of the sulphide of potassium

placed before the profession.

the Chicago Policlinic, which is making favorable progress, is one in which there is no doubt of the her a quart injection and her temperature was then and not require them to come to the office. 10216; the next day, the third injection, her temperature was normal and I gave her another ever in this method of treatment, but I would like to quart. When she returned for the fourth injection say a word with reference to the apparatus which I her temperature was normal and she seemed better think would certainly make the measurement of the in every way; said her appetite had returned, the cough was less severe, expectoration diminished the doctor's explanation of the number of pressures greatly, and the night sweats almost entirely re lieved. At the fifth injection she had a slight temperature, she said she had had no more chills and fever other so many less or so many more, and thus the for the last three days. I used a solution of about amount would be somewhat indefinite; whereas if a 5 grains of sulphide of potassium with 5 grains of bottle of the necessary size was filled full of carbonic

desired. She gained strength, but there was a com- common salt in about 20 ounces of warni water, considerably under treatment. He has been having

going to arise in the apparatus, and think I can make some suggestions that will prove valuable. and if the patients are to be treated at home they I think all the precautions have been taken in would either require a separate apparatus for each mixing the two gases together first, it could be done about a gallon of sulphuretted hydrogen. The car-DR. W. H. WEAVER: A case under treatment at bonic acid formed liberates the H.S from the sulphide introduced. The strength according to Bergeon's method is about half of 1 per cent. or a little extent of the tuberculosis in the left upper lobe, less. By a little calculation it will be seen that the The expectoration was quite profuse and contained earbonic acid formed by the combination of the caran abundance of bacilli. She has been failing for bon dioxide and water would set free the hydrogen in two years, but very rapidly for two months. She combination with the sulphur in the definitely desired had fever, night sweats, prostration, wasting loss of quantities, so that it would not be necessary to use appetite, but had not taken any medicine of any the sulphuretted water. In that way the gas could sort. She came to the Policlinic dispensary where be introduced into the measuring bag and then into I treated her; the first time giving her an injection the rectum. The cylinder would hold a sufficient of only one pint of gas. Her temperature that day amount of gas for many treatments, and as it is easily was 101½; the next day she returned and I gave portable, it could be taken to the houses of patients

Dr. R. TILLEY: I have had no experience whatgases used more definite. I think, notwithstanding that may be necessary to constitute a quart, that one individual may require so many pressures and an-

tached full of water, the latter could be attached with usually 1 dram, of bisulphide of carbon is placed on the necessary tubes and elevated just the same as a the cotton. In passing the gas through this cotton siphon, and the water introduced into the bottle con- it becomes very strongly impregnated with the vapor taining the carbonic acid gas and passed through the and is injected in that manner. I think some Philasulphuretted hydrogen water with the required rapid delphia physician spoke of an instrument for measurity, and thus it would come much more regularly ing the gas injected. A very simple way of measuring than could be done by means of this spasmodic it when using a small apparatus of this kind, is with pressure of the bulb. I would like to call attention the bulb. The bulb will deliver at each compression to the fact that there are on sale in this city large just so much gas; in order to measure how much is cylinders containing absolutely pure carbonic acid delivered we simply take a measured bottle, invertit

gas, imported from Germany. we use a common Wolf bottle with three corks, one from it by displacement, the number of compressions for a stop-cock for the acid, one for the delivery tube being counted. The bulbs vary in size. I rememand one for the safety valve. This last must not be ber the capacity of six now in use: two count 15 pressed in too tightly; at one time I had the stop- compressions to the pint; three count 20 comprescock blown out and broken by putting in the acid a sions to the pint, and one counts 25. Thus, with little too rapidly. To make the gas we use about a each apparatus the bulb must be measured, and heaping tablespoon of bicarbonate of sodium, cover- knowing its capacity, the gas can be prescribed in as ing that with cold water about two inches deep. If definite a way as any medicine measured out of a we use hot water we make a suds that will foam up bottle. and run into the bag. We use the bicarbonate of sodium and sulphuric acid diluted one part in four, extending over less than a month, comprises the ob-The reason for using the sulphuric acid in preference servation of one case that impressed me strongly; this to any other is that, being absolutely non-volatile, was a young man suffering from the last stages of quick none of it will pass over into the bag of carbonic consumption, who had been in the care of Dr. H. acid gas. To make the gas the generating bottle is A. Johnson. He was very feeble, much emaciated, connected with the bag, which is emptied and tightly had badly swollen feet and albuminous urine. His rolled in order to remove all the air. The generator temperature ranged from 101 to 103 each afternoon, should also be emptied of air by turning in some of and he had profuse night sweats. In addition to these the acid before it is connected with the gas bag. The usual symptoms he suffered to an extraordinary debags usually hold about one-half of what they are gree from laryngeal tuberculosis. He had been unmarked—a three-gallon bag will hold about six quarts, able for many weeks to lie down with comfort, and etc. If we should over-distend it the corks would be according to his own statement, had not slept fifteen blown out of the generator. For injecting the gas minutes in three months. Cough was constant and the stop-cock is turned off and the bag is connected expectoration profuse. About a month before Dr. with the bubbling tube, which extends to the bottom Johnson had given him three or four weeks to live. of the bottle of mineral water, so that the gas coming I used gaseous enemata, employing the artificial softom the bag may pass down into the water and, ris lution advised by Dr. Bruen, twice a day. Improveing up through it, be medicated by the sulphur vapor ment began on the second day, and by the fourth which it contains. It is injected by means of a hand day was pronounced. The cough was less distress bulb. In using the bulb it is important to remember ing and the sweats and expectoration had diminished, that, since it is intended to be used only with water, the patient was able to lie down and sleep for two the action of the valves is not perfect with gas, and hours continuously. He was, however, so evidently it is therefore necessary that the bulb be held vertinear dissolution that I deemed it inadvisable to concally, so that the weight of the valves may assist in tinue a tentative treatment, and stopped it on the closing them. In using it in this way we secure a fourth day. Two days later he sent an urgent reperfect action which draws the gas into the bottom quest for the resumption of the treatment, saving of the bottle and delivers it through the tube. I that his former symptoms were returning. However, have now connected it as it is in use. The bisul- I declined to use the injections further, and six days phide of carbon has been mentioned several times, after their discontinuance the patient died, nearly In order to use this it is necessary that the gas be two weeks after his physician had expected his demise. washed for fear that it may contain impurities, for none of the chemicals we get are perfectly pure, and to arrest not the tuberculosis proper, but the sepsis as they are most likely to contain vapors of hydro- which is secondary thereto, and that there are numchloric acid which are easily dissolved in water, the erous other septic conditions in which benefit may gas is bubbled through pure water to purify it. Be- fairly be expected, such as surgical sepsis, diphtheria, tween the Wolf bottle and the bulb is inserted an puerperal fever, etc. The apparatus furnished by ordinary chemical drying tube, a glass tube three- the stores is unnecessarily expensive and inconvenfourths of an inch in diameter, which is drawn down lient for a visiting practice. I use an improvised apat one end small enough to have the rubber tube paratus consisting of a gas bag, double perforated slipped over it. Into the other end is fitted a cork and ordinary large wide mouthed bottle—the with a glass tube through it; in the drying tube is whole costing \$2.50 instead of \$10. The entire

acid gas, and then another bottle with a tube at placed a tampon of cotton, and the requisite amount over the water with the water filling it, then introduce Dr. Walter M. Fitch: For generating the gas the rectal tube into the bottle and remove the water

THE PRESIDENT: My experience with this method,

It should be remembered that these injections seem

outfit can be readily improvised at a little cost and we might expect in such a case from our different carried in a small handbag.

that the artificial solution of the sulphide of potas- tute, we commenced treatment with the bi-sulphide, drogen in these waters as we obtain them at the drug week previous the temperature had at no time fallen store appears to be extremely variable, while in the to normal; the lowest point was 100°, and once it ascertain exactly its merits and demerits.

prostrate her greatly. I then examined her chest consolidation at the apex of the left lung; there was and she seems now in a fair way to recover. also irritation throughout the remainder of the lung and some moist râles. I was much alarmed by what seemed about as hopeless as well could be; the pame fear it might prove something more than simple from severe hæmorrhage, chills, night sweats, and pneumonia. Several of our best physicians tendered great prostration. There was marked dulness at their aid, but the case failed to improve. The pathe apex of the right lung, and the physician who tient lost flesh rapidly, her cough became fearfully was treating her recognized softening. The husoppressive and her temperature never fell to normal, band, whose family were patients of mine, after the rarely below 100°, and most of the time 101° and physician told him that nothing more could be done, rising to 103°. She had daily chills and profuse night came to me. I told him that I did not know that I sweats, and the case presented all the features of could do anything more; the only thing I could sugacute phthisis. At the last examination, made by gest would be this new treatment which I had been tected bacilli in the sputum, although previous exam-; value. He was anxious to have something tried, and inations had failed to show them.

ticle in the Medical Record, giving a notice of Ben-month, ceased entirely, and have not since recurred. nett's paper in the British Medical Journal, which On the ninth or tenth day the sweats disappeared; contained an account of Bergeon's method. After her cough was relieved from the first, no opiate could considerable trouble I obtained a copy of the paper have controlled it more completely. The expectorwhich contained this article, and went to Sargent's ation was also lessened, her appetite has improved, to have an apparatus made, and there learned that and she is gaining in strength. In all respects I they had just made one for Dr. Crane, who kindly think she has gained as much in the time she has allowed me to appropriate it and ordered another been under treatment as I ever saw a patient gain for himself. Knowing nothing at that time of what under any treatment in the same time.

mineral waters, and knowing that Dr. Bergeon re-My limited experience gives me the impression commended bi-sulphide of carbon as the best substisium is preferable to either the Ypsilanti or the Blue and the effect was surprising. The treatment was Lick water, because the amount of sulphuretted hy- commenced seven weeks ago to day; during the artificial solution it can be maintained at a given per- rose to 105½, and night sweats and chills were concentage, increased or diminished as desired, yet care stant. The first time the injection was tried very should be taken to make a weak solution about such cautiously, only a moderate amount of gas being as is recommended by Dr. Bruen, since a too con- used. The effect was not specially apparent; the centrated solution of the poison may produce very second day the temperature still rose to 103°. That unpleasant symptoms. This method can be em night the gas was used much more freely and with ployed by every practitioner as well as by the most results that to us were somewhat alarming. The expert specialist. If it will accomplish nothing more next morning the temperature fell to 95, and it did than the relief of the distressing cough, expectora not rise above 100 during the day; the cough was tion, fever and sweats of advanced consumption, it almost suppressed, although it had previously been will at least do what can be effected by no other very distressing. The next day we did not use the therapeutic measure with which I am acquainted; gas quite so freely, but the day following the lung hence it is to be hoped that it will be submitted to a was almost entirely occluded; the mucus seemed to general test by the profession, that we may quickly become viscid, and the air was almost shut out from the lung. There was so little elimination of the bi-DR, C. M. FITCH said that the first case in which sulphide through the lung that we soon began to he used the method was one of extreme anxiety to have marked symptoms of bi-sulphide poisoning, me. The patient, a young lady 20 years of age, had although in many respects she appeared better; the previously had exceptionally good health, was well cough was almost gone, and there were no chills. nourished, with a muscular development that seemed. The treatment was discontinued for about ten days, to defy fatigue. She returned in July last from a visit and then resumed with the Ypsilanti mineral water. to Colorado with a cough which was referred to the From that time there has been a satisfactory imdryness of the climate and the inhalation of the provement, and she is better than she has been at alkaline dust, which causes a catarrhal irritation. any time since her sickness began; her appetite and This seemed a plausible explanation, and as the cough strength are improved, and she is evidently beginwas not urgent, it received but little attention until, ining to gain flesh; her cough is greatly lessened, and in November, she took a cold which resulted in chills the chills have altogether disappeared. Her night for three or four successive days, and seemed to sweats have been absent for six weeks, although during the last warm weather she perspired a little for and, to my astonishment, found extensive and marked three or four nights; it was not colliquative sweating,

The second case in which I tried this remedy I found, for the location of the consolidation made tient was confined to her bed, had been suffering Dr. Belfield and Dr. Ochsner, both thought they de-experimenting with, and which might be of some the case was undertaken. At the end of four days Late in January my attention was called to an art this patient's chills, which had existed then about a

who has a stiff knee from scrofulous disease of the antiseptic precautions. He has been under treatment about three weeks. There was marked consolidation in his case, planum, was illustrated by a number of patients in also, at the apex of the right lung, and every indicathe hospital. The operation consists in the removal, tion of phthisis. He has improved materially; his with a chisel, of a wedge shaped piece of the tarsus cough is much lessened and he is gaining in strength. The indigestion and flatulence which had previously troubled him very much, has disappeared under the use of the gas; there has also been a great improvement in his appetite.

The other cases I have seen have not been under treatment long enough to justify me in making a report. It seems to me from what I have seen that we have a remedy that is worthy further trial. Wheth er it will fulfill the promise of its youth we have yet to see. I have no doubt this remedy will relieve spasmodic asthma, and there are other conditions that it would relieve. In puerperal fever 1 should try it, using the bi-sulphide of carbon, but using it cautiously. I also think it would be of value in ma lignant diphtheria and typhoid fever.

FOREIGN CORRESPONDENCE

ABERDEEN AND EDINBURGH.1

Alexander Ogston—Osteotomy for Pes Planum-Antisepsis in the Aberdeen Hospital—Lumbar Abscess—Fungous Osteo-myelitis of Femur—Dr. Keith His Method of Operating—Treatment of the Pedicle—Suturing the Abdominal Wall.

Dear Dr. Fenger:—One of the principal objects of my tour through Scotland was to see in the flesh the man whose name I had so repeatedly mentioned to my class, the discoverer of the pus-microbes, Professor Alexander Ogston, of Aberdeen. While the scientific world knows but little of Aberdeen, its Hospital and its University, the name of Ogston has penetrated to all parts of the civilized world. Dr. Ogston is a man in the prime of life, tall, and handsome. Although a profound scholar, an able surgeon, and a splendid writer, he is one of the most modest men I have ever met; a good illustration that greatness is not incompatible with modesty, but rather the reverse. In my conversation with him I could not but draw a comparison between him and the average doctor in a Medical Society, who is full of experience and crammed with positive assertions. Although living in a comparatively small city, Dr. Ogston's life is an exceedingly busy one. He holds the Chair of Surgery in Marshall College, where he teaches the various branches of surgery, including otology, ophthalmology, and gynacology; at the same time he attends to the clinical work in the Infirmary, and a large private practice. I visited with him the Royal Infirmary, a building more than fifty years old, with 300 beds, nearly one-half of which are occupied by surgical patients. Although the sanitary condition of the Infirmary is quite defective, all wounds showed that even under unfavorable cir-

Another case was a young man of scrofulous habit, cumstances good results can be obtained by strict

One of Ogston's operations, osteotomy for pes with the base of the wedge directed downwards, so that when the osseons surfaces are brought into apposition the arch of the foot is restored. Coaptation and fixation is secured with two disinfected bonenails and a plaster of Paris dressing. In all aseptic wounds the bone-nails disappear by absorption. He has done the operation forty times, and has never observed any serious results; and in only one case the deformity returned, and was permanently corrected by a second operation. He does not resort to this operation indiscriminately in every case of flat-foot, but only in such cases which do not yield to simpler measures, such as rest and fixation. About three months are required for firm bony union to take place, and he insists that the patients should not be allowed to step upon the foot before this has taken place, otherwise a return of the deformity would be inevitable.

An excellent proof of the care which is exercised in this old hospital in preventing wound infection, is the fact that all abdominal sections performed by Dr. Ogston and his colleagues, some thirty in number, recovered. For disinfection of the hands and field of operation the surface is washed with soap and warm water, and rubbed with a piece of pumice stone, after which it is washed with spirits of turpentine, and lastly with a five per cent, solution of carbolic acid. The instruments are treated with turpentine, washed with carbolized solution, and immersed in a five per cent, solution of carbolic acid. Dr. Ogston does not hesitate to walk from the dissecting room or after a course of operations upon the cadaver, directly into the operating room and perform any operation, and has never observed any ill results of such a course when the hands are thoroughly disinfected.

I witnessed two operations in his clinic. The first was for an abscess, which had evidently commenced in the lumbar region and had gravitated below Poupart's ligament. He prefers, in all these cases, to make a free incision just above the iliac crest, and drain the abscess from this point. He also called special attention to this method of operation, as it enabled the surgeon to seek for the cause of the suppuration in the lumbar region and the iliac fossa, and to remove the primary cause through the same incision should circumstances dictate such a course. He has never observed a ventral hernia after this operation.

The second case was one of fungous osteo-myelitis of the lower end of the femur, which had been operated upon some years ago, but the pain had recently returned. The femur was opened on the outer surface with the chisel, by removing quite a large piece of the compact layer. The interior was gouged out thoroughly, and after thorough cleansing and disinfection the cavity was allowed to fill with blood, after removing Esmarch's constrictor, and an

¹ By permission of Drs. Fenger and Senn.

ing the healing process in all wounds attended with warm water, and subsequently in an alkaline soluloss of substance, first suggested by Schede, has tion; they are kept for use in a five per cent. soluyielded good results in Ogston's hands.

years spent in the performance of an arduous pro-lopened. fessional career. The wasted form and the deep fur-

one nurse. His son, Skene, is his assistant. His operations are performed in a small room the opening thus made the hæmorrhage had occurred. heated by an open grate fire, and but poorly supthe operations. The patient is placed upon a board, ovariotomist.

antiseptic dressing applied. This manner of hasten- and over, cleansing them after each operation in tion of carbolic acid. During the operation they While in Edinburgh I called on Dr. Keith, and are kept immersed in a two per cent. solution of spent nearly two hours with him in conversation, carbolic acid. The spray he has abandoned, since which afforded me an excellent opportunity to be- he has suffered from repeated attacks of hæmacome familiar with his views on hysterectomy and turia, and if anything the results have been better ovariotomy. Dr. Keith's personal appearance is since. Instruments are well cleansed after each opstriking and characteristic. Although not an old eration, and during the operation they are kept in man, he shows only too plainly the effects of a life the strong solution of carbolic acid. All adhesions spent in the cause of his profession and for the ben- are carefully separated and each bleeding point tied efit of suffering humanity. He walks with a stoop, with catgut. Ovarian cysts are tapped with a large his frail body being bent under the weight of many straight trocar just as soon as the peritoneal cavity is

From the descriptions I had read of his treatment rows in his face only too plainly tell the story of the of the pedicle I had always been afraid to adopt his many anxieties, the hopes and the fears through method, but after I had seen the method applied I which he has passed in affording relief to his many became convinced of its safety. The pedicle is clients. A history of his life would reveal many a firmly compressed in his clamp, and two or more hard struggle which he encountered in his efforts to cautery irons heated to a dull red heat are applied reach the prominent position he occupies, by univer- for a sufficient length of time to heat the metallic sal consent, in the department of surgery, for which plates of the clamp sufficiently to gently cauterize he has done so much in elevating it from the mire of the compressed portion of the pedicle. The comempiricism to the dignity of a science. The unwrit- pressed tissue must be rendered "dry," and when ten history can be readily read upon his counte- this has been accomplished it looks like a transparent nance, which shows only too plainly the effects of membrane. Some practice is necessary to graduate hard, conscientions work; the thoughtful and sad the heat for each individual case, but when properly expression speaks of the many encounters with an done hamorrhage never occurs. Dr. Keith affirms ungrateful and unappreciative public, and the many that the tissues thus treated do not slough, but are sad experiences with a jealous profession. A look speedily supplied with new blood vessels. He has at his eyes, however, must satisfy any one that de-seen new blood-vessels in the cauterized portion of termination, energy and enthusiasm can live in a the stump after twenty-four hours. Before the clamp frail body. These qualities which he possesses will is removed each side of the pedicle is carefully seized explain the mystery of the marvellous amount of with forceps which do not tear, and any vessel which work which he has accomplished, and the wonderful might contain blood is separately tied. In the many results he has obtained under circumstances which hundred cases treated by this method hæmorrhage have discouraged even the strongest of men. When was never observed-certainly the best argument in we realize the limited hospital advantages which are favor of the reliability of the method. The only case furnished him in the Royal Infirmary, we must ad of hemorrhage after ovariotomy which he observed mire the man who can show such results. The vic- was in a case where both ovaries were removed; on tories which have been so dearly bought at the ex-lone side the pedicle was treated with the cautery, on pense of health, and in all probability of a portion of the other the ligature was applied. Patient died in life itself, are the most appropriate and lasting mon-six hours. The post-morten examination showed uments of an unselfish life spent in the interests of that death had been caused from hemorrhage which the profession of his choice and suffering humanity, had taken place at a point where the pedicle had In the Royal Infirmary he has sixteen beds and only (been perforated with a forceps for passing the ligature; the forceps had injured a vein wall, and from

Suturing of the abdominal wound is certainly done plied with light. Only a few students are invited to more neatly and thoroughly by Keith than any other Medium sized silk is used, cut in to which she is fastened with a strap across the hips, length of about eight inches, each end of a suture is and hands tied to it on each side; the board rests mounted with a long, delicate needle, which bears the with each end upon a table, the operator and assist—operator's name.—The needles are passed from within ant standing one on each side between the tables, outward, and after all sutures are in place they are The room is disinfected before each operation with picked up in a bundle on each side and the abdomchlorine gas. The abdomen of the patient and inal wall gently lifted so as to bring the peritoneal hands of operator and assistant are washed with a surfaces in accurate apposition, and while an assiststrong alkaline solution for the purpose of removing ant holds the parts in this position by making pressure the fatty substances, which, according to Keith, are on each side with his hands, the sutures are tied. To carriers of the septic germs. After thoroughly wash- every inch at least three sutures are used. The skin ing the parts they are disinfected with a weak soln- is accurately united by applying a horse hair suture tion of corrosive sublimate. Sponges are used over between each of the silk sutures, thus securing the most accurate approximation and coaptation of the margins of the wound. After excision of the breast being the most mischievous of rectal disorders.' he relies entirely upon the horsehair suture. The wound is covered with a small compress of hygroscopic gauze wrung out of a solution of 1 part of linger persistently in spite of all efforts at removal, carbolic acid and 7 parts of glycerine. Over this a compress of common gauze or cotton is placed, and the whole retained in place with a flannel bandage. nia, to the great variety of morbid changes repeatedly This dressing is allowed to remain for a time, when it and the sutures are removed. The bowels are kept invariably be found more or less irritation in the recquiet for a week, when a gentle laxative is adminis- tum or the orifices of the sexual system." He adds in tered. Catheterization is avoided whenever the passubstance as he proceeds, that while piles, fistulæ, tient is able to pass the urine without assistance.

N. Senn.

DOMESTIC CORRESPONDENCE

"RECTAL SURGERY MADE EASY."

exposed the "systems" of rectal surgery practised by a future time to show how the peculiar banded arnumerous Western itinerants and charlatans. In that rangement and loose submucous connections of the article I referred to the little rectal "pockets and thin mucous membrane of the part tend to deceive fringes" or "pockets and papillæ," described by the unwary examiner. various standard authors, and well known to anatomists as existing at the base of the columns of Morgagni, just above the verge of the anus. A writer of certain lectures and essays on the subject had claimed these as being mainly his own discovery, and urged that they were "lesions," and fearfully bad ones at that; in short, that they should always be snipped out troversy that seems to be raging between several of when found. I maintained, on the other hand, that these minute organs were natural, and composed dosage, but a statement made by Dr. Martin in his of healthy mucous membrane and connective tissue. I remarked, however, that, like other organs of the Uterus by Electrolysis," which appeared in your body, they sometimes became diseased and required issue of April 23, is so remarkable as to call for corsurgical attention, but were not themselves diseases rection in the mere interest of humanity. requiring to be split and snipped in ordinary cases.

ting such occasional disease and need of surgical at- batteries of sufficient electromotive pressure, and tention, I concede all that the author of the essays should some physician while using them put Dr. claims. The editor of the Monthly is mistaken as to Martin's directions about dosage in practice, the rewhat had been promulgated. The writer of the essult would be most disastrous to the patient. The say on "Pockets and Fringes," or "Pockets and Pap | particular statements referred to, which appear also illee," as he elsewhere calls them, has shown no dis- in Dr. Martin's letter in the same issue, are those in position to hide himself or his ideas in a corner. He which he claims to have applied currents varying has expressed himself fully on every possible occa- from 250 to 1000 milliampères without unfavorable sion, and loudly makes the following claims:

1. That, as to these "pockets and papillæ," "no mention of them can be found in current literature; though they are described in various works, both old meter in his paper, which he states to be correct and and new.

2. That these little natural irregularities are "lesions," of the most fearful, health-destroying power.

3. That "they always occasion a spasmodic contraction of the splaneter ani."

4. That "their removal is invariably attended by improvement;" though many patients have got worse instead of better under the treatment.

5. He says: "I am now, as I was two years ago, in favor of removing these rectal pockets under all circumstances, and in all cases in which they are found."

6. He remarks: "Hook upon these conditions as

7. He emphasizes with italics the following: all pathological conditions, surgical or medical, which from the delicate derangements of brain substance that produce insanity, and the various forms of neurasthefound in the courser structures of the body, there will etc., do more or less injury, the principal part of all the above-mentioned obstinate diseases of every part of the body are caused by the "pockets and papillae" of the rectum, and that the snipping of them out is "invariably attended by more or less improvement." Were good old Hahnemann alive, this etiology of one of his followers would make his hair stand on end.

The writer has made some special rectal dissec-Dear Sir:—In a former article in The JOURNAL I tions in this connection, and may have occasion at

Edmund Andrews, M.D.

6 Sixteenth St., Chicago, May 5, 1887.

GALVANIC DOSAGE.

Dear Sir:- I have no wish to enter into the conyour correspondents on the subject of galvanic article on the "Treatment of Fibroid Tumors of the

Really strong currents are now becoming possible The Peoria Medical Monthly avers that, by admit- by the use of direct dynamo circuits or of secondary results, and even as much as 10 ampères (10,000 milliampères) without giving excessive pain. Since Dr. Martin takes occasion to describe a milliampère evidently uses himself, the extrordinary nature of these claims remained a mystery until the last paragraph of the third section of his paper (page 450) was scanned. He there states that his 1000 ma. were obtained from a battery of 115 gravity cells. Such a thing is utterly impossible, for these cells present an internal resistance of at least 10 ohms apiece —more often 13 to 15 ohms. Placing it at 10 ohms, the total internal resistance of the battery of 115 gravity cells would be 1150 ohms, and with the electromotive pressure of each cell taken as one volt (which is rather high) the greatest amount of current

obtainable from the battery with the metallic poles brought directly together will be shown by the following calculation: 115 volts divided by 1150 ohms equals 0.1 ampère or 100 ma. But as soon as his patient is inserted in the circuit even this amount of current becomes impossible. If one electrode is large and one applied beneath the skin by puncture, the resistance of the body may possibly add only about 850 ohms to the circuit, making a total of 2000 ohms. This changes the results to the following: 115 volts÷2000 ohms=0.0575 ampère or 57 milliampères. This calculation is a simple application of the most rudimental law in electrophysics, and it is but just to suppose that the gentleman making the important blunder pointed out had forgotten about his battery resistance and its effect upon his figures, although the mistaking of 50 milliampères for 1000 is a trifle startling. But even the 40 or 50 ma. really used by Dr. Martin are strong doses when applied to the delicate lining membrane of the uterus or concentrated at a single point within the tissues, and it would seem that some words of caution might be added to both his and Apostoli's commendation of these methods respecting the dangers as well as advantages of such vigorous electrolysis. In my own practice 10 to 15 ma. have been generally sufficient.

Very respectfully yours,

G. Betton Massey, M.D.

1706 Walnut St., Philadelphia, May 2, 1887.

ASSOCIATION ITEMS.

AMERICAN MEDICAL ASSOCIATION.

The Thirty eighth Annual Session will be held in Chicago, Ill., commencing on Tuesday, June 7, at 11 A.M., in Central Music Hall, corner of State and Randolph streets, and will continue four days. Good rooms for the several Sections will be provided as near the hall for general meetings as possible. Registration books will be open in Central Music Hall on Monday, the day preceding the meeting, for those who wish to register early.

In addition to the list of papers for the Sections published last week the following subjects are an-

nounced:

Section on Practice of Medicine.

C. H. Hughes, St. Louis, Mo., will present a "Unique Case of Athetosis resulting from Railway Shock." F. C. Schaefer, Chicago, will present a case of "Complete Loss of Scalp, including the greater portion of the Eyelids and one Ear. Treatment by Skin-Grafts. New Scalp.

Section on Surgery and Anatomy.

Edmund Andrews, Chicago, Ill., "On the Solution of Necrosed Bone in Spinal Abscess by Dilute Hydrochloric Acid."

Geo. E. Stubbs, Philadelphia, Pa., "Wound Dressing - Some Notions Accepted, and some under Discussion.

Section on Ophthalmology, Otology and Laryngology.

J. W. Wright, Columbus, Ohio, "Evulsion as a Means for the Radical Removal and Cure of Pterygium;" G. C. Savage, Nashville, Tenn., "The Function of the Oblique Muscles in Certain Cases of Astigmatism;" Edward Jackson, Philadelphia, Pa., "The Effects of Obliquity of the Correcting Lens to the Visual Axis, with practical deductions; also "A New Form of Facial Frame;" Seth S. Bishop, Chicago, "Treatment of Hay Fever;" "Treatment of Chronic Suppurative Inflammation of the Middle Ear."

Section on Medical Jurisprudence.

Joseph Jones, New Orleans, La., "A Claim to Priority in the Determination of the Chemical and Microscopical Characters and Changes of the Blood in the various forms of Malarial Paroxysmal Fever, and the application of the results of their investigations to Medical Diagnosis and Medical Jurisprudence;" Marshall D. Ewell, Chicago, Ill., "Micrometric Measurements, as applied to the measurement of Blood Corpuscles in Medico-Legal Cases;" John Godfrey, U. S. Marine Hospital Service, Louisville, Ky., "Expert Testimony;" H. M. Bannister, Eastern Illinois Hospital for the Insane, Kankakee, Ill., "The Criminal Responsibility of Epileptics;" Rev. Louis Theband Jones, Moweaqua, Ill., "The Intimacy of the Medical and Clerical Professions, with the Supremacy of the Former in the Sociological Sense, at Least;" H. C. B. Alexander, Chicago, Ill., "Forensic Relations of the Puerperal State;" John V. Shoemaker, Philadelphia, Pa., subject not stated.

Section on Obstetrics and Diseases of Women.

W. W. Potter, Buffalo, N. Y., "A case of Pyosalpinx - Cure without Operation;" C. R. Reed, Middleport, O., "Case of Tubal Pregnancy, with Specimen of the Anomaly;" Joseph Eastman, Indianapolis, Ind., "Uterine Subinvolution and Areolar Hyperplasia.

RAILWAY RATES.

The following named roads will give reduced fares to all delegates, members, and their families attending the meeting. turn tickets will be issued on the certificate plan only. for the return journey will be sold at 1/3 the highest regular limited fare. If there is no limited fare to a desired point, the price will be 1/3 the unlimited fare. Tickets for the return journal. ney will be limited to continuous passage by first train after they are bought. All tickets for return journey must be accompanied by a certificate signed by the Chairman of the Committee on Transportation, or by an authorized member of the Committee, showing that the holder has attended the meeting. are good for to days from date of purchase.

The roads which will accept return tickets on the certificate

Baltimore & Ohio (west of the Ohio River). Buffalo, New York and Philadelphia.

Chicago & Grand Trunk.

Cincinnati, New Orleans & Texas Pacific.

Chicago, Vincennes & Cairo Line.

Chicago & West Michigan.

Chicago, St. Louis & Pittsburgh. Cincinnati, Hamilton & Dayton.

Cincinnati, Indianapolis, St. Louis & Chicago.

Cincinnati, Washington & Baltimore.

Cleveland, Akron & Columbus.

Cleveland & Marietta.

Chicago, Burlington & Northern Railway.

Chicago, Burlington & Quincy Railroad. Chicago, Milwaukee & St. Paul Railway.

Hannibal & St. Joseph Railroad, Illinois Central Railroad,

Chicago, Rock Island & Paeifie Railway. Chicago, St. Paul, Minneapolis & Omaha Railway. Green Bay, Winona & St. Paul Railroad.

1887.] Cleveland & Pittsburgh. Cleveland, Columbus, Cincinnati & Indianapolis. Cleveland, Lorain & Wheeling. Columbus & Cincinnati Midland. Columbus, Hocking Valley & Toledo. Chesapeake & Ohio. Chicago & Atlantic. Dayton & Ironton. Detroit, Lansing & Northern. Dayton & Union. Detroit Grand Haven & Milwaukee. Evansville & Terre Haute. Flint & Pere Marquette. Fort Wayne, Cincinnati & Louisville, Grai d Rapids & Indiana. Grand Trunk. Indianapolis & St. Louis. Indianapolis & Vincennes. Indianapolis, Bloomington & Western. Indianapolis, Decatur & Springfield. leffersonville, Madison & Indianapolis. Kanawa & Ohio. Lake Erie & Western. Lake Shore & Michigan Southern. Lousiville & Nashville. Louisville, Evansville & St. Louis. Louisville, New Albany & Chicago. Michigan Central. Michigan & Ohio. -New York, Chicago & St. Louis. New York, Pennsylvania & Ohio. Niagara Falls Short Line. Ohio & Mississippi. Pennsylvania. Peoria, Decatur & Evansville. Pittsburgh & Lake Erie. Pittsburgh & Western. Pittsburgh, Cincinnati & St. Louis. Saginaw Valley & St. Louis. Scioto Valley. Toledo & Ohio Central. Toledo, Peoria & Western. Valley Kailway. Vandalia Line. Wabash Railway. Wheeling & Lake Erie. Baltimore & Ohio (east of Parkersburg, Bellaire & Wheeling.) Baltimore & Potomac. Bennington & Rutland. Boston & Albany (on business between common points in New England and points west of, but not including Albany.) Boston & Lowell Boston, Hoosac Tunnel & Western. Buffalo, Rochester & Pittsburgh. Camden & Atlantic. Central Vermont. Delaware & Hudson Canal Co. Delaware, Lackawanna & Western. Fitchburg. Lehigh Valley. New York Central & Hudson River. New York, Lake Erie & Western. New York, Ontario & Western. Norfolk & Western. Northern Central

Philadelphia & Erie.

Shenandoah Valley.

Central Iowa Railway.

Chicago & Alton Railroad.

Chicago & Northwestern Railway.

Troy & Boston.

West Jersey. West Shore.

round trip:

Philadelphia & Reading.
Philadelphia, Wilmington & Baltimore.
Rome, Watertown & Ogdensburg.

Burlington, Cedar Rapids & Northern Railway.

Kansas City, St. Joseph & Council Bluffs Railroad, Milwaukee & Northern Railroad. Milwaukee, Lake Shore & Western Railway. Minneapolis & St. Louis Railway. Minnesota & Northwestern Railroad. -Missouri Pacific Railway. Rock Island & Peoria Kailway. Sioux City & Pacific Railroad. Wabash Western Railway. Wisconsin Central Lines. Other roads will be added as heard from. These lists have been prepared at great expenditure of time by the Chairman of the Committee on Transportation, DR. LISTON II. MONTGOMERY, Briggs House, 189 Randolph St., Chicago, who should be addressed for additional information.] A list of forty-two Southern roads which will accept return tickets issued under the certificate plan, to members, delegates and their families, who attend the coming meeting of the American Medical Association, providing as many as twenty-five delegates go to Chicago, hold certificates of the Southern Passenger Association, properly signed by the ticket agent at the starting point. The certificate entitling those to return at onethird fare, must be vouched for by the Chairman of the Committee on Transportation, certifying that said member or person has been in attendance at the meeting. Said certificate, however, is good only twenty hours after adjournment: Alabama Great Southern Railroad. Atlanta & West Point. Brunswick & Western, Central Railroad of Georgia. Central Railroad of South Carolina. Charleston & Savannah. Cheraw & Darlington. Cheraw & Salisbury. Cincinnati, New Orleans & Texas Pacific. East Tennessee, Virginia & Georgia. Georgia. Georgia Pacific. Illinois Central (south of Ohio River). Jacksonville, Tampa & Key West. Louisville & Nashville (south of Ohio River). Louisville, New Orleans & Texas. Memphis & Charleston. Mississippi & Tennessee.
Mobile & Ohio (south of Ohio River) Nashville, Chattanooga & St. Louis. New Orleans & North Eastern. Norfolk & Western. North-Eastern Railroad of Georgia. North-Eastern (of South Carolina). Pennsylvania (south of Washington). Petersburg. Port Royal & Augusta. Raleigh & Gaston. Richmond & Alleghany. Richmond & Danville, and leased lines. Richmond, Fredricksburg & Potomac. Richmond & Petersburg Rome. Savannah, Florida & Western. Seaboard & Roanoke. Shenandoah Valley (south of Potomac River.) The following named lines offer one and one-third fare for South Carolina. Vicksburg & Meridian. Western & Atlantic. Western Railway of Alabama. Wilmington, Columbia & Augusta. Wilmington & Weldon.

HOTEL RATES.

In addition to the list given last week, the New Brevoort House offers rooms on the European plan to delegates at 75 cents where two or more persors occupy a room. This House is refitted and refurnished throughout with all modern conveniences, steam passenger elevator, etc.

> CHARLES GILMAN SMITH, M.D., Chairman Local Committee of Arrangements. LISTON H. MONTGOMERY, M.D., Chairman Committee on Transportation.

MISCELLANEOUS.

THE AMERICAN CLIMATOLOGICAL ASSOCIATION will hold its next annual meeting in Baltimore, May 31 and June 1, 1887, immediately preceding the days for the meeting of "The Association of American Physicians' in Washington, D. C. The Secretary is J. B. Walker, M.D., 1617 Green street, Philadelphia, Pa.

Dr. Oscar C. De Wolf, the efficient Health April 28, 1887.

Officer of this City, has been reappointed by Mayor Major J. V. D. Middleton, Surgeon; Major J. C. G. Happer-Dr. Oscar C. De Wolf, the efficient Health

A Public Health Conference will be held in Louisville, Ky., on May 24 and 25, under the auspices of the State Board of Health.

REGULATION OF PRACTICE IN MICHIGAN.—A bill to regulate the practice of medicine in Michigan has just passed the lower House of the Legislature.

THE MEDICAL SOCIETY OF THE STATE OF CALI-FORNIA met in its seventeenth annual session in San Francisco, April 20, 1887. The following were chosen officers for the ensuing year:

President—R. H. Plummer.

First Vice-President-A. H. Agard.

Second Vice-President—David Powell.

Third Vice-President—H. N. Rucker.

Fourth Vice-President—L. M. F. Wanzer. First Assistant Secretary—J. H. Parkinson.

Second Assistant Secretary—G. W. Davis.

Treasurer—G. C. Simmons.

Board of Censors—Jules Simon, W. Anderson, J. D. Arnold, I. E. Oatman, C. G. Kenyon.

Board of Examiners—C. E. Blake, W. Lawlor, Jules Simon, C. H. Steele, T. J. Le Tourneux, C. E. Farnum, A. 11. Pratt.

Alternates-H. H. Hart, C. C. Wadsworth, A. P.

The Committee on Appropriation for the Ninth Devan, S. E., P. A. Surgeon, granted leave of absence for International Congress, recommended that \$100 be donated. Adopted.

Regulation of Medical Practice.—The following resolution was adopted: "That it is the sense of this Society that the best interests of the public and the medical profession will be better subserved by one State Board of Examiners rather than more; and by examination of applicants rather than of diplomas;

and that there should be proper provisions made for expenses of such Board.'

Vaccination.—The following resolution was adopted: That it is the sense of the members of the California State Medical Society, in convention assembled at San Francisco, at its regular annual session, that vaccination should be made compulsory, and that the State Legislature should be urged to enact such laws as shall result in the protection of the entire population from small-pox.

[We are indebted to the Sacramento Medical

Times for advance sheets of this report.]

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM APRIL 30, 1887, TO MAY 6, 1887.

Major Blencowe E. Fryer, Surgeon, ordered for examination by Army Retiring Board, at San Francisco, Cal. S. O. 101, A. G. O., May 2, 1887.

Major George M. Sternberg, Surgeon, assigned by the President to the special duty, under the Treasury Department, of "investigating the merits of the method practised in Mexico and Brazil for preventing yellow fever by inoculation." Relieved from duty as attending surgeon and examiner of recruits in Baltimore, Md. S. O. 101, A. G.O., May 2, 1887.

Major John S. Billings, Surgeon, granted leave of absence for ten days, to take effect May 3, 1887. S. O. 98, A. G. O.,

sett, Surgeon; Çapt. F. C. Ainsworth, Asst. Surgeon, appointed to assemble at U. S. Military Academy, West Point, N. Y., on June 1, to examine into the physical qualifications of the members of the graduating class and of the candidates for admission to the Academy. S. O. 102, A. G. O., May 3, 1887.

Capt. Leonard Y. Loring, Asst. Surgeon, sick leave of absence still further extended six months, on surgeon's certificate of

disability. S. O. 103, A. G. O , May 4, 1887. Capt. Victor Biart, Asst. Surgeon, sick leave of absence still further extended one year, on surgeon's certificate of disability. S. O. 99, A. G. O., April 29, 1887.

First Lieut, Chas. B. Ewing, Asst. Surgeon, ordered from Ft. Leavenworth, Kan., to Ft. Lewis, Col., for temporary duty. S. O. 100, A. G. O., April 30, 1887.

FICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVY, DURING THE WEEK ENDING MAY 7, 1887. OFFICIAL

Shafer, Joseph, Asst. Surgeon, detached from the "Minnesota," and to the "Ossipee."
Simon, W. J., Surgeon, ordered to the U. S. Str. "Boston."

Henry, C. P., Asst. Surgeon, detached from hospital, Phila-

delphia, and to the "Boston."

Means, Victor C. B., Asst. Surgeon, detached from hospital, Mare Island, and to the hospital, New York.

Simons, Manly H., P. A. Surgeon, detached from Naval Academy, and to the "Constellation." Diehl, Oliver, P. A. Surgeon, detached from hospital, New

Vork, and to the hospital at Philadelphia.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U, S, MARINE HOSPITAL SERVICE FOR THE FOUR WEEKS ENDED MAY

Goldsborough, C. B., Surgeon, leave of absence extended thirty days on account of sickness. April 20, 1887.

thirty days, to take effect when relieved. April 12, 1887. Bratton, W. D., Asst. Snrgeon, to proceed to Port Townsend.

W. T., and assume temporary charge of the service, April 21, 1887

Wyman, Walter, Surgeon, detailed as chairman, Board for physical examination of candidates for appointment as cadet, Revenue Marine Service. May 6, 1887.

Mead, F. W., P. A. Surgeon, detailed as recorder Board for physical examination of candidates for appointment as cadet, Revenue Marine Service. May 6, 1887.

ournal of the American Medical Association.

EDITED FOR THE ASSOCIATION BY N. S. DAVIS.

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CHICAGO, MAY 21, 1887.

No. 21.

ORIGINAL ARTICLES.

TWO CASES OF MALIGNANT ENDOCARDITIS.

Read before the Philadelphia College of Physicians, March 2, 1887.

BY J. H. MUSSER, M.D.,

PHYSICIAN TO THE PHILADELPHIA HOSPITAL, ETC.

however. I venture to bring it before you thus Fibrin clung to the vegetations, and recent clots labelled, to excite criticism, if necessary, and to ask filled the cavities. The aortic valve and the right your attention to one of the manifold phases of this heart were normal. There was no atheroma. interesting disease.

morbid specimens.

Autopsy: vegetations on mitral leaflets; emboli in second supposition. brachial and femoral arteries .- H. R., male, et. 23, laborer, consulted Dr. J. Henry Musser, June 25, on fever, sweats; cardiac murmur and pain; comuting account of rheumatism. He was visited by his phy- and diarrhoa; marked embolic phenomena; jaundice; sician the first week in July once, the second week death. Autopsy: proliferative bacterial endocarditis four times, and the third twice. On the 1st of Au-confined to the mitral valve; emboli of skin, mucous gust grave symptoms set in, and on the 3d of Sep- membrane of mouth, of stomach, and of intestines, of tember he died. It will be observed, therefore, that, spleen, kidneys, peritoneum and endocardium; embolus in July, the patient was not very ill; in fact, he con- and thrombus in left iliac vein.—M. S., female, set. tinued at light work on his farm, and on the 1st of 27, white, German, married, admitted to Philadel August was in the harvest field, when the first emphia Hospital August 26, 1886. At the same time bolus manifested itself. During that month he had her husband and children were admitted for a febrile rheumatism, and for a short time before August 1st, complaint, thought to be of malarial origin. The chills and fever.

right brachial artery. Could not be removed to his nursing an infant which had been born one year behouse at once on account of collapse. Dr. Musser fore. The labor was natural, and she had a good saw him, and found the pulse absent at the wrist, the getting up. Since birth of child patient has not hand cold and cyanosed. Two days subsequently menstruated. Three years previous to this illness the femoral artery became plugged, much pain being she had an attack of malarial fever, and at one time occasioned at the time. The circulation in neither had rheumatism of the leg. She never had any other

arm nor leg was ever restored, and gangrene ensued. Attention was at once called to the heart, and a distinct systolic murmur was heard at base and apex. During the month an irregular fever, with irregularly recurring chills, was present. Death took place from exhaustion, September 3, thirty-three days after serious symptoms set in.

At the autopsy the vessels were plugged with emboli and thrombi, as exhibited in the specimens. Both the cases included in this report have been. The heart was enlarged by dilatation, and on the posnamed malignant endocarditis, although one of them terior cusp of the mitral valve soft fungating vegetais without the warrant of a microscopical examinations grew. Some of the chorde tendinese were sur-The clinical course and microscopical appear- rounded by vegetations. The auricular surface of ances indicate such to have been its true nature, one cusp was rough, and minute ulcers were present.

Remarks.—Without doubt, in this instance, malig-The case was under the observation of Dr. J. nant endocarditis was associated with rheumatism, Henry Musser, of Lancaster County, and seen by and the type was essentially pyæmic. One might my father, Dr. Benjamin Musser, in consultation. presume, however, that the so-called primary rheu-It occurred in their practice in 1878. I recall the matic symptoms were pytemic in nature, or that the case both from conversations and letters concerning cardiac lesions supervened secondarily to the ganit at the time. Unfortunately, the notes of the case grene. The teachings of the autopsy do not sustain in Dr. Musser's possession have been mislaid. His either supposition. The absence of old cardiac memory and memoranda in his case-book feebly and vascular lesions, and the general integrity of the supply the deficiency; fortunately we have the organs, preclude the possibility of pyemia. The normal condition of the arteries (absence of athe-Case 1 .- Rheumatism; embolism of large vessels; roma), the absence of primary blood dyscrasiae, or cardiac murmurs; gangrene; chills and fever; death. of any cause, save cardiac, for the emboli, defeat the

Case 2.—Malignant endocarditis; chills, irregular patient had been ill about six weeks, of an irregular August 1. Sudden severe pain occurred in the fever, also said to be malarial. At this time she was

habits.

The family history of the patient is very good. Her parents and several brothers and sisters are living. One sister died of pneumonia; the cause of death of another is unknown. On admission it was noted that the patient was prostrated and complained of chilly sensations, she sweated profusely, and suffered from nausea. The tongue was clean and moist; the bowels loose, five movements in twentyfour hours, thin and greenish in color; the nausea edema. Mind clear. had disappeared in twelve hours; tenderness of the epigastrium was observed, but none in the iliae extends from the left edge of the sternum one inch fossæ. The spleen extended, in the axillary line, from the sixth rib to the margin of the ribs. There the third interspace two inches, and in the fourth was no eruption. Both cheeks were flushed. The skin and mucous membranes were pale, the hands quite anæmic. She was somewhat emaciated. The mind was clear. The lungs and heart were normal; the latter rapid in action, and rather feeble. Milk diet, stimulants, and quinia ordered.

September 2. My resident, Dr. Dorland, detected a eardiae murmur two days ago, and to day the following is noted: General symptoms and appearances about the same. Apex beat of heart in fifth interspace in nipple line; impulse moderately feeble; no thrill; pulmonary second sound accentuated; highpitched systolic murmur at apex transmitted to axilla; no murmur at aortie orifiee. Pulse rapid, small, and feeble. No cough; no dyspnæa. Ulcer-

ative endocarditis suspected.

8th. The fever has continued in spite of quinine. The patient sweats profusely throughout the day, but not at night. Her anæmie appearance is striking. She is quite cheerful, but is evidently losing flesh and strength. The diarrheea continues. The cardiac murmur has increased in intensity during the past forty-eight hours, and can be heard loudly at the angle of both scapulæ, louder at the right. Marked tenderness on pressure, and some pain complained of in the third left intercostal space. At the base of the right lung impaired resonance, and fine, moist, crepitant râles are observed. A few rales are heard at the right apex also. Short, highpitched, jerking inspiration and prolonged expiration is detected at the right apex, and high-pitched inspiration at the left.

size, bright red, not disappearing on pressure. Hæmorrhages in the ocular and palpebral conjunctive of both eyes at inner and outer canthus. Rapidly los ing flesh and strength. Sweats continue. Abdolarge wavy impulse in epigastrium. Nausea and ear was not detected. vomiting recurred the past five days; fluid dark, greenish tinge. The vomiting occurs in the morning. Diarrheea continues. Spleen readily felt be-

ailment, was strong and hearty, and of temperate in second, third and fourth left interspaces. In second interspace to the left of sternum very perceptible thrill. Systolic murmur not so loud as it has been at apex. Over third rib, left auriele loud, booming systole, with "grinding" murmur. In second interspace to the left of the sternum loud, rough, high-pitched murmur. Pulmonary second sound muffled. Murmur over tricuspid not so distinet as at mitral, and probably transmitted; aortic murmur low in pitch, conducted from base. No

13th. Physical signs as above. Cardiac dulness to the left in the second interspace. It extends in three inches. Apex beat in nipple line. Intensity of murmur greatest in second interspace. Chill this morning. Urine scanty and high-colored, and contains blood and epithelial tube casts in abundance, and a small amount of albumin. General symptoms Extreme prostration. the same.

14th. Chill at 7 A.M. A little more drowsy than formerly; no delirium. Murmur in second interspace not so distinct. New capillary infarcts in abundance about the neck. Vomiting and diarrhœa continue. Infarets in lips and on end of tongue. Conjunctivæ slightly ieterie. Dyspnæa severe for half an hour at 2 P.M. Partially collapsed state, with grasping and sighing; excessively rapid pulse; stimulants relieved the patient. At 11 P.M. a second attack. During the day very irritable, and latter part of day drowsy. Died at 2 A.M., September 15.

The following record indicates the daily fluctuations in temperature. The pulse record was not preserved, but from first to last it was rapid, 120 to

130 per minute.

August 25, P.M., 99.3°. 26th, A.M., 100.4°; P.M., 103.2°. 27th, A.M., 101.1°; P.M., 103.° 28th, A.M., 101.1°; P.M., 101.3°. 29th, A.M., 102.1°; P.M., 102.3°. 30th, A.M., 103°; P.M., 100.4°. 31st, A.M., 100.1°; P.M., 101.

September 1, A.M., 102°; P.M., 101.2°. 2d, A.M., 102.1; P.M., 102.3°. 3d, A.M., 102.4°; P.M., 99°. 4th, A.M., 90°; P.M., 101.4°. 5th, A.M., 101.2°; P.M., 105°. 6th, A.M., 99.2°; P.M., 105°. 7th, A.M., 101.1; P.M., 97'. 8th, A.M., 97.2; P.M., 99.3°. 9th, A.M., 101.2; P.M., 105'. 10th, A.M., 105'; P.M., Two days ago two small purpuric spots 99.2 (chill at 6:30 A.M., and 9:00 A.M. temperature were observed on each upper eyelid, and to day taken). 11th, A.M., 101.3; P.M., 99.3°. 12th, A.M., haemorrhagic infarcts are seen all over the trunk and 101. 4; P.M., 99.3 (chill 7:30). 13th, A.M., 102.3; on the upper extremities, pin-head to split-pea in P.M., 102. 14th, A.M., 100.2; P.M., 100.4. 15th, A.M., 99.2 .

During the course of her illness eareful search was made for localized purulent inflammation. pelvic organs were normal, the bones were evidently men distended in epigastric and umbilical regions; free from disease, and inflammation of the middle

Autopsy (by Professor Osler, Dr. Musser, and Dr. Dorland).-- General Appearance. -- Medium sized body, somewhat emaciated. Skin pale, slightly low the margin of the ribs, tender. Lungs have icteric. Numerous petechiæ cover the face, chest, cleared up. No cerebral symptoms. Heart's ac. and arms; very numerous on right arm and wrist. tion irregular. Pulse small, feeble, rapid, dierotic. Petechiae range in size from a pin's head to a split-Tenderness behind the sternum. Impulse (systolic) | pea, and vary slightly in color from vivid red to dark blue; one or two only present central yellowish core. tissue soft and light brown. No infarcts.

Abbomen, Thorax.—Numerous petechiæ on parietal 5 lbs. 4 oz. peritoneum. Slight serous effusion in both pleural

parietal pleura.

numerous small petechiae on visceral layer. chamber relaxed, containing fluid blood and small ment. clot. Left ventricle, tolerably firm, dark clot. Apex of the left auricle is long, and can be seen turning round to base of pulmonary artery. Before removal ing into the external iliac as far as the femoral; in of heart, fingers in pulmonary vein and pulmon- the internal iliac it extends for two inches. On slitary artery, both of which are free. Further dissecting up artery the thrombus is closely adherent, and tion of heart: right auricle, little blood, staining of at bifurcation it has softened, and has a purulent (?) endocardium; a few petechile. chamber large; tricuspid segments a little thickened; inches long at least. Much pigmentation about the a distinct nodular thickening at angle of anterior and internal coats of the artery. No evidence of any internal cusps. Pulmonary semilunar valve normal. local disease. Brain, spinal cord, eyes, and ears not Left auricle dilated. Seen from above, mitral orifice examined. plugged by loose black clot and large greyish white vegetations. After removal of auricle, the following artery, and the vegetation on the valve, by Dr. tions one inch in length extend into the auricle pass ing out at right angles to the mitral ring, and forming a sort of valve across the orifice. Entire auricular for me by Dr. William Gray. He reports as follows: surface of this cusp covered with vegetations. An terior cusp at free edge a large, warty vegetation with almost entire obliteration of the striæ; increase projecting into ventricle three fourths of an inch. of the interfibrillar connective tissue, and decided The anterior part of this cusp is free. One or two increase of the nuclear elements. of the chordæ tendineæ are encircled with vegetations. No involvement of endocardium, other than cellular elements by fatty degeneration and an that of valves. Aortic cusps normal. So called un- abundance of blood crystals (section from an inprotected space below agric ring presents deep de-farct) are seen. pression, is closed, and to its base is attached a nodular thickening at angle of tricuspid cusps, sue and tissue of Bowman's capsule. Proliferation Muscle substance of heart is pale, looks fatty; num- of epithelial cells lining capsules and tubes. Cells erous ecchymoses Coronary arteries free.

Lungs crepitant; ecchymoses on pleura. No in farcts. Bases cedematous, somewhat congested, tubules and between connective tissue fibres.

Pulmonary artery normal.

herent at one spot. Pulp soft, reddish brown; four sive lymphoid infiltration into mucous layer, villi, large infarcts of some age, yellowish; others recent, and glands of Lieberkühn. Granular degeneration

none suppurating.

Kidneys somewhat enlarged. Capsule free, surface irregular. Numerous recent infarcts. Unusual amount of pigment. Right kidney, same changes; ing of middle coat, and infiltration of blood into not so many large infarcts; the pigmentary changes media. about many of these infarcts are peculiar.

Pancreas.—Few interlobular hæmorrhages.

small, central gravish spots. Mucosa about cardiac end much reddened.

Duodenum.—Bile duct pervious; in mucous membrane small, superficial ecchymoses.

Small Intestine.—One or two small infarcts in Toward valve the ileum was much in jected, and the small infarcts were numerous. Large coeci abounded in the granular matter, and about Intestine.—Caecum deeply injected; throughout the the leucocytes of the vegetation. colon they are numerous, in size from two to ten millimetres. Some of larger show distinct nodular glomerulo-nephritis, and gastro enteritis, with the prominence, which on dissection is grayish-red, firm. usual histological changes about an infarct.

Liver.—A little enlarged. No extravasations; Remarks.—So many thoughts arise in the con-

Weight

Uterus.—Medium size. Os shows deep lateral sacs; few adhesions at right base; some petechiæ in laceration. Mucous membrane deeply pigmented. Muscle substance normal. Ovaries normal. Small Pericardium, Heart.—Excess of pericardial fluid, cyst in broad ligament. Pelvic veins are normal. Right No trace of chronic inflammation about broad liga-No thrombosis of veins.

Bladder.—Few ecchymoses.

In the common iliac artery a plug is seen extend-Right ventricle, appearance. Clot in internal iliac is one and a half

Microscopical examination of the fresh clot in the conditions of valve appear: from base of posterior Griffiths, revealed the micrococci common to ulceracusp of mitral, large irregular gray-yellow vegeta- tive endocarditis, the Staphylococcus pyogenes aureus.

Sections of the organs after hardening were made

Heart.—Fatty degeneration of the muscular fibre,

Splcen.—Extensive cirrhosis; obliteration of the

Kidney.—Increase of intertubular connective tisdegenerated and lumen of tubes plugged with casts. Section of infarct shows blood infiltrating into the

Intestine.—Increase of connective tissue in sub-Spleen weighs 1 lb. 5 oz., so't, capsule closely ad- mucous layer and of adenoid tissue of villi; extenof cells of villi. Infarct between and into submucous and muscular coat, blood crystals in infarct.

Artery.—Entire absence of intima, with thicken-

Unfortunately, Dr. Gray did not get any of the proliferated mass on the valves. Dr. Gray was un-Stomach. — Numerous ecchymoses. Many with able to find micrococci in the sections he had cut. They were given him without proper labelling, so that he did not know the tissue he was cutting. While this is to be regretted, it is enough to learn from the early and late examinations of Dr. Griffiths, that bacteria were present. Dr. Griffiths readily found in the fresh treated preparations that micro-

The lesions otherwise found, were myocarditis,

templation of a case that represents so complete an more and more appearing; confined not only to the evolution of a morbid process that one is tempted skin but seen in the lips and the tongue and the conto include in lengthy remarks. We shall limit our- junctive, they presented a glaring picture of the

place, the perfect picture of malignant endocarditis tion. Certainly the hæmoglobin was much reduced, presented by the case. There was not a moment yet the patient was so ill we did not care to disturb after the manifestations of the heart lesions were her to ascertain its percentage. studied, that the diagnosis of endocarditis was doubted. It is true that before the cardiac murmur remarks—the physical signs of the cardiac lesion. had been detected we could only say we had to do At first, at the mitral orifice a systolic murmur transwith a septic process. Who would say otherwise in mitted in the usual direction was heard. It varied a case of a young person with irregular fever, pro in loudness and pitch. Later it diminished in pitch fuse sweats, and extreme exhaustion; with vomiting and volume, and at the same time a very loud and diarrhoa, and enlargement of the spleen; with systolic murmur, high in pitch and grinding in charan acute inflammation of the kidneys without dropsy; acter, was heard on the third left rib and in the with the physical signs of endocardial inflammation; second left interspace one and a half inches outside and with the most pronounced appearance of capil-the sternal edge. So loud was the murmur in this lary hemorrhages in the skin and mucous membranes, situation that, especially as it was attended by a terminating in suffusion of the skin, conjunctive, thrill, we thought the pulmonary valves were impliand mucous membranes with the mild but ominous cated in the disease. The occurrence, however, of hue of icterus? It is true we considered at first an increased area of pulsation, most distinct in the whether, from the history and association with similar second and third interspaces, and of an increased affections, the case was one of malarial origin. The area of dulness in the auricular region led to the use of quinia without result, the irregularity of the conclusion that mitral stenosis was present. A fever, the frequent pulse, the extreme sweats, and presystolic murmur was not heard, however, and the diarrheea, led us to abandon this idea. Typhoid probably was not present. It was not created befever was rightly thought of, but momentarily. The cause of the projection of the vegetation over the spots, the tympany, and the characteristic stools orifice, in all probability. For a similar anatomical were wanting; no approach to the typhoid state was reason one can infer that the ventricle fills, partially observed in spite of the high fever, and rapid pulse; at least, prior to and independent of contraction of the peculiar features of the tongue were absent, and the auricle. For with such an effort, at once, comat no time were the faculties dull or the mind wander- munication would be cut of by the vegetation. ing. The physical signs observed in the lungs, the profuse sweats, the quick pulse, and the diarrhea, weeks, loudest in the second and third interspace.

legibly written that he who ran could read.

the development of the disease in this case unless scapula was very peculiar. the slight rheumatic attack years previously is sufficient to attach the dathesis as cause and effect.

 T_{F}/c .—Recall for a moment the marked symptoms present. The fever, the chills and the sweats, the clear intellect, the gastric and intestinal disturbances, clearly group the case with other examples of malig-

nant endocarditis of the pyæmic type.

Special Symptoms.—Enough has been said of the symptoms in the history of the case. Your attention need not be called again to the vivid temperature range, the recurring chills, the grave renal symp- station by the late report of the Surgeon General, toms, and the pronounced capillary hamorrhages, taken in connection with the comments thereon in The latter were striking—at first but a few, each day The JOURNAL of February 26, are such as to give a

selves, however, and so be content with calling your pathological process. The anæmia, which was attention to one or two prominent features.

The anæmia, which was barely noted, deserves a remark. It was profound, Diagnosis.—Observe, if you please, in the first and the appearance due to it at once excited atten-

One class of phenomena deserves more lengthy

naturally induced the question of tuberculosis to Two causes can be invoked for this peculiar localiarise. The disappearance of the lung affection, the zation of the murmur. The projection of the mass absence of hurried respiration, and of the tubercle from the auricular surface of the valve could readily bacilli in the discharges, were sufficient counter-throw the back flow of blood—the valve not closing I from the situation of the second mass—into vibra-Thus, by exclusion and by a careful study of the tion, and thus murmur and thrill be produced and disease as it was gradually unfolded to us, we were heard loudest over the auricle. While such an exenabled to make a diagnosis. In this, as in many planation suffices, a second cause for the murmur instances, unfortunately, with waiting and watching, can be found in the position and dilatation of the too soon the true nature of the affection was so auricular appendage. If such a view of the case is held, then the theory of Naunyn and Balfour to Class.—As far as can be ascertained, the affection explain the mechanism of systolic murmurs in this was idiopathic—using the term with the modern resolocation is well illustrated. The excessive loudness ervation. That is, a cause cannot be ascertained for of the systolic murmur at the angle of the right

> The case of recognition during life, and the peculiar physical signs, are the features of prominent

note in this case.

FORT SILL, INDIAN TERRITORY. BY MORSE K. TAYLOR, M.D.,

MAJOR AND SURGEON, U. S. ARMY,

The prominence given to Fort Sill as an unhealthy

very erroneous impression respecting the present sanitary condition of this post. That it has been in portunity for the successful cultivation of the Anayears past very unhealthy, no one familiar with its charis Alsinastrum, as suggested for the improvement history will dispute, but that it is so now few, if any of the health of some of the posts, is not specially residents thereat will admit. And, as the writer has encouraging here; while it also invites us to look for been on this station for the last three and a half years, other causes in explanation of the large number of and charged with the supervision of its hygienic af- malarial and kindred diseases which have prevailed fairs, he may be pardoned for feeling a little sensitive here since the establishment of the post in 1869. upon this question; more especially so, since under his administration the post has become one of the station, let us consider the report briefly. From this most healthful and pleasant stations in the West, it appears that the average length of time patients Notwithstanding this, however, he would not write are under treatment at Sill is nine days, this being a the following at this time, were it not that a lesson fraction less than the average for the whole army, may be learned by a further consideration of the while there are 57 posts which exceed that number; Surgeon-General's statistics taken in connection with San Diego taking the lead with 23 days, followed by others of a later date.

commencing with July 1, 1885, and ending with June 30, 1886; corresponding with the national fiscal year. vite attention to the fact that the time included by the rate per 1,000 of non effectives from sickness and the Surgeon General's report was a part of the transi-multiply this by the number of days they are carried tion period in which the post passed from an ex- on the sick reports, we get a product which gives us tremely unhealthy condition to one of salubrity, a better idea of severity of the disorders and the loss records which show that in 1876 the rate of cases. Fort Sill had a rate of non effectives of 58 per 1,000, per 1,000 mean strength was 3.911, and in 1877 it which, multiplied by 9, the number of days they were was 3.067.

make the location more unhealthy than in the best tion shows that there were 16 posts which exceeded situations in the South, or elsewhere in regions of Sill. The first on the list is San Diego, with a loss acknowledged malarial tendencies. Indeed, it may of 3,036 days; Stockton, 1,206; Brown, 869; Maginbe said with truth that there are few locations as nis, 784; Supply, 819; Reno, 616; Columbus Bar-

this apparent:

an irregularly quadrilateral plateau about one-fourth. Huachuca, and Bayard. of a mile in diameter, its sides corresponding in a general way to the cardinal points; and at an eleva- mean strength, and this multiplied by the length of tion above the surrounding lands of from fifty to sixty time under treatment, we get results differing somefeet on the east, south and west; while on the north what from the foregoing, but none the less instructive. it is skirted by the bed of Medicine Bluff Creek, with The following tabulation will make this apparent: a sharp declivity of seventy feet. Along this creek there is a strip of heavy timber about one-fourth of a mile in width, but beyond this, and extending in all directions for one or two miles, are open bottom lands, all of which are well drained. At a distance of a mile or so to the northwest are the foothills of the Wichita Mountains, while elsewhere beyond the bottoms are wide rolling, high, beautiful prairies. Cache Creek rises about thirty miles to the northward, and running nearly due south, passing the post to the eastward three-fourths of a mile, emp ties into the Red River forty-five miles away. Medicine Bluff Creek, rising in the Wichita Mountains, and taking a nearly due eastern course past the post in their aggregates, which are omitted. on its northern side, discharges into the Cache within the limits of the reservation. Both are free flowing streams at ordinary stages; having dry beds, however, in many places in midsummer, in others stagnant pools, while in the rainy season they rise to the height of between lifteen and twenty feet; the Medicine Bluff becoming a turbulent mountain torrent.

From the foregoing it may be inferred that the op-

Before entering upon the sanitary history of the Stockton, Texas, with 18 days, and Bowie, Ariz., with It may be observed that it embraces the period 17 days. In the Indian Territory Forts Supply and Reno have an average of 13 and 11 days respectively.

There is, however, another method of estimating In this it differs from the sanitary reports of cities the relative healthiness of posts better than this, or and other countries. This may be noted only to in- that indicated by the rate of admission. If we take How sickly it has been may be understood from the the Government sustains as the result. To illustrate: under treatment, gives a total loss of time to the There is nothing in the natural surroundings to Government of 522 days. This method of calculagood. A hasty glance at its topography will make 1acks, 1,312; Lowell, Ariz., 624 per 1,000 mean strength, and several others, embracing Jackson Bar-The post is situated 1,200 feet above the sea, upon racks, Jefferson Barracks, Ringgold, Davis, Concho,

Again, if we take the cases treated per 1,000 of

			• •
Posts.	Cases per	Days under treatment,	Total loss.
Ft. Ringgold	2304	1.1	25.344
" Brown	2181	1 1	23.991
" Stockton	1121	t S	20.178
" Davis	2160	10	21.600
·· Schuyler	1205	18	22.770
·· Reno	200.	I I	22.004
" Supply	1620	13	21.000
San Diego Bk	S 1000	23	23.000
·· Sill	2211	9	19.899
" Willetts Point	2782	7	19.474

There are other stations that closely approach Sill

All the foregoing relates to the condition of Fort Sill before a sufficient time had elapsed to indicate what ultimate results might be expected from the efforts being made to improve its sanitary condition. These we will now consider:

When the writer entered upon his duties as Post Surgeon the latter part of November, 1883, the command, then consisting of four companies of infantry drainage of the post and contaminated in the highest and two troops of cavalry, was in a most demoralized degree. condition. Of the eleven officers for duty all had been sick during the two preceding months, three lected for this purpose was taken from the water barothers were absent on sick leave, and of the enlisted rels at the hospital soon after the delivery of the men the rate of cases per 1,000 of mean strength was water wagon, the barrels having previously been emp-468, exclusive of injuries, for the months of Septemtied. There was a large amount of sedimentary ber and October, according to the records. These, matters floating in it, and not until this had settled however, did not express the real state of the case. was the examination commenced. As there was quite a rivalry in the target practice of the respective commands, the men would take their having a feeal and urinous odor most nauseous, yet "shakes," then their quinine, and as soon as the fever it was but an exaggeration of what had been freabated, their turn at the rifle grounds, without going quently observed in the water barrels of the officers' on the sick report. From the representations of the quarters during the warm weather, after standing company commanders it was evident that few men twenty four hours. Under the impression that a misescaped. Some of the attacks were of great sever- take had been made, or that the water had been acity. Men would be stricken down while on parade cidentally fouled, the water delivered the next day or at guard mount and have to be assisted to their was distilled, but with the same results. Even the quarters. One of the more common symptoms was water in a moderate rise after a rain was little better. intense pain in the back of the neck and base of the No use could be made of it in the laboratory or disbrain. Said an officer, referring to this symptom in pensary. The sedimentary matters were placed his own case, that it struck him almost like an elec-under the microscope, and with the revelation of too trie shock, and was the most excruciating suffering many micro organisms to be described here. The that he ever endured, or could imagine one capable stream was running at this time, so that the water of enduring, and live.

and was requested to seek the cause of its unhealthi- rise of sixteen feet only a few weeks before. ness, being assured by the department commander stirring up all the sedimentary matters possible, and sparkling. then dipping this water into the tank and delivering. examination of the well water showed that it con- was evident. tained a large amount of chlorides, free and albu-

The creek water was next examined. That se-

The distillate of this water was most offensive, was not wholly stagnant, and represented the ordi-At the time of the writer's assignment to this standard condition of the water supplied the post for tion he was made acquainted with its bad reputation years past. In fact, the stream had been swept by a

Near the northeast corner of the garrison, distant that every assistance should be afforded to remedy about 150 yards, was a small spring from which some the trouble when ascertained. Entering upon his of the officers had obtained their drinking water. It duties with this aim before him, he determined to flowed out from the north bank of Medicine Bluff spare no effort in the accomplishment of his purpose. Creek fourteen feet below the surface of the bottom Careful investigations were commenced in every di-land and on the surface of a soft outcropping sand rection which might afford a clue to the origin of the rock, and discharged eight gallons per minute. As sickness. After examining the geology and natural a water supply it was condemned in 1877 by the environments of the post, and finding in these nothing Post Surgeon, and the following entry made on the to account for it, nor in the duties or habitations of post records respecting it: "This spring finds its the men, the water supply was next investigated. origin in surface water which drains out of a low and This came from two sources: one a shallow well somewhat marshy bottom stretching along the creek situated about midway on the west-side-of-the-bar--to-the north. This water contains various organisms, rack line, which was used largely for drinking pur- and it is believed, if not directly productive of malaposes by the men, and the other from a stagnant pool rial disorders, that it favors their development in in Medicine Bluff Creek situated about a third of a many cases who would otherwise escape." These remile from the post to the northwest. The supply marks had the effect of prejudicing the officers against from this source was obtained by driving a six mule it, notwithstanding its physical qualities were greatly team and a wagon into the middle part of it, thereby in its favor, being beautifully limpid, sweet and

In the belief that the prejudice against it was illit to the men at the barracks and to officers in their founded, the writer proceeded to make a careful back yards, at distances of nearly 100 feet from their analysis of it, and also to ascertain its probable geodwellings; and all into open barrels unprotected from logical source. The result went to show that it was the heat of the sun, the winds, or dust. As a result, one of the purest springs of water to be found in any the organic matters in the water soon underwent fer- country. That its origin was very remote, the flow mentation and rendered it still more disgusting. An being entirely unaffected by local rains or droughts,

After representing these facts to the commanding menoid ammonia, nitrites, and nitrates. Although it officer and urgently requesting a detail of men to was situated at an elevation of 50 feet above the sur-examine the locality and ascertain whether the disrounding bottom lands and 70 feet above the creek, charge could not be increased to a degree sufficient the water came to within 12 feet of the surface of for the wants of the command, his request was finally the ground; and it was but 30 feet from the barrack complied with. The detail was made in March, 1884, buildings and 250 feet from the cavalry stables. Its consisting of a corporal and four men, and turned water supply was clearly derived from the surface over to the writer. The work soon revealed the fact

that the water came through a bed of porphyry gravel man of bilious temperament, presented himself rather resting on the sand rock about eighteen inches above unceremoniously at my office on January 13, at 3:40 the creek bed; and further, by lowering the outflow P.M. A friend assisted him to stagger into the office the discharge was increased to over 7,000 gallons per and to throw himself upon a lounge. Mr. S. then hour. On reporting the results of his efforts to the informed me that he had taken poison and was dydepartment commander, the sum of \$3,500 was ap- ing. As the patient could give no information repropriated for introducing the water to the post. Soon garding the name or the quantity of the dose taken, after a storage basin of 7,000 gallons capacity was I administered an emetic while sending an assistant excavated in the rock, and a spring house of solid to the drug store for the desired information. While stone masonry, with walls four feet thick, twenty feet | the effects of the emetic (2 gr. tart. emet. and 20 gr. high, and substantially arched over, was constructed ipec.) kept the patient occupied, the assistant reto protect the spring from the floods and drift wood turned with the consoling news that the man had acof the creek, while an automatic valve was introduced tually swallowed seven drachms of the tincture of in the outflow pipe to shut off the back water from aconite at 3:30 P.M., or ten minutes before entering the stream when it should rise above the level of that my office. The assistant produced the vial from in the basin.

the wagons and stored at the dwellings in barrels as ter was heated and a quart of it administered with before; and it was not until the spring of 1885 that 3iv fl. ext. ipecae and zinc sulph. gr. ii. Emesis folthe water was introduced into the houses. From the lowed in five minutes. time that the water supply was exclusively from this spring there was a steady improvement in the health gave in each arm hypodermically, morph, sulph., 1/4 of the post. The following comparison will make gr., fl. ext. digitalis gtt. iii; fer os whiskey and strong this apparent. The months of August, September, coffee. Symptoms: Burning sensation in tongue, in and October are taken as basis because these here, the throat and gullet, pressure in region of sternum, dysenteries, and diarrheeas most abound.

Malarial fevers, dysenteries and diarrhœas for the

years of

1885 Rate per 1,000 m. s. 560 404 223 550

Notwithstanding this great difference in the rate per 1,000 of mean strength, the improvement has been still more apparent in the lessened severity of the livelier, showing influence of stimulants. attacks. Not only this, but the whole aspect of the post has been changed. The sad faces, the feeling better after vomiting. of despondency, and the bitter curses which were hurled against it four years ago, have given place to ing from 76 to 104. A minute after I had found it a healthful glow, a pervading cheerfulness, and an admiration for its natural beauties, its delightful climate and its excellent sanitary condition. The bloom less than five minutes it was up to 92 again. of nearly a thousand fruit and ornamental trees, while adding to the charms of the place, attest the interest legs about; shivers so that his teeth rattle; spasms manifested by both officers and men in its improvement. It is now one of the most desirable stations in the West, with a certainty of still further changes mically; partial loss of consciousness. for its betterment when the system of drainage shall be completed, and the sewage be utilized on the gar-, so without great effort; passes about three pints of dens, so that the discomforts incident to remote sta tions from markets and prolonged drouths may be coffee and digitalis. Moreover, it illustrates in a remarkable remedied. degree the baneful influence of impure water on publie health, for the conditions of the troops, in all other respects, have been almost identical since 1882; and but little changed since the establishment of the post, key, coffee, port wine, etc.; is quieted by 1/6 grain in 1869.

Fort Sill, I. T., April, 1887.

POISONING BY ACONITE. RECOVERY. BY PAUL L. BRICK, M.D.,

OF LE MARS, IOWA.

Fritz Steinfahrt, a farmer, aged 28, a robust Ger | patient feels better.

which the poison had been taken; it was a 2 ounce During that season the water was distributed by vial, then containing 3ix of tincture of aconite. Wa-

3:50. Pupils dilated, pulse full and strong, 74. I as elsewhere, are the months when malarial fevers, loss of sensibility. Patient could see hypodermic needle enter, but could not feel it.

> 4:00. Emesis; continued whiskey, digitalis and coffee; pulse became slower and smaller; patient 1886 complained of great fatigue; skin dry and cold; even the breath seemed cold.

Faradic battery stimulated circulation; 4:15. pulse became stronger at once, and patient became

Emesis; skin dry; variable mood; felt 4:30.

5:00. Pulse weaker, thread like, unstable, varyat 104 an assistant found it at 82; when satisfying myself of the assistant's mistake I counted it 76; in

5:30. Nervous tremors; great restlessness; throws of whole body; stretches out at full length, arms and legs rigid; feet warm; 1/160 gr. strychnine hypoder-

6:00. Feels better, asks to walk around, and does clear orange-colored urine; takes freely of whiskey,

6:30. Sleepy, but very restless. Pulse 76 to 80; almost total loss of sensibility. Gave brandy hypodermically.

7:30. Stomach rejects everything given him, whiscocaine.

7:45. Pulse 80 to 85; respiration 14, at times very laborious; vomited stimulants given him; pupils natural, and readily influenced by light.

8:00. Two drachms whiskey are vomited up, and cause distressing hiccough; gave cocaine and nux vomica.

Thorough emesis; hiccough disappears; 8:20.

8:45. Pulse 72, small, compressible, thread-like; THE OPERATIVE TREATMENT OF RETROPERITOrespiration 12, laborious; feels chilly, has rigors, cold, clammy sweat over the body, stupor.

9:15. Vomits freely, has profuse perspiration, drinks and retains port wine, beef tea and coffee.

9:40. Emesis; nux vomica, coffee.

10:00. Emesis; cocaine 1/2 gr., by mouth.

10:10. Feels easy; respiration 12, regular; pulse 106. Discontinued battery, which had been used

uninterruptedly.

11:00. Emesis after \(\)i beef tea and a cup of hot coffee. Brandy hypodermically, which patient feels, being first return of sensibility; skin becomes warmer, pulse stronger; perspires profusely; feels sleepy, sleeps and rests well.

1:00 A.M. Awakes, is very thirsty. P. So, R. 17.

Drinks cold water; sleeps.

2:30. Awakes, drinks cold water, has severe frontal headache and pain in region of cerebellum. Tem-

perature 100.2°.

8:00. Feels well; has rested well for several hours; walks down stairs, urinates freely, returns and vomits without distress. Takes a dose of cocaine $(\frac{1}{50}$ gr.) and drinks some beef tea.

11:00. Has appetite; eats crackers and bologna, causing burning in stomach, which soon leaves him,

after which he feels well.

Remarks.—Emesis following so closely after taking the first emetic leads me to believe that the action of the aconite itself was the principal factor. Ten minutes after swallowing the aconite, it had affected the motor system sufficiently to seriously interfere with the patient's walking up stairs; he fell twice on the stairs, and could not rise again without assistance. When entering the office his knees gave away under him, bending forward. The sensory system was paralyzed to such an extent that he could feel neither the hypodermic needle nor the injection. The aconite was taken by mistake for whiskey, with the intention to relieve colic—and it effected a cure. Patient says that the time during which he had lost consciousness seemed like a dream to him. suffered an undescribable agony almost instantly after swallowing the poison, which was relieved as readily by vomiting. His own story was that he would as soon die as to suffer again the agony he did before vomiting. How he got across the street to my office he does not know. The injection of brandy at 11 P.M. produced pain, the first return of sensibility; from that time I considered patient out of danger, though I watched him closely all night. On the next day the palate and throat were congested; this readily yielded to a gargle of iron and chloride of potash. On the evening of the 15th the patient was taken nome in a sleigh, twelve miles, little harm. feeling well. When I saw him a few days after he told me that he never felt better in his life.

Patient took: Hypodermically, ½ gr. morphia, 6 drops ext. fl. digital., $\frac{1}{160}$ gr. strychnia, f.\(\frac{1}{2}\)j brandy; per os, 2 gallons warm water, 11 pints coffee, 3 pints whiskey, 20 drops ext. fl. digital., $\frac{1}{2}$ drachm ext. fl. nux vom., 12 pint port wine.

NEAL CYSTS IN CONNECTION WITH MICULICE'S METHOD OF DRAINAGE.

Remarks before the Chicago Gynwcological Society, March 13, 1887.

BY CHRISTIAN FENGER, M.D.,

OF CHICAGO, ILL,

It is not my intention to give an exhaustive review of the entire subject of retroperitoneal or parovarian cysts, but I merely wish to call attention to the subject for discussion, giving some of my own experiences, with a view of bringing out those of other Fellows of the Society. The subject is that of socalled parovarian cysts, or cysts of the broad ligament, or cysts with fimbriated epithelium, and I wish to call attention to a few facts concerning them before showing specimens.

We know that these cysts are said, in a great majority of cases, to develop from the parovarium, the rudimentary sexual remnant of the Wolffian bodies; more rarely, they are said to develop from the epoöphoron; finally, it is possible that cysts of the broad ligament may originate from hæmatomas. The canals of the parovarium being lined with fimbriated epithelium, may account for the fact that the inside of a number of these cysts is found to be lined with this

form of epithelium.

Parovarian cysts are typically mono-cysts. In this respect they differ materially from proliferating cystomas or other ovarian cysts developed in or into the broad ligament. Both classes are retroperitoneal cysts, inasmuch as they are situated behind the peritoneum of the posterior wall of the abdomen, but the cysts of ovarian origin are more likely to have only a partial retroperitoneal or intra-ligamentous development; that is, part of the tumor within, part outside of the broad ligament; whilst the parovarian cysts proper are more likely to be completely surrounded by the broad ligament. From the broad ligament, and separating its two layers, they commonly develop inward to the sides of the uterus and downward toward the bottom of the small pelvis.

They are usually thin-walled, lined with fimbriated epithelium or mixed fimbriated and common cylindrical epithelium; consequently their interior surface is smooth, and they contain a thin, colorless, clear fluid of low specific gravity, with no formed elements. Between the peritoneal covering and the cyst wall there is usually a layer of loose connective tissue with but few vessels; which explains the facility with which these cysts may sometimes be separated from the broad ligament covering them, and enucleated without the use of cutting instruments, and with very

A typical cyst of this kind should have the Fallopian tube on its outside stretched out and flattened, because the cyst develops into the little mesentery of the tube. In the same way the ovary is found stretched out and flattened on the outside of the cyst near the tube. Exceptions to these common anatomical characters, however, are found. cyst wall may be thick, may become the seat of secondary growths, such as papillæ or papillomatous inside of the cyst, may perforate the cyst-wall, pro- ation can be continued, without the use of any force trude on the outside, and take upon them a malig- and without appreciable hæmorrhage, until the cyst nant or semi-malignant character, invade the general is completely enucleated, and may be lifted out of peritoneal cavity, giving rise to multiple metastatic the cavity. Evacuation of the cyst fluid after partial papillomas.

In cases of this kind, the contents of the cyst is tates enucleation. not a thin, clear, serous fluid, but resembles more or

they reach a very considerable size. They are usually not very tense. The fluctuation is very distinct abdomen is likely to be flat, when the patient is recumbent, as in ascites, and the percussion note is apt numerous ligatures. Further, if a large cyst develthereby sometimes making the differential diagnosis the rectum, or up into the mesenterics of the intesstill more difficult.

thin, clear fluid being absorbed quickly and readily. as these trifling operations are not uncommonly fol-

lowed by radical cures.

came under my observation in 1884. A girl 18 years of age came to me from Racine, who had a cyst extending above the umbilicus, and about the size of a woman, 22 years of age, from Racine, who had a interus in the seventh month of gestation. She had cyst which had been developing for two years. It been accused by her relatives of being pregnant, but was as large as a gravid uterus at term and contained knowing this was not the case, came on here. On a clear fluid. When the abdomen had been opened examination I found the uterus of normal size on one and the covering broad ligament had been incised side of the cyst, and in my office, with a common down to the cyst-wall, I commenced dissection with hypodermic syringe, I drew off and took away for a view to enucleation, but after working about half examination a perfectly clear fluid, and told the pa- an hour dissecting and ligating vessels, I had advanced tient to come down for operation. She went home but very little. All that I could get out of the cyst to make her arrangements, and came down a month was a piece as large as the palm of the hand. Conlater. The cyst had entirely disappeared, without sequently I was obliged to leave the cyst, after havsymptoms of peritonitis.

as to the correctness of the diagnosis of a parovarian cyst; but it is reasonably certain that this was the case, as one of the characteristics of this class of cysts is that rupture into the peritoneal cavity causes

difficulty.

The method of operating on these cysts we owe to Dr. Miner, of Buffalo, N. Y., who published in 1869 abdominal wound, but also for drainage in the peri-

his operation by enucleation.

The surface of the tumor, or, rather, the broad ligament is now separated from the cyst wall. By to the bottom of the cavity, and if nooks and corners

fimbriated tumors, which, having developed on the means of the finger or blunt instruments this separdenudation of the wall, as a matter of course, facili-

In some cases of parovarian cysts, the developless the fluid of the ovarian cystomas, with numer- ment is to such an extent peripheral in the broad ous formed elements, viscid character, and hiemative ligament that the uterine half of the latter is long or blood mixed with it. The connective tissue layer enough for the formation of a pedicle. In such between the cyst and the broad ligament may not be cases the usual operation for ovarian cysts may be loose and deficient in vessels, but is sometimes so performed at a sacrifice of the covering broad ligatense as to make separation of the cyst here almost ment, with tube and ovary. But such a peripheral or entirely impossible, and it may contain numerous development is not the rule, and whenever the cyst is developed down upon the uterus or into Douglas' As to the symptoms: The cysts usually grow fossa, or farther away still in the retroperitoneal space, slowly, and do not cause any inconvenience unless enucleation is the only method available for its complete removal.

Difficulties during the course of enucleation arise and superficial. When such a mono cyst is large, the when the connective tissue is tense and rich in vessels, necessitating dissection with the knife, and to change somewhat with the position of the patient, ops deep down in Douglas' fossa, or even behind tines, sigmoid flexure, or descending colon on the left The parovarian cysts are likely to burst spontane-side, or cacum or ascending colon on the right side, ously, but the contained fluid is so little irritative in we may find, in such cases, smaller or larger portions character that peritonitic symptoms rarely follow, the of these intestines spread over the surface of the cyst longitudinally and transversely, just the same as the On this account, these are the cysts of the abdominal Fallopian tube. It may be difficult, almost impossicavity which best permit of puncture or aspiration, ble, to remove the cyst wall from the intestines in such cases, and danger may arise from the fact that the intestines will not bear denudation of the mus-In this connection I will describe a case which cular layers to any extent, as it easily becomes gangrenous.

The first case 1 met with was that of a married ing united the opening into it with the abdominal In a case like this there may, of course, be a doubt wound and made use of a method of drainage of which I had intended to speak this evening, the socalled Miculicz drainage. The patient made a good

recovery.

About a year ago Miculicz, of Cracow, proposed no peritonitis, and the fluid is absorbed without the following method of drainage, not only for retroperitoneal cysts, which can be excluded from the general peritoneal cavity, by uniting them to the toneal cavity itself. He takes a small piece of iodoform gauze, stitches a silk thread to the centre of it, ligament, when exposed after the opening of the absend folds it up in the form of a pouch, the silk thread dominal cavity, is incised down to the wall of the being inside, that the pouch may be drawn up from cyst. In the loose connective tissue layer the broad the bottom by it. The pouch is now pushed down

In the inside of the pouch is packed with iodoform present. gauze, as much as is necessary to completely fill up these spaces. This is the advantage claimed by tion arises, what to do? I was afraid to leave this Miculicz for his method of drainage as compared large retroperitoneal wound without drainage, so I with the use of glass or rubber drainage. Besides used Miculicz's method, and the woman is well. It the disinfectant properties of the iodoform gauze ap- is, however, a debatable question, and in the future plied to the entire wall of such a cyst, Miculicz states it is probable that in a case like this drainage will as one of the advantages of his method that, by the not be used. capillary attraction of the gauze, everything is strongly recommend, even for a cavity as large as brought out—fluids which a glass or rubber drain that, not to drain at all—not even to unite the surcould not bring out. We must remember that when face of the peritoneum so as to exclude the retroperwe drain the peritoneal cavity with a glass drain down itoneal wound from the general peritoneal cavity. between the intestines or in the cavity of the cyst, He says that when there is no infection, no sepsis, we cannot always expect to get surrounding organs during the operation, there will be no peritonitis, and in so close contact with the drain as to drive the no septicæmia afterward. He also states that he fluid out.

put down in the free peritoneal cavity has no tend-as a consequence of the operation, nor do pelvic abency to bring out the fluid accumulated at the bottom; scesses form. the intestines, filled with air, will simply swim in the fluid, and there is no pressure from without that will points for discussion. I must say that I do not dare bring this fluid out of the glass drain, while the capil- to rely so fully on entire asepsis during the operation larity of the gauze is likely to help in that direction. I have had this remain in all these cases for about two of the patient is quicker and easier without than with weeks. As soon as the discharge ceases I commence drainage, as very often, in the latter case, a fistula first to pull out the loose ganze inside the sac. space is left after this has been pulled out I press in at that dressing a little more gauze. This is gradually removed, and the pouch itself is then pulled out by the thread gradually and finally. In all my cases peritoneal cyst, located partly in the peritoneal and it came out about the end of the second week.

The second case was similar to the first, inasmuch as there was no possibility, at least as far as my ability went, of getting the cyst out. It was a large cyst of eight years' development, in a woman fifty years of age, from Sioux City, Iowa. A prolapse of the uterus had developed during this time, and I was able to get out of the cyst, after considerable dissection, hardly more than two square inches. I used cyst the surface was rough, velvety from the diffuse the Miculicz drain with the same result as before. The patient was operated upon October 31, 1886.

In the two above-mentioned cases enucleation was in no place smooth. impossible, and we, with Ohlshausen, may have to is, as a rule, followed by undisturbed and perfect reone for non-enucleable parovarian cysts, than to use afraid of. the somewhat misleading and sinister term of incomplete operation.

exist, it is pushed out so as to completely fill them. was perfectly clear; no remnant of a blood clot was

Now, when the cyst has been enucleated, the ques-Authorities like Ohlshausen very usually leaves the cavity alone after these enuclea-Further, there is this to consider: that a glass drain tions, and that peritonitis seldom or never follows

> This is where the matter stands, and these are the as to leave drainage out. Undoubtedly the recovery If a remains which may keep open for months.

The fourth case was an old and rather anæmic patient, more than 50 years of age, but apparently 60. She was pale and emaciated, and had a large retropartly in the retroperitoneal cavity, or, in other words, of partly extra- and partly intra-ligamentous development. As a natural consequence, the enucleation was difficult, since the peritoneal cavity was at once entered. On the inside of the cyst were papillomatous masses such as are found in smaller growths, cystomas of the ovary. These, of course, always indicate malignancy. On the inside of this papillomatous condition of the entire inner wall, and in some places grown out into a large papilloma, but

The operation in this case was rendered more difclass them under unfinished operations, as far as the ficult, because the connective tissue surrounding the extirpation of the cyst is concerned. But in cysts intra-ligamentous portion of the cyst was comparaof the broad ligament, such an unfinished operation tively tense, and further, because it had grown up into the mesentery of the sigmoid flexure, so as to covery, and so I feel inclined rather to classify the be covered by it. When the cyst was enucleated above-named method of operating as a legitimate there was a portion of the sigmoid flexure that I was

There is one other point beside the intestines which we should be careful to avoid in the extirpa-The third case was a woman 50 years of age, in tion of these retro peritoneal cysts; that is, the urewhom the cyst had taken three years to develop, ters. As soon as we get into the neighborhood of The operation was performed February 2, 1887. The the large vessels in the posterior wall, we must look outside of the cyst looked smooth in this case be carefully out for the ureters and locate them by palcause the connective tissue was so loose. It was the pation, as when the ureter is adherent to the cyst it easiest thing imaginable to enucleate it from the re- may be easily torn. Miculicz's drainage was used troperitoneal cavity in which it was developed. In this case as in the others. The first three or four There were not two vessels to tie, and this accounts days she had no untoward symptoms, but on the for the smoothness of the outer surface. This cyst fourth or fifth day she commenced to vomit, and bewas a typically normal one of that class, as it was came somewhat delirious and sleepy, and died, the covered all over with the broad ligament. The fluid temperature not having exceeded 101° or 102° F. I

topsy showed the cause of death to be unemia.

smooth peritoneum.

be effected just as well, perhaps, as if the cyst had globin.—British Medical Journal, Dec. 11, 1886. been taken out. This, of course, would apply only to a thin-walled cyst of a malignant character.

MEDICAL PROGRESS.

searches of Heidenhain, Nussbaum, and others, have the temperature rose again. added much to our knowledge. It seems likely that culty, however, in experiments on the kidney in liv- mained at that point. ing animals, is that of estimating how much of the Case 3.—M. L., aged 25; pyelo-nephritis. Fifteeneffect produced by a drug is due to changes in the grain doses were used. The temperature fell to 99° ished under a pressure of 100 to 190 millimètres of times 104.8° within six or seven hours. the liquid, and its effect noted by the amount and duration of its effects, and in this respect surpasses

saw her the evening before she died, and expected, quality of the urine, collected through a canula on account of the vomiting, to find peritonitis, but placed in the ureter. Before the addition of any there were no local symptoms at all. Then I sup-drug, it was found that the amount of urine secreted posed it to be sepsis without peritonitis, but the au- in an hour varied from 4 to 24 cubic centimetres; that this was a true secretion, and not a simple diffu-We found in both kidneys, from pressure of the sion, was shown by the fact that it contained a tumor on the ureters in a state of dilatation, not ex- greater proportion of saline constituents than the actly hydronephrosis, but dilatation and subsequent circulating fluid. The addition of chloride of sodium, atrophy, to a sufficient degree in my opinion to ac nitrate of sodium or potassium, caffeine, dextrose, count for unemia; for we know that patients with so cane-sugar, or glycerine to the circulating fluid, inmuch degenerative disease of the kidneys of any creased the secretion of urine three to fifteen times, kind as to almost reach the limit of secreting tissue, the pressure remaining the same; while in the case are apt to get unemia after operation. Whether the of nitrate of potassium and of caffeine, there was an operation or the anæsthetic is the cause, I cannot increased rapidity of flow of the circulating fluid. say; but it is a well known fact. After the opening Diuresis of this nature and under such conditions of the abdominal cavity, Miculicz's drain was laid could only result, according to Munk, from a stimudown right between the loops of intestine, and, of lation of the secretory cells of the kidney by the course, a local but aseptic peritonitis formed along drug, a conclusion which, as regards caffeine, had the drain. You will notice on the specimen I now already been arrived at by von Schroeder. An inpresent the impression of the meshes of the tissue teresting result obtained by Munk was the appearof the drain, but outside of this a perfectly clear and ance of hippuric acid in the secretion from the kidney, when benzoate of sodium and glycocol were As I remarked before, the chief point for discus- added to the fluid circulating through the vessels of sion is the drainage. Ohlshausen does not drain in the kidney. As is well-known, benzoic acid given any such cases. This may be thus explained: He to any animal appears as hippuric acid in the urine; says that in many cases of this kind it is impossible and this result has been supposed to be due to the to finish the operation. If we accept his classifica- action of the intact blood corpuscles. But in Munk's tion, two of my cases would be termed unfinished experiment, these were absent; hence, he concludes operations; but I am certain that with an unfinished that the transformation is probably brought about operation and a Miculicz's drain, a radical cure may by the oxygen which is combined with the hæmo-

> ANTIFEBRIN.—MR. J. K. MURRAY reports the following cases as showing the advantage of antifebrin over other antipyretics:

Case 1.—J. B., aged 3; meningitis, with a temperature ranging from 102 to 105.4° F. Three-grain doses were at first tried in the forenoon. The temperature fell from 105° to 101.4° during the first two RECENT RESEARCHES IN DIFFRETICS.—To what days, but on the third evening 100.4° was registered. extent the Malpighian corpuscles and the renal Five grains were then given every three hours, and tubules respectively take part in the secretion of the temperature fell to 99.4° after two doses, and reurine, is not yet accurately known, although the re- mained thereabouts. When two doses were omitted

Case 2.—A. V., aged 2; broncho pneumonia, with an investigation into the mode of action of diuretics, temperature from 103° to 105° F. At first threewill throw great light on the question, because a grain doses were given every three hours, and for diuretic drug may act either on the Malpighian four days this kept the temperature below 100%. corpuscles, increasing the flow of urinary water, or On the fifth day the temperature rose repeatedly on the renal tubules, increasing the amount of urin- above 102°, so five grains were given every three ary solids, or on both structures. The great difficulty, and the temperature fell to 99.47, and re-

circulation, or in the nervous system, which has an within one hour and a half, and remained there for influence on the secretory activity of the kidney, as ten or twelve hours. I had the temperature taken well as on the blood-vessels. Munk has, in his everythree hours, and whenever to was registered, recent experiments, eliminated these factors by in- fifteen grains were given. Quinine in ten-grain vestigating the action of diuretic drugs on an ex- doses was tried under the same conditions. The cised kidney. The organ, after excision, was nour-temperature fell about 2.47, but rose 1042, and some-

mercury, by a stream of blood and salt solution. Antifebrin seems much more powerful than quithrough the renal artery. The drug was added to nine, kairin, or antipyrin. It equals antipyrin in the quinine or kairin. It is only excelled in the quick- for two months, but it was not until two days before, than those which diminish tissue metabolism.— British Medical Journal, April 23, 1887.

Conditions of Successful Production of Local Anæsthesia in Tooth Extraction.—Dr. A. LEBRUN, of Brussels, and his house-surgeon M. Andries, have published the notes of twenty-nine cases in which they employed local cocaine anæsthesia for the extraction of teeth. In twenty-three cases the anæsthesia was complete, in one case partial. In the remaining five cases the procedure was unsuccessful. This is attributed by them to the difficulty of introducing the short straight needle of the ordinary hypodermic syringe in the case of the second and third molars, and also perhaps Journal, April 23, 1887. to no precautions having been taken to prevent the escape of the liquid. They point out that M. Viau, of Paris, who succeeded in producing complete anæsthesia in every one of his eighty-six cases, made use of a specially constructed syringe, with a holder by which it could be grasped firmly between the index and middle fingers, and provided with needles of various degrees of curvature; also that; he surrounded the tooth with plugs of cotton-wool, and applied the finger over the puncture after the needle. Besides which he made the patient keep rinsing his mouth with cold water during the five minutes that intervened between the introduction of the cocaine and the actual operation. These precautions were not observed by MM. Lebrun and Andries. They used, however, a solution similar to that of M. Viau—viz., fifty centigrammes (seven and a half minims) of a 2 per cent. solution of carbolic acid containing five centigrammes (three-fourths of a grain) of hydrochlorate of cocaine, half of which quantity was injected into each surface of the gum. -*Lancet*, March 19, 1887.

Treatment of the Urethra after Removal of THE WHOLE PENIS.—MR. Page reports the case of man, æt. 57, the subject of phimosis, and of syphilis many years ago, who had had for twelve weeks a rapidly enlarging sore and growth on the penis, which on his admission to St. Mary's Hospital, involved the organ in settling that vexed and constantly recurring quesalmost down to the root, and was obviously an epithelioma (since confirmed microscopically). He had the after coming head. - American Journal of Obbeen under the care of a legally qualified practitioner stetrics, April, 1887.

ness of its action by the external application of when the ulcerated mass had attained this vast size, cold. Its effects are evident within an hour, and and the glands in the left groin were enlarged, and they last from ten to twelve hours when a full dose ulcerating, that the man had been advised to come has been administered. When administered for a to the Hospital. The penis was at once removed, long time, the dose must be increased. It produces and the scrotum having been divided through the profuse sweating and redness of the cheeks; it di- raphé, the corpus spongiosum—rendered rigid on a minishes the pulse-rate, and distinctly increases arte-staff—was dissected free from the rest of the penis, rial tension. I found no depressing effects follow its and so brought down behind the scrotum, where, administration even when full doses were given, ample in length, it was sutured to the skin. Re-Antipyretics belong to two great classes, namely, union of the scrotum completed the operation, a those which diminish tissue metabolism; and, drainage-tube being passed through it from above secondly, those which increase the loss of heat, downwards, in the site, that is, of the now displaced From the sweating it produces, and the rise in arte- urethra. At the same time glands were scraped rial tension, one might conclude that antifebrin be-raway from the groin, but no dissection was made, as longs to the second class as well as the first one, they seemed to dip deeply around the vessels. It This might explain the quickness of its action, as was hoped that some of the enlargement might be antipyretics of the second class act more speedily due to inflammation alone, and this happily turned out to be the case, for much of the swelling subsided, and when, fourteen days afterwards, a solitary protruding gland had been scraped out, the wound forthwith began to heal. The scrotal wound had healed immediately, and the man had no difficulty whatever, either in retaining his water, or in passing it in a sitting posture. There is no better method than this of dealing with the urethra when, the whole penis having been amputated, the urethral orifice must of necessity be sunk and lost within the scrotum. Impressed with its value twenty years ago in a case under Professor Humphry, in Addenbrooke's Hospital, I have practised it with advantage in other instances during the past few years.—British Medical

> THE MANUAL DELIVERY OF THE AFTER-COMING HEAD IN CASES OF PELVIC DEFORMITY .-- In a monograph Dr. A. Martin aims to prove the superority of the Smellie-Veit extraction of the aftercoming head over the forceps. This instrument he has had occasion to use only once in the course of an extensive practice. He tabulates thirty-eight cases in which he resorted to manual delivery in case of pelvic deformity. These thirty eight cases concern thirty-two mothers, and in eighteen the diagonal conjugate measured between nine and ten cm., in eleven between ten and eleven cm., in three between eleven and twelve. The following were the results in previous labors: Forty were spontaneous, twenty three required the forceps, nine version, three extraction, three perforation, two induced labor. Of the thirty-eight labors conducted by M., thirty-one children were born alive (in ten with pressure markings), seven delivered dead, six of whom had succumbed before manual delivery of the head was resorted to. In none of the living children was there any evidence that the method of delivery had been injurious, and the same remark holds true of the mothers.

> These statistical data certainly speak in favor of the Smellie-Veit extraction method and are valuable tion as to the advisability of applying the forceps to

Journal of the American Medical Association. PUBLISHED WEEKLY.

THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters, that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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SATURDAY, MAY 21, 1887.

AMERICAN MEDICAL MISSIONARY SOCIETY.

To answer a number of inquiries in the most economical and satisfactory manner, we will state that a preliminary organization of this Society was effected at a meeting of physicians and clergymen of different denominations in this city, in March, 1885, and it was legally incorporated in July following. The experience of missionaries in all uncivilized and pagan countries had made it apparent to all interested in the spread and ultimate triumph of Christianity, that the greatest obstacle in the way, was the great difficulty of gaining access to the people of those countries; and also that the most Christian character, and both mental and physical successful mode of overcoming this obstacle, was to ability for Christian missionary work; and also guard qualify the missionaries to perform successfully all against the tendency manifested in some quarters to the duties belonging to practitioners of medicine send, as *medical missionaries, men and women with and surgery. But to acquire such medical qualifica- only very inadequate amount of medical knowledge. tions and skill by the missionary, requires not less. It is not the intention of the members of the Society than three years of faithful study and a correspond- to devote any part of the money that may be reing expenditure of money, while but a very small ceived to the establishment of any medical college, proportion of the young men and women who are as the work can be more economically and efficiently willing or anxious to spend their lives in endeavoring done in the best class of medical colleges already to convert the heathen to Christianity have the established in various parts of the country. As pecuniary resources necessary to enable them to none of the officers receive salaries, all the money gain the medical education desired. Hence it be- contributed can be devoted directly to the work of comes necessary to make adequate and reliable pro-education, except a very limited amount for stationvision for enabling such to accomplish that object, ary, printing, etc., for the Secretary and general agent. and thereby enable them to do more both in extend- In the brief period since its organization, the Soing a knowledge of Christianity and in relieving ciety has received in all eight students. Three of human suffering as missionaries among the people of these entered the Rush Medical College, four the Asia and Africa in ten years, than they could do in Chicago Medical College, and one the Woman's thirty without the knowledge of medicine.

for this purpose only has it thus far prosecuted its The Society is inter-denominational and evangelical in character. It is constituted of three departments: 1st, a Board of Managers having the supreme control; 2d, a Board of Honorary Directors having advisory functions; 3d, an Executive Committee composed of the officers of the Board of Managers, having the power to transact the business of the Society during the recess of said Board. It is no part of the object of this organization to establish Foreign Missions, or to send e ther physicians or ministers into the missionary fields of labor under its own superintendence, but to furnish systematic and well directed aid in furnishing a full medical education to such young men and women belonging to any of the recognized evangelical Christian denominations as can comply with the following rules:

- 1. Every applicant must furnish the Executive Committee satisfactory testimonials of earnest Christian character and ability for Christian work from his or her Church, Society, or Board of Missions.
- 2. Every applicant must be a graduate of some college, or furnish evidence of having received a fair liberal education.
- 3. Every applicant must pass such a physical examination as is required by our good insurance companies.
- 4. Every applicant must agree to take a full medical course of three years, and to graduate.
- 5. Every applicant must bind himself or herself, on completion of the course of medical education furnished by the Society, to go out to the foreign field as a medical missionary, or else to pay back to the Society the cost of the medical education furnished.

It will be seen that these rules exact evidence of

Medical College, of Chicago. Three of the above It was expressly for this purpose that the Ameri- graduated this Spring, after a thorough three years' can Medical Missionary Society was organized, and course; one having served eighteen months as house

surgeon in the Cook County Hospital of this City. Min., and it is the object of the parent Society to Two of these go, as appointed by the American plant Branches in as many of the States of the Board of Foreign Missions, to Africa, to Natal East Union as possible, and thus facilitate the work and Coast, and the other to the West Coast. The one under curtail the expenses. Two or three other States are appointment, of the Presbyterian Foreign Mission doing something on this line, yet seemingly not quite Board, to go to China, was hindered by domestic in harmony with the broad principles of this reasons, and refunded to the Society the cost of his Society. medical education. Rev. Mr. Mapleden, of the Baptist Board, who had been in India eight years as the Society can be obtained from the Secretary, Dr. a missionary before he commenced his medical H. Martyn Schudder, in the Argyle building, N. W. studies under the Society, did not complete his Cor. Michigan Ave. and Jackson St., Chicago, or of course, but obeyed an order of the Board to proceed the present general agent, Rev. Wm. Stoudenmire, at once to fill an important post made vacant by the whose office is with the Secretary. death of a former co-worker in the foreign field. This is the first student ordered to the foreign field from this Society without a diploma, matter much regretted, as the chief aim of the Society is to insure thorough medical and surgical training, so as to furnish the varous foreign missions with worthy repre-tioner of medicine, a therapeutist, a healer of the sentatives of the American medical profession, sick. He is inclined to rush at every new thing in Only such as can take the time to complete the therapeutics like a bull at a red rag. This has its course of three years are sought.

come of \$1514.24 and an expenditure of \$1138.50. mature statements uttered. Special pledges have been given by friends of the young men, and at least 300 young women. many of hand, there is much testimony of a trustworthy kind little means to aid themselves; and consequently will ticularly true of the reports still coming from France. be needing just the kind of aid that the American Med- In other words, we are driven to the conclusion that ical Missionary Society desires to give. A successful in this country this method does not achieve as en-Branch of the Society is formed at Minneapolis, couraging results as in the land of its birth. If such

Any further information concerning the work of

WHY DOES BERGEON'S METHOD NOT MEET WITH BETTER SUCCESS IN THIS COUNTRY?

The American physician is essentially a practiadvantages, to be sure; but it has also its drawbacks, The Secretary has received a large number of ap- as is amply illustrated by the experience of the last plications, from different States of the Union, from two months with regard to M. Bergeon's method of young men and woman who are highly recommended dealing with consumption. Gas bags and wash-botby their Denominational Societies and Boards, as tles have hardly been produced rapidly enough to most suitable persons to make effectual, and worthy supply the demand. Mineral springs throughout the representatives of our Christian Faith and our country have been called upon to furnish sulphuretted honored profession. Hence, there is reason to be-hydrogen. The press has published absurdly extravlieve that the number will be greatly increased by agant accounts of the marvellous cures being thus the opening of the Fall term of the medical colleges effected. The wildest hopes have been entertained of our country. The Treasurer's book shows an in- by the profession and laity alike, and ill judged, pre-

Such has been the status of affairs until very re-Society to educate six students. There is no stated cently. Now, however, there are signs of the reacincome except personal pledges, as no legacies of tion having already set in. In this city physicians thousands are yet available. It is hoped, therefore, are beginning to acknowledge that they are not getthat the agent will receive the aid needed not only ting the results they looked for. The treatments from the friends of missions generally, but from mem- have produced colicky pains and in some instances bers of the medical profession who should have a diarrhea. The fever has not always been lowered, special interest in the work undertaken by this So while cough and expectoration have not ceased. In ciety. The two young men, sons of missionaries, a word. Chicago physicians are coming to regard the born in India, set out last Fall to visit the col- method as overestimated. The New York Medical leges and seminaries of America, and have reported Record for May 7, 1886, contains a report of Dr. C. 117 colleges and seminaries visited, and 1836 stu- L. Dana's experience, wherein he states very plainly dents who offer themselves as willing and desirous that, in his hands, the method has not produced such to go to the foreign field. Here are nearly 1500 results as are claimed by many others. On the other them to be educated as medical missionaries, with to its remarkable efficacy in certain cases. This is parbe the case, the query arises at once, to what is this due?

From a careful perusal of the literature of the subject to the present time, as well as from personal experience and conversations with many practitioners in this city who are trying the method, we are inclined to think it is not so much owing to inefficiency of the method itself, as to defects in its administration. have used for the most part sulphur waters without knowing the percentage of sulphuretted hydrogen they contained or gave up to the stream of earbonic acid passed through them. Take, for example, the Ypsilanti water, so extensively employed in Chicago and vicinity: It is said to contain 21.0786 cubic inches of hydrosulphuric acid to the gallon. Yet it is fair to assume that, brought from the spring in barrels and bottled here, as it is, much of its free gas has escaped. So far as we can ascertain, no analysis has been made of the two gases after having passed through the wash-bottle, with a view to ascertain the proportion of the two. If we are not mistaken, M. Bergeon charges his carbonic acid with 1 per cent. of sulphuretted hydrogen. Does any physician here know exactly what percentage of the two he himself has been using?

Again, a number of the physicians here have been in the habit of filling their gas bags with several gallons of CO₂ and depending upon this supply for several treatments on successive days. This is bad, since atmospheric air enters the rubber receptacle by endosmosis, under such circumstances, and occasions colic to the patient. Moreover, the apparatus, used in this country generally, does not admit of an accurate measurement of the amount of gas injected; the argument that one can determine this by the number of times the pressure bulb is emptied, to the contrary notwithstanding.

In the light of these and other facts, best known, perhaps, to each practitioner, is it fair to M. Bergeon to content ourselves with inexact trials of his method? Would it not also, for our own sakes, be well if some of our physicians with hospital opportunities at command, were to undertake a series of careful experiments to fix definitely the dosage of the two gases, and thereby establish this treatment upon a scientific basis? If such investigations are being conducted in this country, we have not heard of them, and shall give their results hearty welcome.

For a more careful consideration of this subject we would direct especial attention to the admirable presentation of certain facts in regard to the proper use of Bergeon's method in the letter by Dr. Babcock in another department of this issue of The Journal.

PHYSICIANS' NAMES IN NEWSPAPER ADVERTISEMENTS.

In the Chicago Times, of May 8 and 15, appeared an advertisement of the Ypsilanti Mineral Water as a positive cure for consumption, rheumatism, catarrh, cancer and other diseases, with extracts from an article read before a recent meeting of the Chicago Medical Society on Bergeon's method of treating phthisis, and illustrated with a cut of the apparatus made by E. H. Sargent, of this city, for administering the gas. The advertisement also contained the names of several well-known physicians of this city, and in such a manner as to show that they practically endorsed all that was claimed in the absurd advertisement.

In an obscure corner of *The Times*, of May 15, was published a protest from several of the physicians against such unauthorized and outrageous use of their names by an advertisement in a daily newspaper. But, as already said, their names were again used in a similar advertisement in the same issue.

We are authorized by Drs. Robert H. Babcock, Charles Gilman Smith, Sarah Hackett Stevenson, M. R. Brown, Wm. T. Belfield, Marie J. Mergler, C. M. Fitch, and Walter M. Fitch to state that such use of their names was unauthorized, and without their knowledge or consent; an outrage both to them and to every reputable physician in Chicago; and they do not recommend the Ypsilanti water as the best source from which to obtain the sulphuretted hydrogen for Bergeon's method-and the reason for this may be more clearly seen in Dr. Babcock's letter on Bergeon's method, in this issue of The Journal. But even were the Ypsilanti water the best source, the proprietor of that water justly deserves the condemnation of all reputable physicians for his improper methods of advertising, and for his unwarranted use of the names of reputable physicians. Nor is there any reason why Mr. Sargent should advertise his apparatus in the secular press. The public cannot and should not use the apparatus, since in hands other than those of physicians great injury to the patient may result.

We are informed by an attorney that physicians whose names are thus used can most probably stop it by legal proceedings. Is it not time that something of this kind be done? Are the names of reputable physicians private property, or do they belong to any quack advertiser who thinks he can make money by using them improperly? Here is one of the most flagrant violations of common decency to members of the profession that has occurred for some time, and it is to be sincerely hoped that the physicians of

Chicago will show that such methods will be neither endorsed tacitly (by inaction) nor patiently endured. Is it not a duty to themselves and to other physicians to stop such advertisements at once and permanently?

SOCIETY PROCEEDINGS.

CHICAGO GYNÆCOLOGICAL SOCIETY.

Regular Meeting, Friday, March 18, 1887. THE PRESIDENT, CHAS. WARRINGTON EARLE, M.D. IN THE CHAIR.

Dr. W. W. JAGGARD presented a

PUERPERAL UTERUS, SHOWING ENDOMETRITIS PUERPERALIS.

The material was placed at his disposal through the courtesy of Drs. Pickard, Hibbard and Plummer, of the Cook County Hospital.

History.—Patient 64003, Ward 14, Swede, 24 temperature goes down at once. years old. I para. Labor March 13. presentation, R. O. P.: First stage, ten hours; the practice of a graduate of one of our schools, a second stage, three hours; third stage, ten minutes; male child; wt. 6 lbs., 13 oz.; condition good. Severe post-partum hæmorrhage, after expression of placenta; intra uterine irrigation with hot water, vinegar, finally mercuric chloride, 1: 4000: perineum next day it was 1051/2 F. I curetted and brought sutured, vaginal douche. Chill, three hours after away a mass of material which surprised me as well delivery; temperature 101.8° F.; pulse rapid and feeble. Patient died four days later; temperature reaching the maximum, 103° F. a few hours before

The autopsy disclosed puerperal ulcers in the vagina, diphtheritic endometritis, splenic tumor, ulcerative septic endocarditis. The ovaries, tubes and peritoneum were not involved in the inflammatory process. The case apparently corresponded to proper treatment. the form, described by Buhl in 1861, as "Puerperal pyæmia without peritonitis" (metro-phlebitis). The fall, I saw a case of abortion, not childbirth, where poison had apparently gained direct access to the veins, the endometritis being only a prominent symptom.

puerperal fever. Rigid antiseptic precautions, in the placenta. conformity with the Semmelweis doctrine-every Jaggard wished to make was upon the use of mercuric entered the veins. chloride for the purpose of intra-uterine irrigation.

Dr. Charles Warrington Earle: I think there is evidence accumulating at this time which shows A CASE OF REMOVAL OF THE OVARIES AND TUBES that we are not certain that the decidua comes away completely, and in a great number of cases there is

not only a considerable amount of this left, but also pieces of membrane, etc., which no one, however careful, can detect. Whenever a high temperature takes place on the eighth or ninth, or tenth day, I am in the habit of washing out the uterus, and then if the high temperature continues, to curette, and in almost every case the amount brought away astonishes everybody, particularly the attending accoucheur. Sometimes 2 or 3 drams are brought away; the temperature becomes normal in twelve hours and a speedy convalescence takes place. I would like to ask what the experience and observation of the other Fellows of the Society has been in regard to the certainty which they feel that everything comes away.

I am getting together a series of eases in which I will endeavor to show that where there is a high temperature that comes on as late as the tenth or eleventh day, if it does not come down after a thorough intra-uterine douche with carbolized water, curetting should be resorted to, and that it will in almost every ease bring away an amount of material that none of us expect. In many of these cases the

I had a case on Hoyne street, which took place in young man of excellent record, and one who is thoroughly in accord with us on antiseptic obstetrics. On the tenth day the temperature was 103½° F.; an intra uterine douche did not bring it down. The as the practitioner. The woman made an excellent recovery without a bad symptom.

Dr. A. Reeves Jackson: It seems, to look at this specimen, that the curettement would have to be exceedingly deep; especially after the infection of the walls, you could hardly get away all the septic influence. There may have been a stage in the history of that case in which it would have been a

DR. CHRISTIAN FENGER: In consultation last part of the placenta was left. The temperature had been down for over a week and the woman was apparently perfectly well. The doctor in charge de-It must not be supposed that the mortality rate cided to curette that part of the placenta which refrom child bed fever in the lying in wards at mained. The curettement was immediately followed the Cook County Hospital is high. About 400 by sepsis that terminated fatally within a short time. women are annually delivered in that institution, and So it seems that under certain circumstances curetteless than one half of one per centum perish from ment may open up sepsis. He curetted to remove

Dr. Jaggard said he supposed Dr. Earle referred case of child bed fever arises from the resorption of to Carl Braun's practice of curettement. He did decomposing organic matter through some local not care to discuss that subject at this meeting. lesion in the genital track—have been instituted and Certainly, in the case presented curettement could carried out with commendable intelligence, skill and have accomplished nothing. The poison—ptomaine, zeal by the internes. The only criticism that Dr. cadaveric poison or whatever it was—had already

Dr. A. Reeves Jackson read a report of

FOR HIBRO-MYOMA OF THE UTERUS.

I present to the Society a pair of ovaries and cor-

purpose of a possible beneficial influence on the was impossible to remove the growth, he made a hæmorrhage caused by bleeding myoma of the slight incision around its lower portion, and then, uterus. The woman was single, about 40 years of seizing it above, after emptying the cyst, he passed age, menstruated first at the age of 13, and was a finger or suitable instrument around until he had always regular until three years ago, when menor-loosened all the attachments. It was a valuable rhagia occurred. At the same time there appeared suggestion, and operators have availed themselves at intermenstrual periods—about half way between— of it in suitable cases. occasional discharges of a yellowish thin fluid. These discharges were preceded by pain in the left cysts, one of the cases related by Dr. Fenger shows iliac region and some swelling. The menorrhagia clearly that the operation of enucleation is not increased, the other discharges continued about the always necessary. The tapping was followed by same, and bleeding became so nearly constant that complete cure. Tapping has frequently been sucfinally it was difficult to distinguish the menstrual cessful and these are the cases in which it is the period. About a year and a half before I saw her, proper method of treatment. I am aware that many there had been discovered a tumor in the abdomen. hold a different opinion and advise extirpation Ergot was then used systematically and properly, always. If the tumor should refill after tapping and but it had no restraining influence on the hamor, the patient's health fail, I should be in favor of rerhage and she became anemic, exhausted, and had moving the cyst by ordinary methods. nervous headaches, cardiac palpitation and loss of appetite. I found a uterine fibroid the size of an always seemed to me that it could only succeed in orange and suggested removal of the ovaries, although | removing the thinner parts of the fluid; the more she came for the purpose of having the uterus re- dense constituents could not be carried away as well moved. The operation was performed at the Presby- by this method as by a tube of glass or rubber. I can terian Hospital three weeks ago. The left ovary see an objection to it in the possibility of a long was exceedingly small with no trace of recent ovula- convalescence resulting from the large fistulous tion; the tube was enlarged and contained a small opening which might be left, and which would be amount of yellowish fluid. Possibly this condition embarrassing for months. In the last case detailed of the tube with the previous history of occasional by Dr. Fenger, we have an illustration of the importswelling may have indicated that the latter was from ance of knowing the condition of the kidneys before hydrosalpinx. Here are the specimens. The right operating for any abdominal tumor of long standing. ovary was enlarged and the tube normal in structure. Many operators make it a point to know that the There was a Graafian follicle which had just broken, patient passes a sufficient quantity of urine of a She had menstruation two weeks before, and the proper character before consenting to operate. They condition of this follicle seemed to indicate that it insist on knowing that the kidneys can do their had no temporal relation to that menstrual period. work, and the rule is a good one. The highest temperature was 100.1° F., and was reached on the fourth day. The woman is now en-marks of Dr. Jackson, about the insufficiency of the tirely well, is sitting up, and will probably be able to Miculicz's drain, I will say that I forgot to state that go to her home, a hundred or two miles distant, in I do not use it now, without at the same time insertthe coming week. Hæmorrhage appeared on the ing in the centre of it a glass or rubber drain. In third day after operation and lasted thirty-six hours. an operation last Autumn, in which I used the It was then checked by vaginal tampons. She has Miculiez drain without a glass drain, I found the had no discharge of blood since that time. What outside dressing dry and still about a pint of fluid at effect the operation will ultimately have upon hæmor- the bottom of the abdominal cavity after the patient rhage and growth of the tumor cannot be determined was dead; so since that time I have always inserted at this stage of the history.

Dr. Christian Fenger made some remarks on drain. THE OPERATIVE TREATMENT OF RETRO-PERITONEAL CYSTS IN CONNECTION WITH MICULICZ'S METHOD OF DRAINAGE.

(See page 568).

rectly, Dr. Miner's discovery or suggestion in regard, acute suppurative peritonitis: I have not used it in to enucleating tumors was not originally for the pelvic abscess, but have used it in tuberculous peripurpose of removing only sub-peritoneal cysts, but tonitis, in a case last fall which looked like a tumor; to make possible the removal of ovarian and other there was tuberculous peritonitis with a large localtumors, in which the adhesions were so extensive as ized cavity or space filled with a fluid more or less to make it impossible to remove them in any other serous. I used the Miculiez drain with a glass drain, way. I think his first case one in which he failed to and the patient was still alive two or three months find a pedicle and so was driven to enucleate. I ago, and I do not know whether the drain is out yet. think he removed very few tumors in this way, be- I have used it in other cases which show its efficiency. cause he did not find the necessity for doing it. But In a case of chylous ascites that had been tapped

responding tubes, which were removed for the when adhesions were so extensive and tense that it

In regard to the removal of these sub-peritoneal

In regard to Miculicz's plan of drainage, it has

DR. CHRISTIAN FENGER: In regard to the rea glass or rubber drain in the centre of the Miculicz

As to the remark regarding the examination of urine: Of course we always do this. In this case there was no albumen, but I cannot say that it was

examined as to quantity.

In reply to the question of Dr. Jaggard as to DR. A. REEVES JACKSON: If I remember cor- whether I have used the drain in pelvic abscess and and tapped and had refilled, and in which laparotomy age, it was only in peritonitis that he had used it.

cerned: That is one of the subjects which was his hands on May 1st, contained one-fourth of a grain reached.

we are.

SUFFOLK DISTRICT MEDICAL SOCIETY.

SECTION FOR CLINICAL MEDICINE, PATHOLOGY AND HYGIENE.

> Stated Meeting, March 9, 1887. Dr. F. I. Knight, Chairman.

Albert N. Blodgett, M.D., Secretary.

DRS. E. W. Cushing and Morton Prince read a paper on

A CASE OF CHRONIC ARSENICAL POISONING OF SUP-POSED CRIMINAL NATURE, WITH ESPECIAL RE-FERENCE TO THE MEDICO-LEGAL ASPECT.

patient made the case specially interesting, from the of all muscles of legs, forearms and hands. Triceps evident motive which could be traced. The patient of right arm respond feebly, but biceps of both well. was a young man, supposed to be in possession of Faradic excitability of ulna and median nerves of property to the extent of about four million dollars, both sides lost, also of nerves of legs. To the galand was alone in Boston. He was found at the house vanic current there was a most exquisitely develof a friend of his, not of his family, on Beacon street, oped reaction of degeneration in all the muscles of and this "friend," with the assistance of his wife, took the right forearm and hand (including loss of reacthe sole direction of the nursing of the sick man, tion in nerves). The same was found true of the The medical treatment was in the hands of a so called extensors of the left forearm. The examination was physician, really an apothecary and chemist. A not continued further on account of pain caused the large amount of the patient's money had been in-patient by movement of the limbs. The same convested in the manufacture of a patent medicine, in dition of affairs probably existed in all the paralyzed which the "friend" at whose house the patient was muscles. staying was also interested. He said that it might and convincing.

Prof. E. S. Wood stated that he was in a position had been performed the year before and still it had to add somewhat to the report of the ease, in the prefilled again, I opened and drained the peritoneal sentation of some of the results of the quantitative cavity, and used the Miculicz drain with a glass tube, analysis of the vomitus and the excretions from this with perfect success. I always use it in acute peri- patient. The quantitative analysis was made, in this tonitis, and see no reason why it should not be used case, only for the personal satisfaction of Professor in peritonitis as well as in other cases. At the time Wood, as the case had not advanced sufficiently far Mikulicz published his paper on this form of drain- in the way of a prosecution to eall for the analysis in behalf of the courts. A complete analysis is not In regard to the similarity between labor and op- usually made at so early a stage in the investigation eration, as far as the question of eclampsia is con- of similar cases. The vomitus, which was placed in brought up for discussion in the Berliner Klinische of arsenic. That of May 8th contained one third of Medicinische Gesellschaft last fall, between Leyden a grain. The urine of May 1st and 2d contained and Virchow, in which no definite conclusion was 5.4 mg. It was thought that this amount of arsenic might have been contained, as an impurity, in the I fully agree with Dr. Etheridge that vaginal drain-medicines prescribed by the person attending the age, mechanical of course, is the most rational patient. These were examined, and were found to method because it draws best. My own experience be free from arsenic. The intermediate urine, until is limited as have only employed it twice, and both! June 1st, was not examined, but that passed on June patients died. We dread the vagina as a septic 1st was examined, and was found to be free from arcavity and the reason why we should not drain senic. The date when the arsenic disappeared from through it, is fear of sepsis from the vagina up into the urine is, therefore, not yet definitely known. the abdominal cavity. But I believe with our new The only other case in which analysis was carried precautions, the vagina could be kept so aseptic that out in this way was that of a patient who, by misretrograde sepsis from it could be prevented, I be- take, took, during a considerable period, a poisonous lieve also that vaginal drainage ought to be used dose of Fowler's solution, and the symptoms of armore than it is, and we need not be so afraid of it as senical poisoning were rapidly induced. In this ease, analysis at the end of six and one half weeks showed arsenic, but the urine, when examined at the end of seven and one-half weeks, did not contain arsenic. The occurrence of paralysis is not confined to chronic forms of arsenical poisoning, but may follow acute poisoning from this cause. Seligmueller quotes several such cases.

Dr. Prince said that he had made, by request, an examination of the nerves and muscles in this case. At that time the patient was almost completely paralyzed from head to foot, only a few movements being left, and these difficult and painful. Even moving the limbs passively caused great pain. There was more or less complete loss of sense of touch over all four extremities. Sense of pain was increased over some parts, but perception of it was retarded three seconds by the watch. Perception of Faradic cur-Dr. Cushing stated that the circumstances of the rent also diminished. Loss of Faradic excitability

The interest in this case, as indicated by the title be useful to members of the medical profession to of the paper, centred in the question of the nature know how difficult it is to bring a case before the of the paralysis, and the other allied symptoms. Were courts, even when the evidence is apparently plain they due to arsenic or to alcohol? In the first place there is no question but that arsenic was given to the man, and that, too, in poisonous doses. But on the in the spinal meninges of a dog which developed other hand, the man was a hard drinker, was in the habit of going on constant sprees, lasting many days at a time, and had just been on a hard spree when iments on animals, and we do not find that any exthe attempt was made on his life. Now the paralytic picture presented was just that of alcoholic paralysis in its most severe form. Alcoholic paralysis has only recently been thoroughly studied and understood; in fact, the best observations have been be due to multiple neuritis. On the other hand, a made during the last two years, and since the above case occurred. The *clinical* picture is just such a one, in almost every detail, as that which we are discussing. There is the extreme and general paralysis, the loss of sensation with hyperaesthesia, the pain fatally, and had come before a jury, whatever anyand the atrophy with the reactions of degeneration. The resemblance can even be extended to the mental condition. According to Dreschfeldt and Buzzard2 there is a peculiar and characteristic delirium observed in alcoholic paralysis. A similar mental to alcohol, and even that this might not have been condition was present in their case.

senical poisoning. In the severe cases there seems is likely to arise again in other cases. A decision to have always been present the main and salient under such circumstances can only be arrived at by symptoms, namely, paralysis with atrophy and reac-extending our knowledge of the action of arsenic on tion of degeneration, loss of sensation, pain, and hy-the spinal cord. It is to be hoped that pathologists peræsthesia. must have been difficult, especially as a medico-legal opportunity make investigation into this matter and question, to eliminate either the arsenic or the alco- thus increase our knowledge. hol as a factor in causing the paralysis and allied

symptoms.

paralysis is generally admitted to be a peripheral paired, and his faculties were clear. He could remultiple neuritis. The cord is not diseased. Our member the main events in his past life, confessed knowledge, on the other hand, of the pathological to the abuse of alcohol, remembered the jelly which condition present in arsenical paralysis is very im- had caused the relapse in his illness, and could state perfect. About the only information we have is de who had given him that delicacy. For a time he was rived from the experiments of Popow,3 of St. Peters- kept in a house of ill fame on Hudson street, and burg, on rabbits. According to these experiments, from this quiet retreat he said that he was brought, in acute cases, when death ensued in the course of a on several occasions, to the residence of his "friend," few hours or at the end of from three to six days, on Beacon street, to dine, and was then afterward the effect of arsenic is limited to the anterior gray restored to the caresses of his entertainer at the bematter of the spinal cord. There is found a polio- fore-mentioned brothel. myelitis. The white matter and the peripheral nerves are unaffected. In chronic cases, wherein death en arsenic could have been absorbed into the system of is more diffuse, affecting the white as well as the gray in which he was stopping. matter, especially the postero lateral columns. spinal nerves were entirely unaffected even in these amined and were found to contain no arsenic. The

found all these changes in the spinal cord of healthy be obtained from chronic poisoning by absorption rabbits, while in six rabbits which had been poisoned from the wall-papers, the quantity ranging from oneby arsenic he found no pathological changes what fourth to one-third of a grain on the different occaever in the cord. Dana, in the January number of sions when the examinations were made, thus show-Brain, states that according to Pistorius, the nervous ing that the arsenic must have been administered at system of rabbits and guinea pigs is very sensitive to varying times, and in relatively large amounts. arsenic, while that of cats and dogs is less so.

paralytic symptoms after a fatal dose of arsenic. Very little can consequently be inferred from experaminations have been made on man after death to determine this point.

As has been said, the symptoms are very similar to those from alcoholic paralysis, which is known to diffuse inflammation of the cord would also explain the symptoms. It may be, as is most probable, that both core and nerves are affected in severe cases. At any rate, if the case we are discussing had ended one's individual opinion might have been, it would have been very difficult to convince the jury that, notwithstanding the known ingestion of arsenic, a certain portion of the victim's condition was not due the exciting cause of his death. There is reason to On the other hand, the clinical picture is also like believe that there were experts ready to take the that observed in many of the cases reported of ar-stand and testify to this opinion. This complication Clinically and actiologically, then, it and medical examiners in the future will at the first

In reply to a question by Dr. P. C. Knapp as to the condition of the mental faculties, and the loca-Pathologically considered, the difficulty is as great. tion of the paralysis in the patient, Dr. Cushing said The pathological condition present in alcoholic that the mental condition of the patient was unim-

DR. BOWDITCH asked if it were possible that the sues in the course of three months, the inflammation the patient from the papers on the walls of the house

PROFESSOR WOOD stated that the papers were examounts obtained from the vomitus and from the Freyssig, on the other hand, claims that he has urine of the patient were much greater than would

DR. Bowditch asked what is the process by which Jaeschke, too, found only a few small hemorrhages the attention of the grand jury is attracted to a case of criminal nature, and how a physician should proceed in a case in which there is reason to suspect a

Further Observations on Alcoholic Paralysis. Brain, Jan., 1886.
 On Some Forms of Paralysis from Peripheral Neuritis.
 Ueber die Veränderungen im Rückenmarke nach Vergiftung mit Arsen und Blei. St. Petersburger med. Wochenschrift, 1881. No. 36.

⁴ Virchow's Archiv, Bd. 102, 1885.

are instituted by calling the attention of the district fied with his condition; voice husky. In March, attorney to the facts in the case, which are then care-however, he complained of want of appetite, and fully considered by him; and if the evidence, as pre-difficulty of retaining food; had to keep a pail near sented, seems to him sufficient to secure the convic- him, as he would vomit suddenly and violently. Was tion of the person complained of, the case is submit-weak; lay on the lounge much of the time; ceased ted to the grand jury. All the experts in the case to take an interest in books, although he was an acare called, and after the deliberations of the grand tive and intelligent reader. Up to this time the jury, the district attorney is at liberty to prosecute pulse had been normal or slightly accelerated, and the case, if, in his judgment, it is advisable to do so. there was no rise of temperature. The vomiting was The objection to commencing proceedings of a crim-supposed, by the patient, to be caused by the arsenic, inal nature upon insufficient evidence is that the case which was omitted, given again, and again omitted. first goes before what is called the petit jury, and if there should not be sufficient evidence to hold the idly; lay on the lounge all day too ill to talk, taking person accused at that time, the case is at once dis-little food and vomiting frequently, and yet feeling missed, and cannot be again called up, as a man hungry from time to time. Became less inclined to cannot be tried twice upon the same charge. It is, get up, and from about the 20th kept his bed. His therefore, considered wiser to delay proceedings in mind became less and less interested in his surrounda doubtful case, in the hope that additional evidence lings and occasionally it would wander. On one ocmay be procured, which can then be used in the casion he had a hemorrhage from the bowels which trial, which may be commenced at any time after the was, however, easily stopped. During this period commission of the deed. This way seems better the action of the heart became more rapid, varying than to summarily dispose of every case by the form from 100 to 120. Respiration was superficial but of a trial by jury, which would effectually prevent labored. He died on the 29th, one month and the admission of any new evidence after the prisoner eighteen days after I first saw him, and almost exhad once been acquitted.

Dr. C. P. PUTNAM presented the notes of A CASE OF HODGKINS' DISEASE

years old; lawyer. He was unusually muscular, and ous packets of gray, rounded nodules, varying in could paddle a canoe for twenty miles without diffi size from a filbert meat to a walnut; showing on culty. He had had no illnesses of any importance section a homogeneous, and a somewhat translucent hitherto, except eczema, from which he had suffered appearance, like that of a lymph gland. Similar throughout his whole childhood, and which had been nodules were found in the mediastinum and about finally cured at Hebra's Hospital, in Vienna. The the roots of the bronchi. The spleen was much enonly remains were an irritability of the scalp and larged, and contained numerous secondary nodules face, and he was very little disturbed by this. He of lymph sarcoma. The kidneys and liver showed first came on January 11, 1886, with one enlarged the presence of very numerous secondary nodules. gland under the occiput, and one under the left jaw. In the mucosa of the stomach and intestine were These he had noticed about the first of January; at numerous, elevated nodules, varying in diameter any rate, he was sure that, on Christmas day, he was from one or two centimeters, with depressed centres. perfectly well. Indine was applied to these enlarged Microscopically these showed the structure of a glands, and in a week they were smaller. But mean llymphoma. while, others had appeared in the same neighbor hood, which, in their turn, were treated with tincture he was so struck with the similarity of the course of of iodine. Ten days later he returned, with the sec- this case to the acute infectious diseases, the severe ond set of glands also smaller, but with a larger crop symptoms having lasted only three weeks, that he in various places in the neck, and also in front of placed at once portions of the new growth in alcohol the ear. Then it was found that the axillary and in- for examination for micro organisms. Thin sections, guinal glands were enlarged and hard. Todide of made after hardening, of the gastric and intestinal potassium had been given, five grains, increasing to nodules, stained with methyl-blue and examined with he was very much better, and considered that he micrococci, in colonies, in the new growing tissue, ing gradually, but perceptibly larger, so that his colglands began to enlarge again, and the skin became as a finger point to call attention to the possibility of more red and tender. This time, a slight enlarge-lympho sarcoma being an infective disease, and to ment of the spleen and liver, and general fulness of suggest the advisability of further investigation in the abdomen, was found. Arsenic was substituted regard to this point.

criminal attempt upon the health or life of another? for iodide of potassium, and with apparent good ef-Professor Wood stated that criminal proceedings fect. He again seemed to improve, and was satis-

> About March 18th he began to lose strength rapactly three months from the time when he noticed the first symptoms. Autopsy by Dr. Gannett.

Dr. Gannett described the appearances found at the autopsy, made March 29, 1886. The front and recently under his care. The patient was about 30 lateral regions of the neck were occupied by numer-

Dr. Gannett stated that when he made the autopsy ten, three times a day. During the next two weeks a Zeiss 1-12, showed the presence of well-marked was getting well. All the glands diminished in size, and no other micro organisms. Of course, such a Meanwhile, however, the whole neck had been grow result does not prove that the micrococci found were the specific cause of the disease; since to prove lar could not be buttoned. About the middle of this, isolation, pure cultivation and successful innocu-February this apparent improvement ceased. The lation experiments are necessary; but it may serve

Dr. T. A. DeBrois exhibited a

NEW FORM OF PHYSICIAN'S HANDBAG,

which he had recently had made. It consists of an ordinary leather bag, of medium size, but is about one-third deeper than the ordinary bags. At one end of the bag is an opening near the bottom, which can be closed by a flap which buckles tightly. This opening displays the end of an air-condenser, with two cocks, and a pressure-gauge. In the bag can be carried a small pump, by which the air can be forced into the condenser. In the space of two minutes Dr. DeBlois was able to obtain a pressure of thirty five pounds to the inch without great exertion. The apparatus is then ready for use as a spray for the throat, the use of the Evans' inhaler, or for any other purpose to which this treatment is applicable. The bag is sufficiently capacious to accommodate all the articles usually required. The weight is not materially increased by the addition of the condenser, and the whole apparatus is not too heavy to be easily taken in the hand when walking. It is manufactured by Messrs. Codman & Shurtleff.

LETTER FROM NEW YORK.

(FROM OUR OWN CORRESPONDENT.)

Casarean Section—Craniotomy—Laparo Elytrotomy.

Medical Association Dr. Lusk reported a case of but at the same time there was a certain feeling of Casarean section, operated on by Sanger's method, security in having it. On the 6th day there was some The case shows the importance of operating early in oozing from the orifice left by it. At the end of a labor, of proceeding with deliberation, and of using week the abdominal suture was removed, and at this strict antisepsis, as well as the advantages of con-time the temperature would usually go up to about stricting the uterus with a rubber ligature to prevent 100.5° in the evening, falling again by morning. On hæmorrhage during the incision of the uterus, extractible oth day some fluctuation was discovered at one tion of the child, and suturing of the uterine wound. point in the line of the abdominal wound, and a little The patient was 24 years old, a native of Ireland. pus was evacuated; after which the temperature be-On March 21 she was admitted to Dr. Lusk's service came nearly normal. At the end of two weeks, howat Bellevue Hospital, on account of deformity of the ever, the temperature suddenly rose to nearly 103°, pelvis resulting from hip disease when a child. When No trouble whatever could be detected about the 11 years old she was treated for this at a Dublin hos abdomen, and as the patient complained of pain in pital, and discharged cured; but during her pregnancy the region of the right hip, an examination revealed she noticed some suppurative discharge from the old an accumulation of pus in the site of the old sinuses. sinus which had formed at this time. Dr. Lusk made After that time the patient continued in excellent an examination on March 22, and to his surprise he condition, and the child was in equally good condition. found that labor was already commencing. The pubis was a Næglé oblique, and its diameters much late House Surgeon in Bellevue Hospital, who had contracted. After consultation with Dr. Isaac E. had charge of it, said that altogether the patient did Taylor and Dr. H. J. Garrigues, he decided to per-| better than any other case of laparotomy that he had form Cæsarean section. With the pubic diameters the opportunity of observing during his service at the in this case he thought the danger from craniotomy hospital. As regards the result of Cæsarean section section, provided the latter were performed early to the nineteen cases in dwarfs which Dr. Robert ecough. As the patient was already in labor, he de-Harris, of Philadelphia, quoted in tabulating one termined to operate at once. Both the private pa hundred operations in 1878, and in which only one vilions at Bellevue being occupied, the operation was mother and five children were saved. In all these done in one of the hospital wards.

abdomen, as were also the intestines, which were held and desirability of early surgical interference.

out of the way by means of towels. A rubber tube was then placed around the uterus, and an incision two inches long made in its lower segment; the opening was afterwards increased to five inches by means of scissors. Owing to the pressure of the elastic ligature, the incision was almost entirely bloodless. The child was found with the head presenting in the L. O. A., and when extracted was in a cyanotic condition from the pressure exerted by the constricting rubber; but it was successfully resuscitated. The placenta and membranes were then readily detached by the finger from the uterine walls. In closing the wound thirty-four carbolized silk sutures were used, sixteen deep, eighteen superficial. In the deep sutures the mucous membrane of the uterus was avoided. When the rubber band was removed blood slowly returned to the pallid organ, which first became of a delicate rosy hue, and finally of a deep purple. A slight oozing was then observed at one point, and after it had ceased the uterus was returned to the abdominal cavity; a drainage-tube being inserted behind it. Silver wire sutures were put into the abdominal wound, and the patient was in excellent condition at the end of the operation, which lasted 1.15 hour.

For 3 days the temperature never rose as high DOMESTIC CORRESPONDENCE as roo; then there was a little tympanites, and it went up above 101", but a Seidlitz powder had the effect of promptly reducing it. On the 5th day the drainage tube was removed. Immediately after the operation the discharge from it was stained with blood, but it soon became colorless. Dr. Lusk thought that At a recent meeting of the New York County the tube was not really needed in this case at all;

In the discussion on Dr. Lusk's case Dr. Sylva, would be actually greater than that from Cæsarean when the operation was unduly delayed, he referred cases the operation was only undertaken as a last The abdominal cavity having been opened by a resort, when the patient was utterly exhausted; and median incision, the uterus was turned back over the the results afforded ample proof of the importance

in such a case to perform Porro's or Tait's operation, believes that he could now have saved this case also. in order to prevent the woman's becoming pregnant | Very few obstetric surgeons, certainly, could show a again, Dr. Lusk said that statistics showed that with result of 90 per cent. of recoveries in their cases of the Sänger operation (more or less modified from the craniotomy. Within the last eighteen months Harris original procedure) there are over 70 per cent. of has collected 40 cases of Cæsarean section, with 73 recoveries, but only 40 per cent. in Porro's operation. per cent. of recoveries; while the best results of In regard to Tait's operation, the additional risk to craniotomy in these difficult cases show only 60 per which it subjected the patient was by no means ad-cent. of recoveries. Other operators than Leopold

rience he had had to perform craniotomy three times, and he thought that this class of cases was as disagreeable and repulsive as one could by any chance meet with. If, therefore, by this operation it was possible to save more more more more more more than by craniotomy edges of the wound together with the greatest it would be a great boon. Unfortunately, however, accuracy. statistics showed thus far it had saved a much smaller proportion of mothers. In two of the cases of cra- to his opinion of the operation of laparo-elytrotomy niotomy that he had met with the mothers recovered, in these cases, Dr. Lusk said that this procedure was upon to perform craniotomy, he was improvided with If, however, we were obliged to pass the forceps interest as showing what sometimes might be accom- 6 recovered, and 6 died; the latter being cases in plished by very simple means in an emergency. He which success was impossible from the existing consaid he was one of those who believed that the mother ditions. should always be saved at all hazards, whether the child was sacrificed or not; and as long as it could be shown that more mothers' lives were lost by the Caesarean section than by craniotomy, he thought the latter should be given the preference.

and carcless way of operating had also been the rule, from Les Nouveau Remèdes, November 24, 1886. it was hardly to be wondered at that the patients died, of the procedure. But, even under all these adverse present time it is getting to be understood that the operation should be performed, whenever this was possible, under more favorable conditions, and in the same careful way as any other surgical procedure intake sufficient time to make out the pelvic diameters, and consider fully the risks to be encountered in performing craniotomy. If, having done this, he de-

In reply to whether it would not have been better states that, in the light of his later experiences, he visable; the extremely vascular condition of the parts constituting a serious objection to its performance.

Dr. C. S. Wood said that in the course of his experior of the modern operation is the use of the rubber

In reply to a question from Dr. Gouley, in regard while in the third the result was fatal. Yet in one of particularly adapted to a special class of cases, viz.: the successful cases he labored under great disadvan- when the head was arrested at the brim and the certages from the fact that, not expecting to be called vix was already dilated, or in a dilatable condition. the proper instruments, and was so situated that none through an undilated cervix, it was a very serious could be obtained on short notice. Under these cir- operation. In case, therefore, we desired to operate cumstances he resorted to the device of manufactur- early, we have to do it at a time when the conditions ing such rough instruments as he could from some favorable to laparo-elytrotomy do not exist. Of the shoemaker's tools; and he thought the case was of 12 cases of this operation which have been reported, P. B. P.

BERGEON'S METHOD OF TREATING PHYHISIS.

Dear Sir:—My object in addressing you is not to present the results of personal experience with M. Dr. Lusk said that in the old Caesarean section, Bergeon's method of treating phthisis, nor to make the mortality was without doubt very large. In most original suggestions for its improvement. I desire of the cases it was resorted to only when the woman only to state a few points concerning the preparation was in a dying condition, and after all other methods and amount of carbonic acid to be injected, as well of delivery, craniotomy included, had been tried in as the proportion of, and best mode of obtaining the vain. When it was remembered, too, that a rough sulphuretted hydrogen. These have been gleaned

But before considering them, I should like to menand that such cases militated strongly against the value tion the points wherein, as it seems to me, we American physicians have been at fault. The attention of circumstances, a few cases had recovered. At the the profession in Chicago was first directed to Bergeon's method by Dr Henry Bennet's paper in the British Medical Journal, December 6, 1886, and our apparatus has been constructed after that of M. Morel which Bennet described. We have prepared volving the abdominal cavity. The operator should our gas in the way he suggested, and, not being able to obtain Eau Bonnes, we did the next best thing, employed native sulphur waters, chiefly that from Ypsilanti. Or, if not natural mineral waters, we have cided that the Casarean section offered the best followed the lead of Philadelphia men, and used 5 chance of success, he should make his preparations grains each of sulphide and chloride of sodium in 20 as deliberately as possible and perform the operation ounces of water. Furthermore, not satisfied with by strict antiseptic methods. In this way the results employing the apparatus in strict accord with Bergeare infinitely more satisfactory than in the old oper-on's principles, as enunciated by Bennet, some of ation, as shown by the cases of Leopold, who has us have been in the habit of generating enough caroperated ten times, with only one death, and who bonic acid to suffice for several treatments, instead be sure, it is claimed that one can ascertain this by thus precluding the entrance of atmospheric air. measuring the capacity of the pressure bulb. This, they have injected.

Omitting for the present the fact that sulphuric proportion of the two gases is too little to produce per cent. the results obtained in France. Yet, if there be a offered in the French article mentioned above.

before being filled with carbonic acid. 2. The CO, the latter. should be generated by the action of a vegetable 4. An artificial solution of sulphuretted hydrogen is tions. In closing let me thank H. C. Wood's con-

of filling the gas bag afresh on each occasion. When fully as good as, if not superior to a natural sulphur gas is left in the rubber bag, atmospheric air enters water. 5. This water should consist of a solution of by endosmosis and is liable to give the patients colic, sodium sulphide of such strength as will furnish a an objection to the treatments of which I have heard definite quantity of hydrosulphuric acid. 6. The physicians complain. Furthermore, the quantity of rectal nozzle should not be introduced until the gas administered has not been exactly known. To medicated gas has begun to flow out of its extremity,

Tartaric acid is preferred to a mineral acid on the I think, is an error, since when the bag is full and ground that the latter generates vapors which may the gas under high pressure, it will bubble through render the CO, irritating to sensitive, ulcerated bowthe bulb in a steady stream. Also, as the gas grows els. Personally, I have found my CO2 would make less in the reservoir, the amount ejected by each my nostrils sting even after it had been passed pressure of the bulb becomes less than at first. Hence, through the mineral water. Hence, although tartaric the claim appears to me just, that for the most part, acid is dear, I shall advocate its use. A sufficient physicians have not known accurately howmuch gas -quantity to charge the gas bag for a single treatment would cost about five cents.

Eau Challes is stated to be the strongest sulphur acid is used in the generation of the carbonic acid, water in France, containing an amount of sulphides there is the source and percentage of the sulphuretted capable of evolving in the presence of tartaric acid hydrogen to be considered. The great demand for 150 cc. of sulphuretted hydrogen to the litre of water. Ypsilanti water reveals that in most instances it is In order, therefore, to produce an artificial water of the mineral water employed hereabouts. According equal strength, the two following solutions are used to the official analysis of this water, it contains 21.0786 at Cochin Hospital, Paris: No. 1, of pure sulphide cubic inches of free hydrosulphuric acid to the gal- of sodium, 10 grammes; of distilled water, 100 cc. lon. A trifling computation shows that I litre of the Solution No. 2, of tartaric acid, 25 grammes; salifresh water holds about 91 cc. of free sulphuretted cylic acid, 1 gramme; distilled water, 100 cc. The hydrogen, and a 😳 litre, therefore, in the neighbor-prodium sulphide must be pure and fresh. The salihood of 45 cc. But does anybody imagine that the cylic acid does not all dissolve, but is added to prebottled water sold to us here at such exorbitant prices went the development of fungi. When I cc. of the holds anything like as much free hydrosulphuric acid second solution is added to i cc. of the first, exactly as that freshly drawn from the spring? The water is 10 cc. of pure sulphuretted hydrogen are generated. brought here in barrels and then bottled. Under such Therefore, if 15 cc. of each solution are poured into circumstances it has lost probably more than half of a litre of plain water, 150 cc. of hydro-sulphuric acid its free gas. But granting that it still contains the are set free, and an artificial sulphur water of equivahalf of its original charge, a pint of the water (a pint lent strength to Eau Challes is produced. Now, being little less than 1/2 litre) would hold less than elsewhere in the article referred to, it is stated that 23 cc. of sulphuretted hydrogen. Now, if 4 litres 250 cc. of the sulphur water are put into the washof carbonic acid be passed through half a litre of the bottle through which the CO, is to pass. This water, it would therefore become charged with less amount, one fourth of a litre of water containing 150 than I per cent., even should the CO, cause the sul- cc. of free sulphuretted hydrogen, would yield to 4 phides contained in the water to give up still more litres of CO sent through it, one-fourth of 150 cc., sulphuretted hydrogen. As will be seen later, this or about 40 cc. of the medicament; and this is r

The question may here be asked: Does the carlarger percentage of sulphuretted hydrogen in Vpsi- bonic acid absorb all of the free sulphuretted hydrolanti water than I have supposed, there is still the obgen in the water? But, whether it does or not, this jection that its actual amount is unknown. Finally, appears to be the proportion of free hydrosulphuric this water is so dear, and the outrageous advertise- acid held in the water employed at the Cochin Hosment of it in the Chicago Times, May 8, was of such pital. In order to obtain the required amount, then, a nature, as to lead to the inference that the dealers for a single treatment, one should proceed as follows: in the water are disposed to fatten off of the neces. After having filled the gas bag with 4 litres of CO2 sities of suffering humanity. Therefore, led by the pour into the wash bottle 250 cc. of warm water, and considerations just stated. I have ventured to place then add separately 4 cc. of each of the solutions before the readers of The Journal the suggestions given above. You will then pass 4,000 cc. of carbonic acid through water holding in solution 40 cc. 1. The gas-reservoir should be emptied of all air of sulphuretted hydrogen, which is 1 per cent. of

Here, then, is something approaching accuracy; acid, preferably tartaric acid, upon sodium bicarbon- and if these directions, as furnished by Les Nouveau ate, in proportion of 16 grammes of the former to Remèdes, are followed, it is to be hoped we shall soon 20 of the latter. 3. The quantity of gas injected at have more satisfactory results to report in this couna time should not exceed 4 litres, in some cases only try. As yet I have not had time to report the effect r litre, according to the requirements of the patient. For treatment carried out according to these sugges-

tribution to the Therapeutic Gazette for having put lapses, although infrequent, do occur. "Case where," different conclusions from its statements than those 441. On page 284, the author states that hydramgiven by him. In another letter I may describe a nios, or hydramnion, is an incorrect term, polyhysimple apparatus by which the quantity of carbonic dramnios being preferable. He persists, however, acid injected may be accurately measured. Very in the use of the alleged incorrect term, pp. 284, 384. respectfully, Robert H. Babcock, M.D.

70 Monroe St., Chicago, May 14, 1887.

BOOK REVIEWS.

The Science and Art of Obstetrics. By The-OPHHUS PARVIN, M.D., LL.D., Professor of Obdelphia: Lea Brothers & Co., 1886. Chicago: teachings are in a high sense mandatory. A. C. McClurg & Co.

er, and writer. Then, too, the subject is one of in-Accordingly, we turn over the pages with unusual plagiarism,—by no means a negative virtue. His attention, and venture with diffidence to express a book can never be mistaken for a translation of Spiebrief opinion as to the value of a master's work.

Hale, "is that it shall be entertaining. If therefore, coming modesty. the book do not interest me, I consider that I have, to end it chains attention. In the choice of words, din, to the contrary notwithstanding. The importstyle. Passages of unusual beauty are constantly is illustrated by a cut of a "battledore" placenta! recurring, vide "Diagnosis of Pregnancy," p. 178; He does not mention the important function of the p. 539; "Induction of Abortion," p. 601; "Embry- vernix cascesa.—an activity that explains in part the otomy," p. 650. Traces of a refined and delicate "painful swelling of the breasts" with the secretion how did the pothecary's wife, Win, that longed to anterior uterine wall as early as the eighth week, is sired to spit in the great lawyer's mouth, after an el- a stethoscope "not less than six inches, about lifteen oquent pleading?" The elevated tone of discourse centimetres, long," is urged for the reason, among becomes at times a trifle more ecclesiastical than is others, that "the direct application of the ear to the consonant with the canons of good taste or the re-abdomen is indelicate!" A remark not unlike that quirements of a scientific treatise. Grammatical of the Philadelphia lecturer, who said that the man

me on the track of the article in the French journal, instead of "Case in which," disfigures the appearalthough it would seem that I have drawn widely ance of many an otherwise fair sentence, pp. 178,

Let us pass on to the matter of the book. Parvin has attempted "to present the most recent information relating to obstetrics, at the same time not overlooking important truths established by past experience"—truly a difficult task, never, up to the present time, adequately performed by any American or English writer. In the execution of this object, he has drawn too exclusively from French literature, while he has neglected, to an utterly inexcusable degree, the teachings of the Germans in general, and stetrics and Diseases of Women and Children in of the Vienna School, in particular. The Vienna Jefferson Medical College, Philadelphia, and one School is very generally and very justly regarded as of the Obstetricians to the Philadelphia Hospital. a sort of ultimate court of appeal, in all matters per-Octavo, pp. xv, 701. With illustrations. Phila-taining to the science and art of midwifery, and its

This defect constitutes an essential weakness that Few books issued from the American press during cannot be remedied, the severest criticism that can the year, have been awaited with the same degree of be passed upon the book. It may be said in palliaexpectancy as "Parvin's Obstetrics"—a fact not at tion of this fault, that most Americans are familiar all remarkable, in view of the author's well earned with German modes of thought, while they are comreputation and great influence as practitioner, teach- paratively ignorant of French notions. In the utilization of the work of other men. Parvin thoroughly tense interest to every member of the profession, maintains his own individuality. He never sinks to gelberg's magnificent classic. The results of his own "The first necessity of a book," says Edward E. observation and experience are recorded with be-

Let us examine the book in detail. Parvin still prima facte, a right to put it on one side, before it insists that the sacro-iliac and pubic articulation are puts me to sleep." Parvin's book is entertaining, symphyses, and not true joints (p. 25), the results of No one can go to sleep over it. From introduction the investigations of Luschka, Strauss, Müller, Butheir number and arrangement, the acute student of ant subject of velamental insertion of the cord (pp. verbal criticism is at once apparent. Clearness, 131, 132) is disposed of in twenty seven words—conforce and elegance are the essential qualities of his veying an erroneous notion of the condition-and "Management of Pregnancy," p. 210; "Lactation," mammary gland, in utero, in the production of the sense of humor pervade the book, but the dignity of of colostrum in the new-born, male and female (pp. the subject is never lowered by coarse or unseemly 88, 545). The chapter on the behaviour of the cerjests. It is not a little annoying, however, to note vix uteri during pregnancy and labor—a subject of numerous and important typographical errors in a great theoretical and practical interest—is totally piece of literary work of such a high order. Ben inadequate. Hegar's so-called new sign of preg-Jonson wrote Partholomew Fair, not "Vanity Fair," nancy is worthy of more distinct recognition than ride p. 156. Then, Littlewit's words were, "O yes, the scant inaccurate allusion on page 184. Rasch's Win: you may long to see, as well as to taste, Win: sign of uterine fluctuation, detectible through the see the anatomy, Win? or the lady, Win, that de not mentioned. Mediate auscultation (p. 189) with

¹ William Gifford: The Works of Ben Jonson. London, 1873, p. 325. 2 Bruish Medical Journal, Vol. ii, 1873.

mediate auscultation, and take advantage of a poor also seem to indicate that he had read very little on woman, when the cry of shame was hidden by the this topic, -asice from Playfair's Treatise, Fifth Edicry of pain. Mediate auscultation, unless the bell tion, 1884, vol. ii, p. 224. It is unnecessary to add of the instrument be very large, is practically useless, that decapitation is justly regarded by authorities on in the recognition of the sounds of the foetal heart, operative obstetrics as the most difficult, and one of as a very limited experience will convince the most the most dangerous procedures, in this special decasual observer.

On the treatment of placenta pravia, Parvin 1emarks: "If loss of blood be slight, and especially ciently grave in nature to imperatively demand that if the feetus be not yet viable, the expectant plan is the chapter be re-written. indicated" (p. 319). Experience teaches that there is no expectant treatment of placenta pravia, and ries" as the best exposition of the subject, issued that the evacuation of the uterine contents is urgently indicated as soon as the condition is discovered. As and we know of no book, equal to it in all respects, a matter of fact, however, unavoidable hæmorrhage that has emanated from an English source. It must seldom occurs before the latter part of the second half of pregnancy, and the induction of premature. The author has not given us that which his distinlabor—not of abortion—comes up for consideration. guished ability entitled us to expect. The cotton tampon, as a means of checking hæmorrhage until the os is sufficiently dilated to admit of version or the forceps, is discussed at length, but no allusion is made to the far simpler, safer, and more effective method of colpeurysis, proposed and practiced by Carl Braun. Then in the employment of the cotton tampon, there is no necessity for stuffing the vagina to its maximum capacity, as illustrated in the cut on page 322. The Vienna method of perineal protection-effective in the large majority of cases—is inadequately described on page 411. The balloon catheter of Gustav Braun and Hüter is not mentioned in the paragraph on "Insuttlation through a Tube passed into the Larynx" (p. 420) The prophylaxis of puerperal fever is disposed of with a single page (593) of vague generalizations, a subject. in the light of the discovery of Semmelweis, that justifies, demands the use of dogmatic aphorisms.

The weakest part of the book is the chapter on "Obstetric Operations" (p. 601). Wright's method of version is not at all identical with Braxton Hicks' method, as intimated on page 607. We look in vain for a discussion of the "conditions" and "indications" for version—an unpardonable omission. The weight of professional opinion is so opposed to the application of the forceps to the pelvis, that the description of the mode of application, on page 646, is unneces sary. Cephalotripsis is practically an obsolete operation, yet it is fully described and well illustrated. Treatment of Felon Without Incision." Cuts of old-fashioned instruments mar the pages devoted to craniotomy. Levret's murderous perforator and Meigs' craniotomy forceps seem in the mind. Bergeon's Treatment." of the author to be adequate substitutes for Carl Braun's curved trepan and cranioclast! The Smellie-Veit method of "extraction" and "manual aid" in pelvic presentations is not mentioned. In speaking of "Decollation or Decapitation" (p. (59), Parvin says: "This operation can be very quickly done by means of a piece of strong twine, which is thrown around the neck, then used as a saw, to-and fro movements given it, burying it deeper in the cervical tissues, until finally the section is completed." Children. This sentence really requires no comment. It is that the writer himself has never performed the op-thra Treated by Electrolysis."

was lacking in fine feeling, who would practice im- eration, nor seen it performed by others. It would partment of surgery. These are only a few of the sins of omission and commission, but they are suffi-

> Viewed as a whole, we regard "Parvin's Obstetfrom the American press, up to the present time; be admitted, however, that the work is very faulty.

ASSOCIATION ITEMS.

AMERICAN MEDICAL ASSOCIATION.

The Thirty eighth Annual Session will be held in Chicago, Ill., commencing on Tuesday, June 7, at 11 A.M., in Central Music Hall, corner of State and Randolph streets, and will continue four days. Good rooms for the several Sections will be provided as near the hall for general meetings as possible. Registration books will be open in Central Music Hall on Monday, the day preceding the meeting, for those who wish to register early.

In addition to the list of papers already published,

the following are promised:

Section of Diseases of Children.

C. E. Briggs, M.D., St. Louis, Mo., "On Spasm of the Larynx and (Esophagus."

L. Duncan Bulkley, M.D., New York, "On Infantile Feeding, Especially with Reference to Subjects with Infantile Eczema."

Section on Practice of Medicine, Materia Medica , and Physiology.

L. Duncan Bulkley, M.D., New York, "On the

Byron H. Daggett, M.D., Buffalo, N. Y., "On a Convenient and Practical Method of Administering

Section on Obstetrics and Diseases of Women.

Henry O. Marcy, M.D., Boston, Mass., "Cystitis in the Female."

W. H. Wathen, M.D., Louisville, Ky., "Rupture of the Uterus."

Section on Surgery and Anatomy.

Alex. Y. P. Garnett, M.D., Washington, D. C., on "The Surgical Treatment of Suppurative Pleuritis in

Robert Newman, M.D., New York, "Synopsis of utterly absurd. It presents prima facie evidence the Second Hundred Cases of Stricture of the Ure-

E. A. Wood, M.D., Pittsburgh, Pa., "A Deformity sippi Rivers to Cairo, including St. Louis, and all other points and Disability following a Form of Injury to the An-

J. McFarland Gaston, M.D., Atlanta, Ga., "On the Pathology, Diagnosis and Treatment of Perfora-

tion of the Appendix Vermiformis."

Joseph Jones, M.D., New Orleans, La., "A New Method of Testing the Relative Value of Certain Antiseptics, Disinfectants and Germicides Employed Internally and Externally in the treatment of Wounds and Syphilis."

S. T. Armstrong, M.D., Memphis, Tenn., "Trephining in a Case of Intermingeal Hæmaturia with

Hemiplegia."

A. H. Wilson, M.D., Boston, Mass., "The Prostate Gland; a Review of its Anatomy, Pathology and Treatment."

Section on Ophthalmology, Otology and Laryngology.

J. J. Chisolm, M.D., Baltimore, Md., "The Results of a Year's Experience in the Abandonment of Eye Bandage."

W. T. Montgomery, M.D., Chicago, Ill., "After-Treatment of Cataract Extraction."

Geo. E. Frothingham, M.D., Ann Arbor, Mich., "A Case of Epilepsy Apparently Cured by Correcting Hypermetropia." "Two Cases of Tumor of the Optic Nerve."

Section on Medical Jurisprudence.

Wm. C. Wile, M.D., Philadelphia, Pa., "On Expert Testimony."

FACTS RECARDING RAILROAD RATES.

[The following letter sufficiently explains itself, which we cheerfully publish, as under.-FD.]

To THE EDITOR:

My Dear Sir: Kindly afford space in this week's issue of THE JOURNAL, and until June 4, please, by publishing the subjoined valuable information, as to those who anticipate attending the coming meeting of the American Medical Association, it will be of much practical interest-as well also, that it will be a REPLY in full to inquiries of many physicians, whose valued favors have unavoidably remained unanswered, simply because a number of our good friends have written substantially in the same manner from various parts of the country, desiring information regarding railroad rates, etc. And by your publishing a statement of the facts herein contained, it will be accepted by the Committee on Transportation as a favor personally to each of its members, and at the same time it will also be an answer to the many questions thus far received by this Committee, and which we have not had the time to respond to individually, as well as a reply to those who contemplate writing to the Committee upon the points enumerated above, and greatly oblige. Yours truly, LISTON H. MONTGOMERY, M.D.

Chairman Com. on Transportation.

150 Randolph St., Chicago, May 18, 1887

Upon all railroads within territory bounded as follows:

On the East, by the western termini of the Trunk Lines, which termini are: Toronto, Canada; Suspension Bridge, Niagara Falls, Tonawanda, Black Rock, Buffalo, East Buffalo, Buffalo Junction, Dunkirk, and Salamanca, N. Y.; Pittsburgh and Allegheny, Pa.; Bellaire, Ohio; Wheeling and Parkersburg, W. Va.; and Ashland, Ky.

On the North, by the line of the Grand Trunk Railway from Toronto to Port Hunon, including the points thereon, thence

via the Great Lakes to Chicago.

On the West, via the west line of Cook Co. 1ll. (the county in which Chicago is located) to, and via the Illinois and Missis-

on said lines and rivers, the extensions of the Wabash, and Toledo, Peoria & Western Railways westward from said boundary

as well as on the South by the Ohio River.

Delegates, members, and their families are instructed that at time they purchase their tickets going to Chicago, the Agent will furnish you with a certificate or receipt at time of said purchase, stating that you have paid full fare to place of meeting. This certificate or receipt is positively necessary for you to get from the ticket agent, which will afterwards require to be endorsed by the Chairman of the Committee on Transportation at Chicago, stating that you have been in attendance at the meeting. This will enable you to get your ticket for the return journey at One-Third the Lowest Regular Limited Fare.

In case there is no limited fare to the point desired, one-third

of the regular unlimited fare will be used.

Tickets for return journey are limited to continuous passage, and should be used on first train after they are purchased, although the certificates will be good three days after the Association adjourns. And no certificate or receipt will be honored at Chicago which was procured from agent at starting point more than three days prior to date of meeting. Thus it will be seen the certificates are good until used within the above described territory, ten days, and include all those lines that have not already been published in former issues of THE JOURNAL.

For delegates, members and their families who reside at points in Trunk Line territory (study the list of roads embraced therein) Win. Porter, M.D., St. Louis, Mo., subject not blank certificates will be furnished you by the Chairman of the Committee on Transportation at Chicago, if in good time you requisition me for the necessary number. This can be done on, and after May 24. These blank certificates will be furnished parties from points east of Niagara Falls, Buffalo, Salamanca, Pittsburgh, Petersburg or Wheeling, which will be certified to by the agent at starting-point, stating that you have paid full fare through to Chicago. It is absolutely imperative that certificates for this territory be in the hands of parties at the time of purchasing their "going" tickets, to get the ticket agent's reccipt, and will require to be endorsed by the Chairman of the Transportation Committee at the meeting, to enable the holders to get the concession returning, which will be one-third the lowest regular limited fare. These certificates are also good three days after the Association adjourns, or ten days altogether,

Regarding the Western Roads, specific knowledge cannot at this time be given as to the plan each of them will pursue, Ticket Agents for the Chicago, Milwaukee & St. Paul Railway will give each person a receipt who has purchased a ticket, stating that full fare has been paid to Chicago, This receipt will be endorsed as described above, thus cutifling the holder to return at one-third the lowest limited fare, and applies to all parties in attendance at the meeting; in all cases, however, the return rate will be made one-third the regular fare. The Chicago & Alton simply requires for its protection, a certificate as per form prepared by the "Committee," having this matter in charge, properly endorsed at Chicago, to secure the reduced fare of one-third the regular rate, etc., for each person in attendance.

The Illinois Central will also honor tickets in the same manner as will the Chicago & Alton when vouched for in the same manner.

The Chicago, Burlington & Quincy has adopted the same plan as that of the C. M. & St. P. Road.

The Chicago & Northwestern will pursue a similar plan, that of giving to each purchaser a receipt for the amount of full fare, going, as will, doubtless, most of the other lines within the territory leading west, southwest and northwest from Chicago, as far at least as the Mississippi and Missouri rivers. Tickets over the lines west of Chicago will not be honored after June 12. Negotiations are not yet completed, but from present knowledge, the indications are, that the following roads will also give the reduced rate, amounting to a fare and one-third, for the round trip to delegates and their families:

Union Pacific

Burlington & Missouri River. Atchison, Topeka & Santa Fé. Denver & Rio Grande,

Gulf, Colorado & Santa Fé.

Houston & Texas Central.

Texas & Pacific.

Missouri Pacitic. Southern Pacific. St. Louis, Arkansas & Texas.

St. Louis & San Francisco,

Iron Mountain.

Atlantie & Pacifie.

Northern Pacific.

St. Paul, Minneapolis & Manitoba.

St. Paul & Duluth.

As well, too, as the following Steamboat Lines:

Goodrich.

Lake Michigan and Lake Superior.

In all cases, except where stipulated otherwise above, it is advisable that you get from the Ticket Agent at the time you procure your tickets to Chicago, a recent from Agent, stating that you have paid full fare going, and which must invariably be shown the Chairman of Transportation Committee at place of meeting.

Upon the forty-two Southern Roads enumerated (see list), you are required to procure a certificate, similar to that required of parties who live in territory occupied by the Trunk Lines, viz., by sending to the Chairman of Transportation Committee, at Chicago, for the necessary number, etc., which you can procure

on and after May 24.

Certificates are good to return on these Southern Lines only, twenty-four hours after adjournment, i.e., good until June 11. And in every instance upon all the roads named, you are re-

quired to return the same route as upon going.

It seems as though the above information embraces every possible inquiry that can be propounded, and we trust a largely representative neeting will be held, in which we are joined by the hearty wish and co-operation of the entire profession of Chicago. Further particulars may be obtained by addressing Dr. LISTON II. MONTGOMERY,

Chairman of Committee of Transportation,

Briggs House, No. 189 Randolph St., Chicago.

The roads which will accept return tickets on the certificate plan are:

Baltimore & Ohio (west of the Ohio River), Buffalo, New York and Philadelphia.

Chicago & Grand Trunk.

Cincinnati, New Orleans & Texas Pacific. Chicago, Vincennes & Cairo Line.

Clicago & West Michigan.

Chicago, St. Louis & Pittsburgh. Cincinnati, Hamilton & Dayton.

Cincinnati, Indianapolis, St. Louis & Chicago. Cincinnati, Washington & Baltimore.

Cleveland, Akron & Columbus,

Cleveland & Marietta.

Cleveland & Pittsburgh.

Cleveland, Columbus, Cincinnati & Indianapolis, Cleveland, Loram & Wheeling.

Columbus & Cincinnati Midland.

Columbus, Hocking Valley & Toledo.

Chesapeake & Ohio.

Chicago & Atlantic.

Dayton & Ironton.

Detroit, Lansing & Northern.

Dayton & Union.

Detroit. Grand Haven & Milwaukee.

Evansville & Terre Haute.

Flint & Pere Marquette. Fort Wayne, Cincinnati & Louisville.

Graed Rapids & Indiana.

Grand Trunk.

Indianapolis & St. Louis.

Indianapolis & Vincennes.

Indianapolis, Bloomington & Western. Indianapolis, Decatur & Springfield. Jeffersonville, Madison & Indianapolis.

Kanawa & Ohio.

Lake Erie & Western.

Lake Shore & Michigan Southern.

Lousiville & Nashville.

Louisville, Evansville & St. Louis, Louisville, New Albany & Chicago.

Michigan Central.

Michigan & Ohio. New York, Chicago & St. Louis. New York, Pennsylvania & Ohio. Niagara Falls Short Line.

Ohio & Mississippi.

Pennsylvania.

Peoria, Decatur & Evansville.

Pittsburgh & Lake Erie.

Pittsburgh & Western.

Pittsburgh, Cincinnati & St. Louis.

Saginaw Valley & St. Louis,

Scioto Valley

Toledo & Ohio Central.

Toledo, Peoria & Western.

Valley Railway.

Vandalia Line.

Wabash Railway.

Wheeling & Lake Erie. Baltimore & Ohio (east of Parkersburg, Bellaire & Wheeling.)

Baltimore & Potomac

Bennington & Rutland.

Boston & Albany (on business between common points in New England and points west of, but not including Albany.)

Boston & Lowell.

Boston, Hoosae Tunnel & Western.

Buffalo, Rochester & Pittsburgh.

Camden & Atlantie. Central Vermont.

Delaware & Hudson Canal Co.

Delaware, Lackawanna & Western.

Fitchburg

Lehigh Valley. New York Central & Hudson River.

New York, Lake Erie & Western.

New York, Ontario & Western, Norfolk & Western.

Northern Central

Philadelphia & Erie.

Philadelphia & Reading.

Philadelphia, Wilmington & Baltimore.

Rome, Watertown & Ogdensburg.

Shenandoah Valley.

Troy & Boston. West Jersey.

West Shore.

The following named lines offer one and one-third fare for round trip:

Burlington, Cedar Rapids & Northern Railway.

Central Iowa Raitway.

Chicago & Alton Railroad.

Chicago & Northwestern Railway.

Chicago, Burlington & Northern Railway.

Chicago, Burlington & Quincy Railroad. Chicago, Milwaukee & St. Paul Railway.

Chicago, Rock Island & Pacific Railway.
Chicago, St. Paul, Minneapolis & Omaha Railway.
Green Bay, Winona & St. Paul Railroad.
Hannibal & St. Joseph Railroad.
Hlinois Central Railroad.

Kansas City, St. Joseph & Council Bluffs Railroad. Milwaukee & Northern Railroad.

Milwaukee, Lake Shore & Western Railway.

Minneapolis & St. Louis Railway.

Minnesota & Northwestern Railroad.

Missouri Pacific Railway

Rock Island & Peoria Řailway. Sioux City & Pacific Railroad.

Wabash Western Railway. Wisconsin Central Lines

A list of forty-two Southern roads which will accept return tickets issued under the certificate plan.

Mabama Great Southern Railroad.

Atlanta & West Point.

Brunswick & Western,

Central Railroad of Georgia. Central Railroad of South Carolina.

Charleston & Savannali.

Cheraw & Darlington. Cheraw & Salisbury

Cincinnati, New Orleans & Texas Pacific. East Tennessee, Virginia & Georgia.

Georgia.

Georgia Pacific. Illinois Central (south of Ohio River). Jacksonville, Tampa & Key West. Louisville & Nashville (south of Ohio River). Louisville, New Orleans & Texas. Memphis & Charleston. Mississippi & Tennessee. Mobile & Ohio (south of Ohio River) Nashville, Chattanooga & St. Louis. New Orleans & North-Eastern. Norfolk & Western. North-Eastern Railroad of Georgia. North-Eastern (of South Carolina). Pennsylvania (south of Washington). Petersburg. Port Royal & Augusta. Raleigh & Gaston. Richmond & Alleghany. Richmond & Danville, and leased lines. Richmond, Fredricksburg & Potomac. Richmond & Petersburg. Rome. Savannah, Florida & Western. Scaboard & Roanoke. Shenandoah Valley (south of Potomac River.) South Carolina. Vicksburg & Meridian. Western & Atlantic. Western Railway of Alabama. Wilmington, Columbia & Augusta. Wilmington & Weldon.

MISCELLANEOUS.

THE AMERICAN LARYNGOLOGICAL ASSOCIATION will hold its ninth annual session in the Hall of the New York Academy of Medicine on May 26, 27 and 28, under the Presidency of Dr. E. Fletcher Ingals, of Chicago.

Dr. Selim Pacha.—From the British Medical Journal we learn that the Khedive has nominated Dr. Selim Pacha to represent Egyptian Medicine in the approaching International Medical Congress.

Dr. Robert Barnes, of London, has been elected an Honorary Fellow of the Chicago Gynæcological Society.

THE Association of Medical Editors will meet at the Palmer House, Chicago, at 8 P.M., on the Monday evening preceding the meeting of the American Medical Association. The President, Dr. Shoemaker, will deliver an address on "Some of the Present Abuses of Medical Literature." This organization is permanent, and largely social, and it is desired that medical editors who can attend the meeting will Those who expect to be present should send their names as soon as possible to Dr. Wm. Porter, 3137 Lucas Ave., St. Louis. Dr. J. L. Gray, 70 Monroe St., Chicago, is Chairman of the Committee of Arrangements.

Kentucky State Medical Society.—The next annual meeting of this Society will be held in Paducah, on the 15th, 16th and 17th of June, 1887. Dr. W. N. Wathen, of Louisville, is President, and Dr. Steele Bailey, of Stanford, Secretary. A full attendance is expected.

The Congress and Trans-Atlantic Steamship FARES.—The London Lancet, of May 7, 1887, says: "We understand that Messrs. Henderson Bros., managing owners of the Anchor Line of Steamships, from Glasgow to New York, have decided to offer to members of the medical profession desirous of attending the International Medical Congress to assemble at Washington, in September next, return tickets to New York for £20, giving the best accommodation at this low rate."

English Society for the Study and Cure of INEBRIETY. -- The Council of this Society have called an International Congress, to be held in Westminster Hall, London, July 5 and 6, 1887, for the purpose of discussing the problems of inebriety medically. Papers have been promised from a number of eminent men in different countries, and the meeting will doubtless be a profitable and interesting one, under the Presidency of Norman Kerr, M.D., F.L.S., London. T. D. Crothers, M.D., of Hartford, Conn., is the American member of the Committee of Arrangements.

NEW YORK STATE MEDICAL ASSOCIATION.—The Fifth District Branch will hold its third annual meeting in Brooklyn, at Remsen Hall, 190 Remsen St., on Tuesday, May 24, 1887. An interesting meeting is expected.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM MAY 7, 1887, TO MAY 13, 1887

Lieut.-Col. C. T. Alexander, Surgeon, granted leave of absence for four months, with permission to go beyond sea, to take effect May 23, 1887.

Capt. P. F. Harvey, Asst. Surgeon, granted leave of absence for four months, with permission to go beyond sea, to take effect June 10, 1887. S. O. 105, A. G. O., May 7, 1887.

Capt. Victor Biart, Asst. Surgeon, ordered for examination by Army Retiring Board at Ft. Leavenworth, Kans. S. O. 107, A. G. O., May 10, 1887.
Capt. F. W. Ellery, Asst. Surgeon, ordered for examination by Army Retiring Board at Washington, D. C. S. O. 109,

A. G. O., May 12, 1887.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U.S. NAVY, DURING THE WEEK ENDING MAY 14, 1887.

Gravatt, C. N., Surgeon, detached from the U. S. Str. " Michigan."

Lumsden, G. P., P. A. Surgeon, ordered to the U. S. Str. " Michigan,"

Ashbridge, Richard, P. A. Surgeon, detached from the Naval Academy, and to the practice ship "Constellation, Streets, Thos. 11., P. A. Surgeon, promoted to Surgeon.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U, S, MARINE HOS-PITAL SERVICE FOR THE WEEK ENDED MAY 14, 1887.

Fessenden, C. S. D., Surgeon, detailed as chairman of Board for physical examination of cadets, Revenue Marine Service. Máy 13, 1887.

Stoner, G. W., Surgeon, to proceed to Delaware Breakwater as inspector, and to New York and Philadelphia to inspect unserviceable property. May 12, 1887.

Irwin, Fairfax, P. A. Singeon, detailed as recorder of Board

for physical examination of cadets, Revenue Marine Service. May 13, 1887. Fattic, J. B., Asst. Surgeon, relieved from duty at Baltimore,

Md.; ordered to Marine Hospital, St. Lonis, Mo. May 13,

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ORIGINAL ARTICLES.

THE CURE OF HERNIA.

Read in the Section on Surgery at the Thirty-seventh Annual Meeting of the American Medical Assocition, May, 1886.

BY HENRY O. MARCY, A.M., M.D.,

OF BOSTON, MASS.

Temerity born of ignorance would seem the only judgment to be passed upon one who would offer any further contribution upon the cure of hernia. The eighty closely printed quarto pages of the "Index Catalogue" of our National Library, giving only titles and authors, would presuppose an exhausted subject. the cure of hernia has remained in large degree an unsolved surgical problem, and the sale of supports and trusses increases with each decade. This paper is of narrow limit and has but the one definite ob-

quoted by Mr. Spanton in 1881, as referable to Great Britain, "the mean annual rate of mortality for the year 1879 was 45 deaths to every 1,000,000 living; and to make the significance of this more manifest, or two other cases. In 1878, I reprinted from a I may point out that while calculus killed 237 per-communication offered to the Association, a paper sons in the year 1879, and all malformations (except giving a considerable series of eases and a study of spina bifida) put together, 219; gout 662; and all the histological metamorphosis which tendinous structure diseases only 1,068, hernia caused the death tures undergo when incorporated into the tissues. of 1,119 in the same period." Table II shows that out of 1,870 cases of operation, in hospitals, etc., for human subject in which I had operated some months strangulation, there occurred 782 deaths, giving 41.80 previous and death had supervened from acute disper cent. of mortality. This has been greatly les- ease; also a series of studies upon rabbits and pupsened by modern methods of wound treatment, but pies. In 1881 I communicated to the International the injury to the intestine by the constriction still Congress in London further observations upon the remains a danger to the patient, often far exceeding same subject, with a list of cases, and emphasized those incident to operative measures. We can do the removal of the peritoneal pouch as important in no less than second with all earnestness the plea so preventing return of the affection.

ably set forth by Mr. Spanton in England and Dr. Joseph Warren in America, to effect by operative measures a cure in a large class of these sufferers. especially in the young, rather than condemn them to lifelong discomfort from support and a perpetual risk of disability and death. The revolution in abdominal surgery, during the last decade, renders less imperative the need of enforcement, by argument, of proper antiseptic precautions by which peritoneal wounds are rendered almost devoid of danger; rules enforced in my earlier writings upon hernia, as a duty of religious exactitude; now, however, like the church dogmas, accepted in theory, but obeyed with a laxity which brings discredit upon the faith.

The etiology and causation of hernia cannot even Notwithstanding, from the Fathers to the present, be referred to here; but the fact that about one-eighth of the entire number occurs in childhood, renders it probable that a congenital lack of proper development is a fundamental factor in its production.

My first operation for hernia which involved the ject—that of teaching a single method of cure which essential principles now advocated was done seventhe writer would commend in operative cases; yet, teen years ago. The year previous, I had returned the importance of the subject demands brief notice. from Edinburgh, a convert to the teachings of Prof. Although hernia in all classes and ages, from in- Lister. The omentum with a loop of the intestine fancy to old age, is a matter of daily observation by our profession, the statistics of Dr. J. H. Baxter, and the patient was in extremis. The hernia was old, giving 5 per cent. of the total population as subject the ring large, the pillars weak; and the patient, adto such a disabling and dangerous affection, will surprise most who are not special students of the subject. This gives nearly three millions of people, of all ages and conditions, in the United States alone, were stitched together with large catgut sutures and were stitched together with large catgut sutures and supprise means a large time ring range, the pinals weak, and the patient, authorized in years, had a very troublesome bronchial cough. The operation was antiseptic in method, and, owing to the cough, the deep pillars of the ring were stitched together with large catgut sutures and the means alone. who are sufferers in a greater or less degree from this the wound closed, to prevent a prolapse of abdominal affection. One English firm manufactures over 50, contents, rather than with any thought of cure. The ooo trusses a year, chiefly for home supply. As cough continued severe until the patient's death, six

There can be no doubt but that many cases which and closing from the very bottom the walls of the are reported cured by any of the various methods of operation, in the end prove failures; since a very considerable period must elapse before one can be been of indefinite duration. I have operated upon at all sure of results. This should cause hesitation every variety of hernia, and with considerable modiin tabulating cases until they have continued for a fication of detail. The usual method is simple and considerable period under observation. Only re- is outlined as follows: A careful shaving and cleanscently have I seen a case of double hernia, where I ing of the external parts, using carbolic acid or merwitnessed a very skilful operation by injection, and curic bichloride solution. Soap containg ½ of 1 per examined the patient with great care one year after cent. mercuric bichloride is very convenient. Each without detection of a weakening ring; but now, four step of the operation is taken with strict antiseptic years having elapsed, the hernia has returned, and detail, usually under irrigation. If the abdominal the patient must again resort to a truss. I am led cavity is opened spray is used. In inguinal hernia, to believe that, in a very considerable class of cases in no instance have I made the incision in the scroreported cured, especially in the blind operations of tum as advocated by Mr. Wood, and it is usually parsubcutaneous sewing and injection methods, the her- allel with Poupart's ligament and a little, perhaps half nia returns, because the deeper tendinous structures an inch, higher on the abdominal wall than the openremain unclosed and the peritoneal sac unobliterated. ing through the ring. The elasticity of the tissues Since the days of Morgagni, it has been repeatedly allows of easy manipulation of the parts, and brings claimed that hernia was often produced by the elon- the external wound a little way from the fold of the gation of the mesentery and a consequent prolapse groin, which facilitates a safer dressing and causes of the intestines. This error is repeated even in our less irritation in the subsequent wearing of a support. best text-books: as, for example, Bryant. The fre- The incision should be free and sufficiently long to quency with which the small intestines are found, at insure easy inspection and ample room. Secure, of autopsies and in abdominal operations, in the pelvic course, any vessel which bleeds—and yet, my expecavity, would refute this supposition.

entery of the jejunum on the left side longer and vantages of the open method, enabling the surgeon nine to ten inches. In the right iliac fossa, at the the sponge, the parts became so bleared with blood, lower part, the mesentery attains only about one-half that I was obliged to rely mainly upon the sense of this length. In one case out of the hundred exam-touch, before I ventured to pass a needle through ined, Mr. Treves found the intestines, in a woman of Poupart's ligament, the conjoined tendon, or the piltrue that, in a majority of cases, the small intestines done by me, when the sac to be removed is not very find easy lodgment as low as in the pelvic basin, the large, through a scrotal incision two inches long bearing of these considerations upon the cure of reaching up to the superficial ring." hernia becomes apparent. The pinching of the peritoneum over a weakened ring gives an effective extent, draw up the peritoneal pouch quite sufficient lodgment of abdominal contents. The elongated to cause its obliteration upon the inner side and sew omentum is continually slipping into the depression it evenly with fine tendon sutures by the so-called and acts as a wedge, driving the supporting walls shoemaker's stitch. This encloses all the peritoneum apart, and often cases occur where it is wiser to re- and occludes it, while it has the advantage of a double move an elongated, thickened mass rather than to thread and only one knot. Then cut away the rereplace and leave it to act as a future source of dundant pouch and allow the peritoneum to drop trouble. In a number of cases, I have removed back, in order not to include it in the deep suturing considerable portions of omentum, for this reason, of the tendinous structures. In some cases, where without bad result.

only refer to the inguinal canal, as a passage from the porated it in the deep suturing, as a reinforcement to deep to the superficial ring, one and one-half to two the tissues. However, I can but regard this as a inches in length, doubly oblique in direction, and doubtful measure; usually I have felt it wise to reclosed in a valvular way, by close apposition and by fresh the pillars before suturing as more likely to connective tissue attachment of its walls. In congenital cases, the tunnel-like projection of the peritoneum of pre-natal formation has not been obliterated, Cure is effected by obliterating the peritoneal folds thickening of the peritoneum, over which normally

rience does not confirm Mr. Wood's views in his Mr. Treves' observations are of much interest in recent lectures published in the British Medical Jourtheir bearing upon this subject. He found the mes- nal.2 He says: "With respect to the supposed adlooser at a point from six to ten feet from the duo to see the parts on which he operates, I have myself denum. Here the mesentery attains a length of from found that, after the first cut and the application of 70, could be drawn down eight inches below the crest lars of the ring. My experience is that this operaof the ileum, and yet there was no hernia. If it is tion can be all done, and has been very frequently

Having divided the external tissues to a sufficient the ring has been very large and the pillars much at-Interesting as is the anatomy of hernia, we can tenuated, I have folded the sac upon itself and incorsecure a firm union. The method of Mr. MacEwen, of suturing the peritoneal pouch in such a manner that it can be introflected upon itself—pursed up, so and the walls of the canal have become stretched and to speak—is, to say the least, ingenious; but it aptorn, until the valvular action of the canal is lost, pears open to the objection of making an obstructive

¹ Hunterian Lectures on the Aoatomy of the Intestinal Canal and Peritoneum.

² June, 1885.

Sewing through the peritoneal pouch and its excision vielded in a few days. is easier, equally safe and, in my judgment, offers promise of a better result.

structures, under favorable circumstances, are much the publication of my cases. Mr. Steele stated to me greater than was earlier supposed. Formerly I used in 1881 that the cure of his case remained permanent. catgut, but for a number of years have preferred the He used catgut antiseptically. As might naturally tendon suture. That from the tail of the kangaroo be supposed, Mr. Lister has repeatedly operated with is the best, since the fibres are more parallel and do good result. Prof. Annandale, of Edinburgh, operates not readily fray out as those of the ox, deer, or whale. In this manner. He prefers to remove the sac when With the finger within the ring, to protect the perito- easily done. Prof. Stokes, of Dublin, returns the sac neum and guide the needle, I introduce it quite one- unopened, believing the excision of the sac unjustifihalf inch from the outer portion of the ring, and able because of danger. Mr. Banks and Mr. Alexenclose the tissues to this width deeply to the perito- ander, of Liverpool, report cases and advise removal about one-third of an inch, including both pillars of McCormac. the ring, until the opening is securely closed—in the female completely and a little within the inner bor- 1880 from the use of chromicized sutures; also Mr. der; in the male, the parts are closed so as to care- J. Whitson, in the Medical Times and Gazette. Prof. fully protect and secure the cord from injury. The Czerny published in 1883 a paper in which he advosuturing is simple, and I first devised it for the sew- cates the closing of the ring with sutures. Dr. Poring of the large pedicle of nterine myoma and in the excision of the uterus. The needle is set in a firm handle and is without a cutting point, with the eye near the end. A half to three-quarter curve is preferable. The needle, threaded, is introduced, and the end unthreaded, the opposite end is threaded and withdrawn; this is continued until the seam is complete in as many and as fine stitches as may be thought best. A little care is necessary not to overconstrict the tissues and thereby cause necrosis. I have deemed this method of sewing important, since the great objection to the animal suture is the knot, which in this way is reduced to one, no matter how many stitches are required. Moreover, thus applied, the pressure on the enclosed tissue is equalized and injury therefrom reduced to a minimum; and if it is true, as my experiments lead me to believe, that the tendon suture is replaced by a proliferation of connective tissue, this method of reinforcement is doubly important. I have also used with satisfaction the over and over suture with the Hagerdorn needle, which possesses certain advantages now well known to the profession. A twisted horsehair is generally used for drainage, and the external wound closed by a fine continuous suture. Iodoform dressing is careis advised to be worn for some months, but too much other methods. pressure is injurious.

when properly done, in the great majority of cases, the cure will be permanent.

A brief review of our literature will show that the procedures involving the abdomen and its contents, struction, subcutaneously wired the rings together,

the pelvic contents should easily glide without ob- are being rapidly modified. The operation known struction or lodgment. It cannot strengthen the ring, by my name has had a varied experience. It was at since it is returned through it. This method appears first condemned on theoretical grounds as dangerous, to be offered as a substitute for opening the perito- unscientific, and more radical in method than the neum, and appeals to the earlier fear entertained in cure sought. A few surgeons tried it and gave it up, regard to the surgical treatment of these tissues, reporting to me that the catgut which they used

The first case of cure reported in Great Britain was by Mr. Charles Steele, of Bristol (British Med-The proliferation and repair of the tendinous ical Journal, November 7, 1874), three years after The stitches are repeated at distances of of the sac; also Prof. Buchanan and Sir William

> Prof. MacEwen, of Glasgow, reported cures in ter, of Boston, reports two cases thus cured, also L. Champonnière, of Paris, and others.

> Subcutaneous wire suturing is of very ancient date. It fell into disuse and was condemned as dangerous, until within the present generation. Prof. J. C. Nott published a case of cure in 1845 from the use of the lead suture. Prof. John Wood, of London, a quarter of a century ago received a prize for an essay on the cure of hernia. His method is a subcutaneous closure by wire, the originality of the method dependent upon the way of introducing the wire. The remarkable skill of the operator, together with the shape of the needle, enabled Mr. Wood to secure and occlude the canal.

In that day, when septic infection of wounds, in hospitals, was the rule rather than the exception, subcutaneous surgery, even if blind, bungling, and imperfect, was commendable. With the record which Mr. Wood presents of a majority of cures, it is no wonder that he still, in large degree, advocates his methods, and it is very creditable to his spirit of enterprise that he is willing to adopt the tendon suture, instead of wire. "Latterly," he says, "I have used a stout piece of kangaroo, deer, or ox tendon, well antisepticized in carbolized oil, and softened fully applied, but the great danger is the infection of just before using by soaking it in 1 to 40 carbolized the wound during manipulation rather than after its lotion. The advantage of this is, that there is no closure. Care to avoid over-strain should be exer- necessity for disturbing the wound by the removal of cised for a considerable period, A water pad truss the buried suture, as in the case of the wire and

From this it is apparent that he recognizes only The above procedure is simple, effective, and safe; the coaptation and constriction of the ligature, and not the re-enforcement claimed by the development of surrounding connective tissue.

The late Dr. McDowell, of Texas, by an equally operative measures for hernia, like all other surgical ingenious method, using a needle of peculiar con-

and reported a large percentage of cures. Shortly before his death he informed me that, in his judgment, his operation left little to be desired. Mr. Spanton, whose paper has already been referred to, has devised an ingenious modification of subcutaneous suturing, combining the needle and constricting material in the same instrument, which closely resembles a cork-screw. This is introduced so as to incorporate the rings, and is left for a period of time sufficient to secure a large exudative mass about the ring, and is then withdrawn. No serious results have followed the operation in his hands, and he reports a very large percentage of cures.

Boston, is the world-wide known advocate, aim at a somewhat similar result. A very large exudation into the surrounding tissues follows, and undoubt-

edly many cures have thus been obtained.

The criticism pertains, in a large degree, to all these subcutaneous methods, that they belong to blind surgery; at the best, depend upon the tactile sense which, cultivated by the long experience of a Wood or Warren, may be trustworthy; but an operation which is to become general must be based upon a few simple, well understood factors, to be safely entrusted to the general surgeon. Prof. Tilanus, of Amsterdam, reported to the International Congress of 1878 a collection of 100 cases by Continental operators, by the open method of dissection, for the cure of hernia, both under and without antiseptic precautions, with a mortality of about 11 per cent. Prof. Annandale, of Edinburgh, has more recently reported 71 cases with 4 deaths, by various operators, but all under antiseptic precautions; 66 cases are claimed as cured.

The inaugural Thesis of Victor Cuenod, published in Lausanne in 1881, gives a detailed list of the cases operated on by his master, Prof. Socin, of Basle. He tabulates 34 cases, all of which were under repeated observation during many months; 22 cases remained cured, twelve failed in from six weeks to twenty-two months. He attributes failure, in most cases, to imperfectly prepared catgut and silk; following the use of the latter were very troublesome abscesses, although the silk was carbolized. In the entire list of failures (and the cases were all improved) there was not a single death. The catgut which was chromocized, or prepared in oil of juniper, proved satisfactory. The method was the open dissection with deep suturing of the pillars of the ring, under careful aseptic care and dressing.

In thirty operative cases recovery followed without serious symptoms. I have had two deaths; one a strangulated umbilical hernia, where I removed seven inches of gangrenous small intestine and joined it with a double row of fine tendon sutures. Death ensued about seventy hours after, from exhaustion, as the most probable cause, since there was no peritonitis and the edges were agglutinated by lymph exudation, so that the closed section held water. The other was a case of strangulated crural hernia, where the autopsy showed a slough of the returned con_ stricted intestine, with the escape of its contents. These two cases are thus fairly excluded from the list.

In conclusion, I would advise operation by the

- 1. In all cases of operation for strangulation.
- 2. In all cases where the abdominal contents are imperfectly retained by an instrument, unless the age and condition of the patient prevent.
- 3. In that large class of children when the conditions do not warrant a spontaneous cure.

This opinion is based upon the rigid enforcement of the aseptic principles of operative wound treatment.

The injection methods of which Dr. Warren, of THE USE OF A PLUS CYLINDER IN SIMPLE MYOPIC ASTIGMATISM OF LOW DEGREE:

And the Occasional Necessity for Changing the Axis of the Cylinder for Distance to a Different Axis for Reading.

Read before the Chicago Society of Ophthalmology and Otology, February 8, 1887,

BY W. FRANKLIN COLEMAN, M.D., M.R.C.S., Eng. PROFESSOR OF OPHTHALMOLOGY AND OTOLOGY, CHICAGO POLICLINIC.

Errors of refraction assume so many forms and are so variously treated that I could wish very much to hear the whole subject discussed. This evening I wish to give examples of two classes of cases, in one of which I have more recently adopted a method of treatment, the merits of which entitle it to more general recognition. These are cases of simple myopic astigmatism of low degree (say $\frac{1}{40}$ to $\frac{1}{12}$). Whether they be due to spasm of accommodation or not, I am inclined to think it would always be best for near vision to substitute a plus cylinder, with its axis at right angles to that of the minus cylinder found for distance.

Dr. Culbertson asserts that in non-spasmodic myopic astigmatism, a plus cylinder used as just stated will, in many instances, correct the ametropia, and he proceeds to illustrate the manner in which the ciliary asthenopia is relieved by the plus glass. I will quote only one passage as a sufficient reason for not coinciding with his explanation. He says: "By this minus glass for distance, the myopia in proximal vision has been simply transferred from one to the other plane, and the foci of the two planes are not of the same length." Now if an eye is made emmetropic for remote vision (by correcting its myopic meridian or otherwise), it is certainly emmetropic for proximal vision, and the foci of all the meridians must then be of the same length; and it will require accommodation only to receive a clear image of the near objects.

The reason of the advantage of a plus cylinder does not seem to me far to seek. The total accommodation (not "the unequal contraction of the ciliary muscle") is relieved by a plus glass. For example: Let us suppose an eye with a myopic astigmatism in the vertical meridian of 2.D (or $\frac{1}{20}$) to be corrected by a — 20c axis 180°, and now without accommodation to be adapted for remote vision or parallel rays. If the object be brought to 20" and

American Journal of Ophthalmology, October, 1885.

a + 20s glass be placed before the eye corrected with the cylindric glass, the eye will still receive parallel rays, and, hence, an image without the necessity E. + 60s + 60c 90° prism 2° base in. for accommodation. It follows that at whatever proximal distance the object is viewed with this + 20" glass the ciliary muscle is relieved, an effort equal glasses all day, for near work, with perfect comfort. to + 20'' (or 2.D). Now the combined + 20s -20c axis 180° is equal to a + 20c axis 90°.

the additional reason that it gives a larger image. Again, as in myopes, the ciliary muscle of the astig-if possible, the less efficient homatropine. matic myope may be reasonably supposed to be case (of Mrs. R.), it seems to me, shows that spasm poorly developed and unequal to ordinary use. In of accommodation produced a myopia of $\frac{1}{48}$; and other words, I would not give a weak minus cylinder | changed a hyperopic astigmatism of $\frac{1}{60}$ into a myoin myopic astigmatism, for the same reason that a pic of $\frac{1}{48}$, by advancing the focus of the hyperopic weak minus spherical is not given in myopia for meridian to the retina and the focus of the emme-

reading.

stance (not a few) the plus was preferred. That is, glass for near work. with the latter the type was more distinct and readcally to be true the test of trial has verified. It is this: A simple myopic astigmatic (1) might read 1 Jaeger at 12" imperfectly; (2) with a + spherical glass would read it still better; (3) with a minus cylinder still better; (4) and with a plus cylinder at right angles to that required by the minus the type could be read best and perfectly. In (1) the astigmentioned. I will cite a few cases in illustration:

Case 1.—Hortense H., &t. 13, has had during the tivitis, and the edges of the lids have been red and swollen. After recovery from the conjunctivitis,

Under atropine R. E. V + 36c $180^{\circ} = \frac{20}{20}$. Under atropine L. E. V - 36c $90^{\circ} = \frac{20}{30}$. With accommodation R. E. V - 48c $90^{\circ} = \frac{20}{30}$. With accommodation L. E. V - 36c $90^{\circ} = \frac{20}{30}$. R. E. V = 1 J 12" with - 48c $90^{\circ} = 1$ J 12", better. with $+ 48c \, 180^{\circ} = 1 \, \text{J} \, 12''$, best. L. E. $V = 1 \text{ J } 12'' \text{ with } -36c \text{ } 90^{\circ} = 1 \text{ J } 12'', \text{ better.}$ with $\pm 36c \ 180^{\circ} = 1 \ \text{J} \ 12''$, best.

+ 36c 180°.

Three months subsequently the lids recovered, and the patient prefers reading with the glasses, which completely relieve her of asthenopia.

Case 2.—Mrs. R., æt. 21. Since childhood her eyes have been more or less red and sore, and she has been unable to read, sew or paint longer than card. ten minutes at a time without straining her eyes.

R. E. V = $\frac{20}{20}$ = 1 J 12" with difficulty. L. E. V = 48s = 48c 180° = $\frac{20}{20}$ = 1 J 12" im-

perfectly.

L. E. V \pm 48c 90° = 1 J 12" better but imperfectly.

Under homatropine R. E. $V = \frac{20}{20}$ (Em). L. E. $V = \frac{20}{20}$ with $\pm 600 \, 90^{\circ}$.

At 20' adduction = 10° , abduction = 6° .

A month later all redness of the conjunctiva had disappeared. Mrs. R. can use her eyes with the

At one time I seldom used atropine in testing refraction, but mistakes convinced me of the errors of This + 20c is perhaps preferred to the - 20c for my ways; and now I get the full effect of atropine whenever practicable, and when not so I substitute, tropic meridian to $\frac{1}{40}$ in front of it; showing an ex-Formerly I prescribed the minus cylinder, which cess of ciliary contraction in the vertical meridian of the patient certainly preferred to astigmatic vision, the muscle $=\frac{1}{48}-\frac{1}{60}$. Dobrowolsky has demonand as a rule was satisfied with the improvement as strated that this unequal contraction of the ciliary compared with no glass. Recently I have given the muscle sometimes occurs. The case illustrates also option of a plus or minus cylinder, and in every in- the necessity of a mydriatic to determine the best

Case 3.—Mrs. W., tet. 36, is unable to read longer ing more comfortable. What I supposed theoreti- than fifteen minutes without feeling her eyes fatigued.

R. E. V —10c 15° or + 18c 105° = $\frac{2.0}{6.0}$ = 1 J 8". L. E. V —10c 165° or + 10c 75° = $\frac{2.0}{6.0}$ = 1 J 7". With the above plus glasses the patient read for

an hour without any inconvenience, and they were ordered.

In this case, with the accommodation active the right eye accepted for distance a plus 18 cylinder, matic image is indistinct; in (2) the astigmatic image and apparently by unequal ciliary contraction (the is magnified; in (3) the image is clear; in (4) the excess = $\frac{1}{10} - \frac{1}{18} = \frac{1}{22}$) the eye also accepted a corrected eye, the image is also clear and larger. — 10 cylinder with axis at right angles to the former, This I think is preferred for the reasons previously and vision was the same with either glass. Here even in so high a degree of myopic astigmatism as 1 a plus glass is preferred for reading. Granted past year frequent attacks of phlyctenular conjunc- that the myopic astigmatism occurs during active accommodation and is probably spasmodic. In the left eye the change of a hyperopic astigmatism of $\frac{1}{10}$ to a myopic of $\frac{1}{10}$ is easily due to a ciliary contraction equal to overcoming a minus 10 spherical lens.

Case 4.—Miss S., æt. 16, was sent to me October 7, 1886, by her physician, on account of her headaches, which he thought had some connection with an error of refraction. Miss S. is a large, rapidly growing, neurotic, and not very vigorous young lady, who has suffered daily from headache since Glasses were ordered R. E. + 48c 180°; L. E. childhood, and during the past two years she has been unable to read longer than twenty minutes without pain in her eyes and forehead, lachrymation, and blurring of the type. The eyes have been painful also several times during the day. They are sensitive to pressure.

R. $V = \frac{2.0}{4.0} = 1 \text{ J } 12'' + 48 = \frac{2.0}{4.0} = \text{astigmatic}$

L. $V = \frac{20}{36} = 1$ J 12", refuses any glass. At 6' (adduction = 13) V. $d = 8^\circ$ divergence.

Upon fixation within 12" the eyes diverge.

After atropine three days R. $V + 36c_{90}^{\circ} = \frac{20}{30}$. L. V + $36c 90^{\circ} = \frac{20}{30}$. At 8' adduction 24', abduction 15°.

V $-36c \text{ r80}^{\circ} = \frac{20}{30}$; L. V $36c \text{ r60}^{\circ} = \frac{20}{30}$.

bility to read remain the same. The headache is These glasses were ordered. not relieved.

utes with + 48s oprism 2° base out or in before to consult Dr. H. Derby, of Boston, as he wished

Ordered to wear for distance + 48s \bigcirc 2° base 1 out each eye, and to read with these glasses every scribed + 40c 90° prism 6° base in for each eye. second day. On the alternate days to read with + He had tried these glasses for ten minutes only, and 36s. To read after each meal, commencing with thinks he read with more comfort than with the last one minute, and increase each trial by one minute, prescribed by myself. until reading becomes fatiguing, then to return to

with comfort, and equally well with the adducting prisms or with the + 36s glasses. Was told to try reading on alternate days with the prisms reversed, or bases in, and the 36s as before.

Six weeks later. Now reads fifty-four minutes with ease, and equally well with either pair of glasses. The headache is not relieved.

With accommodation R. V — 60c $180^{\circ} = \frac{20}{30}$. L. V — 60c $180^{\circ} = \frac{20}{30}$. R. or L. V = 1 J 12'' + $60 = 1 \text{ J } 12'' \text{ better} - 600 \text{ } 180^\circ = 1 \text{ J } 12'' \text{ still better,}$ $+ 600 90^{\circ} = 1 \text{ J } 12'' \text{ best.}$

shown at 20 feet and adduction $= 24^{\circ}$, abduction = 6° , V. D = 4 convergence.

After atropine (grs. viij and 3j) six times in two be the best reading glasses. days, R. V + 48 + 600 90 = $\frac{20}{30}$. L. V + 48 +60c 90° = $\frac{20}{30}$. Was given prisms 2°, 6°, 8°, 10°, 12°, with which (by combining) to exercise the internal and external recti muscles.

Case 5.—Countess de B., æt. 35. Asthenopic. With atropine R. V — 16s — 48c 90° = $\frac{15}{30}$. L. V — 16s — 48c 90° = $\frac{15}{30}$. These glasses were ordered for distance. With accommodation intact R. or L. V — $48c 90^\circ = 1 \text{ J } 12''$. These glasses were ordered for near work. In a month the patient reports the glasses afford great relief, but her eyes still tire in reading. Her ladyship is advised to rest near work was usually done within sixteen inches.

Case 6.—J. H. B., æt. 20, school teacher, seen in pain in his eyes whenever he read for five minutes. R. V + $48c 90^\circ = \frac{20}{20}$. L. V + $48c 90^\circ = \frac{20}{20}$.

With these glasses he read half an hour with ease. In February Mr. B. reports: A little reading affects the left eye for two to three days; and in Sep- is not mentioned so far as I have seen in literature.

with which he reads without any unpleasantness for whether the phenomenon is rare. If an eye is tested an hour and a half.

At 12' adduction 45°; abduction 24; V. d = 12° that the last glasses relieve him more than the previous ones. Still he can read only ten minutes October 14.—With accommodation restored R. without pain in the left eye. Under homatropine, R. V — $300 \cdot 180^{\circ} = \frac{20}{20}$. L. V $300 \cdot 180^{\circ} = \frac{20}{20}$. When November 14.—After constant current of elec-accommodation was restored abducting prisms of 2° tricity to the eyes daily for two weeks, the tender-leach were added to the above glasses. With these ness of the eyes is much less, but the pain and ina- Mr. B. reads one and a half hours comfortably.

Nine months later: "I can use the spectacles if November 19.—Upon trial can read only five min- I do not look away from the book." Recommended further advice.

Nine months later Mr. B. said Dr. Derby pre-

Case 7.—Frank F., æt. 12, complains that his eyes half the maximum time attained and increase as beget tired in five minutes reading. R. V — 42c 90° fore. Prescribed arsenic and fat food.

Three weeks later. Reads twenty-seven minutes $2 \int 5''$ to 12''.

Under homatropine, R. V — $36c 90^\circ = \frac{20}{20}$. L. V $-600 90^{\circ} = \frac{20}{20}$.

At 20', convergence = 15°, divergence = 5°. With accommodation, R. V = 36c $90^{\circ} = \frac{20}{20} =$ 1 J 8". L. V — $600 \ 90^{\circ} = \frac{20}{20} = 1 \ \text{J 6}$ ".

Read with these glasses comfortably for one hour. A month later Frank reports the eyes give him no trouble in reading. In this instance the astigmatism of the right eye is less before than after the mydriasis, and that of the left eye greater. The crystalline astigmatism of the right under accommodation may For the first time in testing binocular vision is compensate for that of the cornea, as Donders pointed out is usually more or less the case. It is noticeable that the findings under homatropine prove to

> Case &.-Mr. R., æt. 37; anditor; asthenopic. Under homatropine, R. V + 36c $75^{\circ} = \frac{20}{30}$. L. V $+ 36c So^{\circ} = \frac{20}{20}$

> Two days later, with restored accommodation, R.

 $V - 36c \text{ 180}^{\circ} = \frac{20}{20}$. L. $V - 36c \text{ 170}^{\circ} = \frac{20}{20}$. R. V = 1 J 12" with difficulty, + 36s better, — 36c 170° still better, + 36c 75° best and well. L. $V = \tau J \tau 2''$ with difficulty, + 36s better, -36c 170° still better, $+36c80^{\circ}$ best and well. The above + cylindric glasses with which the patient could read best were given.

A year later Mr. R. says he likes his glasses very her eyes when they get tired. Possibly a + 48c much, and is quite relieved of asthenopia. In this 180° might have afforded more relief, especially if case the right eye prefers for reading the + cylinder at an angle of 75°, which was accepted with paralyzed accommodation. This glass varies 15° January, 1882. During the past six months has had the same glass that would have been selected for reading by the oculist from the result of testing remote vision with accommodation intact.

This change in the axis of the cylinder determined for remote vision to a different angle for near vision, tember presents himself, saying he can read comfort- After first noticing this peculiarity I looked for other ably with the glasses for only fifteen minutes... Instances, and soon found a few. Since then I con-Glasses + 60s + 48c 90° each eye were prescribed, fess to having neglected to test for it, so cannot say for distance both with and without atropine, and A year later the patient again returns and reports | neither cylindric glass proves satisfactory in reading,

axis of the cylinder.

I will cite one very typical case in illustration:

Case 9.—In November, 1883, Mrs. G., æt. 37, had a column of newspaper at a time without producing:

V → 48c 60° = 30.

latter glasses, and half an hour with the former plus glasses with comfort. The glasses that prove most satisfactory in reading are: R. E. + 36c 180°. L. E. + 36c 150°. Two months later the report is: "The spectacles afford perfect comfort."

accommodation. In the left eye the reading glass, the head and throat. varies 15° from the distance glass selected with homatropine, and corresponds with the glass selected with the paramount importance of hygienic laws in without a mydriatic. In the above I of course as- the management of this disease. The humiliating sumed that the plus cylinder for reading would be fact that I had failed, time and again, since 1855 at right angles to the minus cylinder, i.e., R. E. + (the date of my first systematic attempts to treat 48c 30°, L. E. + 48c 150°.

to be due to the accommodation in which the ex- some very important matter in the management of cessive contraction of the ciliary muscle in the spe- this disease had been overlooked. Indeed, I had cial meridian so alters the figure of the lens as to made the records spoken of, because of this impreschange the meridian of the real astigmatism of the sion. Under these circumstances, as I reflected on cornea. In this instance it seems more probable the effects of colds upon the nucous membrane, rethat the eyeball rotates on its visual axis during con- peated year after year, and re-called to mind remarks vergence, possibly on account of excessive tension that a large number of other patients had made on of the superior oblique. That active accommodation this same subject, I was more thoroughly convinced tion does not account for the result, seems the more that I had found what had been overlooked by all probable, since the reading glass for the right eye who had preceded me, namely: that a strict observcorresponds more nearly, and for the left eye per- ance of the laws of health was indispensible to a fectly, with the distance glass selected during active successful treatment, as well as to the prevention of accommodation.

163 State St.

THE IMPORTANCE OF HYGIENIC MEASURES IN THE TREATMENT OF NASAL CATARRH.

BY THOMAS F. RUMBOLD, M.D., OF ST. LOUIS, MO.

Chronic catarrhal inflammation of the mucous membrane of the nasal passages and the cavities men arose from the results of excesses of various connected with them, requires a very different management from that given to other diseases, for the and stimulants. In the case of women, their sickreason that the effects of dress, customs and daily ness and death arose from the results of exposure of habits of patients have a controlling influence on various kinds, but principally owing to insufficient

tients for catarrhal inflammation of the throat and is as far from being flattering to woman's judgment nasal passages. They were in the habit of frequenting a skating rink from two to four nights each week. on effects of inclement weather. One is an evi-After exercising violently they became exhausted dence of a determination not to be deprived of any and seated themselves on a bench in the cold air, pleasure at whatever cost, and the other denotes thus becoming chilled. I was but partially success-either a great state of ignorance or an indifference

it would be well to test the effect of changing the being unable to do more than alleviate their most prominent symptoms, and these only temporarily. These circumstances led me to consult a record I had kept of the history and treatment of a few obbeen unable for twelve years to read more than half servant patients who had, at different times during the five years previous, been under my care for the pain in her eyes. After homatropine, R. V + 60c same complaint. These last named patients had $+ 36c + 15^{\circ} = \frac{20}{20}$. L. V + 60s $36c + 165^{\circ} = \frac{20}{20}$. In the last named patients had noted many of their symptoms and had taken special pains to maintain their general health. I made a record of these cases at different times, but had not, The patient can read only five minutes with the until on this occasion, read them through in succession. After a careful reading and comparison one with another, I was struck with the marked similarity of their statements regarding the causes they ascribed to the aggravation of their catarrhal complaint. The similarity did not end here, but included the care In this instance the axis of the reading cylinder that experience had taught them to take of themvaries 15 from the axis of the distance cylinder de-selves; the amount as well as the kind of clothing termined with the right eye under homatropine, and that proved sufficiently protective, and the best varies 30° from the axis determined with active means they found to relieve a fresh attack of cold in

The reading of this record deeply impressed me this complaint according to our text books), to do The change in the reading axis we might assume more than give a little relief, proved to me that the renewal of the cause of the inflammation, namely, colds. It was not difficult now to see why I had failed in the "skating-rink cases." Since that time I have made it a point to require my patients to strictly observe the laws of hygiene. If they do not do so, I discontinue the treatment at once.

In 1868, I made a series of observations concerning the causes of sickness and death among men and women between the ages of 20 and 40 years. I soon found that most of the ailments and deaths of kinds, and the chief of these, was the use of tobacco both the production and prevention of the complaint. clothing. While this is far from being complimentary In the early part 1868, I treated a number of pa- to man's strength of will to control his appetites, it ful in the treatment of their catarrhal complaint, to a very common cause of disease and death.

Every physician who expects to treat chronic ca- patients take such care of themselves, by proper attarrhal disease of the nasal passages successfully, tention to their dress, habits and daily customs as must keep in mind the proneness of male patients will lessen to a great degree the severity of recurrent to commit excesses, and the certainty that almost colds, the disease cannot be controlled by either every female patient is insufficiently and imperfectly local or constitutional treatment, or by both. It is

permanent a recovery as possible; but with those suffering from catarrhal inflammation of the nasal passages, this assistance is absolutely indispensable; a recovery without it is impossible. A majority of laws. these patients appreciate this, when the subject is of many of the details of the laws of health, or they do not consider them of sufficient importance to give them strict attention. For this reason each patient should, on his first visit, receive instructions on such hygienic laws and sanative measures as are suited to his particular case. These instructions should refer to the following points of conduct:

The importance of avoiding any exposure liable to produce a cold; the best method of protecting the head, neck, body and extremities; the danger of exposure to night air; the course to pursue when a cold has been taken; the proper temperature and ventilation of the sleeping room; the kind of food that should be used; physical exercise and the time it may be taken; the injury resulting from not controlling a gloomy mind and an irritable disposition; the danger arising from cold feet and the way to maintain them warm if they are habitually cold; the necessity of maintaining the nasal and aural passages free of catarrhal secretion, and the most effective and non-irritating means to be employed; the kind of bath that may be used and the manner and time in which to use it; the necessity of abstaining from the use of tobacco and stimulants; the importance of having diseased gums and decayed teeth properly treated by a dentist, and any other hygienic and sanative measures that will tend to regain and preserve health. It will seldom happen that any one patient will need to be instructed in all of these matters, but the greater portion of them must be given to every patient.

The successful treatment of chronic catarrhal inflammation of the superior portion of the respiratory tract, may be likened to the successful suspension of a chain. If any one of its links is broken the chain drops. So with the treatment of this disease. It may be said that one link of the chain is called protection of the head, neck, body and extremities; another link, danger of draughts to night air; another, injury resulting from not controlling an irritable disposition and a gloomy mind; another, abstainance measures. Two other links belong to this chain, namely, therapeutic and operative measures. If any whether it be the patient's or the physician's fault. My of health. experience leads me to affirm positively that unless

only during the observance of hygienic and sanative Patients suffering from any kind of disease should measures that therapeutic measures can be successso assist their physician as to insure as speedy and fully employed. It should not be expected that a chronic disease originating solely from repeated violations of the laws of health, can ever be ameliorated while the patient continues to violate these

It is a characteristic of chronic nasal catarrh to fully presented, but the most of them are ignorant establish a susceptibility to renewed attacks of cold in the head. That is, past colds have so weakened the mucous membrane, that it becomes inflamed on the patient being but slightly exposed, while at an earlier stage of the complaint, or when it was still in the acute form, this exposure would not have produced an injurious effect. In the still more chronic stages, the patient will often realize this important but very unpleasant fact. Past experience proves that in the treatment of patients who have been afflicted so long as to acquire this character of susceptibility, the dependence upon medicines alone must result in failure, as it is evident they cannot ward off colds. This is to be done by conforming to rules pertaining to the general health. But it is equally evident, that the observance of these rules cannot give immediate relief to an irritation caused by morbid secretion, or to a pain occasioned by a local congestion; this relief must be the result of remedies locally applied.

Such therapeutic and operative measures must be instituted as will prevent the continuance of the diseased action already set up. If the therapeutic measures are non-irritating and alleviating, and the patient lives in conformity to hygienic principles, the reparative processes of nature will, in a longer or shorter period of time, according to the age and temperament of the patient, restore the inflamed membrane to its normal condition, or to such a condition that the patient will not be conscious of the existance of the disease. Of course it would be preposterous to think that this restoration could be effected in a few weeks or even in a few months, except in young persons. The changes in the mucous membrane, the result of long standing inflammation, are too great for a cure to be effected in so short a time. Time was required for the congestion to produce the disease, and time will be required for the reparative processes of nature to undo or eradicate it, that is, proper care, non-irritative therapeutic measures and time will do it. For this reason, the strictest observance of hygienic measures must not from the use of tobacco and stimulants; and so on cease with the termination of medical treatment, through the whole list of hygienic and sanative but must be continued for several years thereafter, or so long as there is susceptibility to take cold. Some patients complain of the severity of thisone of these links is broken, it matters not which what they call—rigid mode of life. Can any man or one it is, the chain is broken and falls, and the at- woman give a good reason for not living continually tempt to bring about a recovery is unsuccessful, in conformity to well-known and easily obeyed laws

From the foregoing it will be readily perceived,

that, according to the writer's views, the observance impossible to modify these conditions by local treatof hygienic measures is of far greater importance to ment, at the same time that we act upon the capillathe successful issue of a case than are therapeutic ries by the internal administration of ergot. At all measures. From close and careful observation ex- events, only a small percentage of myomata endanger tending back to 1862, I am satisfied that more can life from any cause whatever, and a plea for an early be done for these sufferers—including all ages—by operation cannot possibly find a logical foothold in the proper observance of hygienic measures alone, these cases. In rapidly growing cysts, which endanthan can be cured by therapeutic measures alone, ger life by pressure, and by interfering with those especially if the latter causes the least irritation, functions which are necessary to life, the question is I say this to show the high estimation I place on the one of quite another nature. A myoma may envalue of the proper observance of the laws of health. danger life by rapid development (rare), or by block-

CONSERVATISM IN GYNÆCOLOGY.

Read before the Gynacological Society of Boston, February,

BY HORATIO R. BIGELOW, M.D., OF WASHINGTON, D. C.

Gynacological Society on "The Conservation of a myoma, without alarming hamorrhage, that grows Energy and Conservative Gynecology," every point slowly, and that occasions no discomfort from pressof which I can now emphasize with double force; and ure, surely does not demand a dangerous operation; some time prior to this, I also made a plea for patience and yet I have seen many such cases die after a in the treatment of cophoritis and salpingitis. While laparotomy, when they probably would have lived my own personal experience in surgical gynecology many years had they been left alone. Any woman is exceedingly small, I have seen, perhaps, as many would much rather live on for years as a sufferer, than operations as most men of my years, and have assisted to have the tumor taken out at the risk of her life. at a large number. In the conservative treatment of | Even in the earliest stages of their development in the diseases of women I have had quite an intelligent which a diagnosis is possible, a Iaparotomy is always experience. What I write is based upon a long series a dangerous operation, and no surgeon can possibly of observations, and upon two years of hard work say beforehand whether such a tumor will assume an upon the Continent. I have, too, the courage of my alarming form or not. I am convinced that many convictions; for what I have seen, that do I believe myomata have been operated upon unnecessarily, and know. The surgeon, with his brilliant results, and I am equally sure that the careful use of ergot lays up for himself treasures upon earth, and brings and electricity by intelligent men will render the about him all the luxuries that wealth, reputation and necessity of laparotomy for uterine myoma an ex social prestige can give. The patient plodder in con-ception. The mania for surgical renown has become servatism is often out of pocket; goes to his home such an epidemic that medical men forget that there with many a misgiving and many a heartache. I hope are tumors and diseases which do better under confor his sake, at least, that there may be a real, actual servative handling. The mistakes that are made, and heaven, in which his treasures may be laid up, for the results that are obtained, should be lessons pregscientifically, if he has rescued his patient from suffer- nant of thought. But they are not. Death follows ing, he has done more than the surgeon who, in half death; mistake follows mistake; and still the crowd an hour, has rid her of pain at the expense of some rush madly on. of her organs, and at the risk of her life.

And first, I wish to say a word in regard to uterine than the advice urged by an eminent surgeon: tumors: I hold it as axiomatic that no tumor calls in doubt, open the abdomen and find out." It refor surgical interference unless it is immediately en-dangering life. This brings in the question of hæm-the trick." In the first place, there are few cases in orrhage and early operations. Hæmorrhage does en- which the competent gynecologist cannot map out danger life, it is true, but not in the sense which I the disease—approximately at least. In the second mean. I hold a hæmorrhage to be dangerous, only place, he has no right to relieve his ignorance at the when it fails to yield to conservative principles of slightest risk of a human life. Fortunately for us medicine—ergot, etc. Therefore, a myoma that bleeds presents no indications for removal, unless the epitance of such a doctrine. I have seen some bleeding be beyond the control of other well known splendid results following upon the use of ergot, and measures. Primary, simple hamorrhage, of itself have read of others equally good in Chicago. Aposdoes not endanger life, unless it be beyond the con-toli and others are doing first-rate work with electritrol of the medical man. Tumors only bleed when city. Certainly, with these facts patent, it is simply associated with endometritis fungosa, or with a predominant glandular endometritis, or with a glandular the abdomen, unless this practice has failed, and the endometritis on one side, conjoined with an intersti- woman's life is in immediate danger. tial endometritis of the other side. It may not be

ing up the pelvis and so interfering with the functions of the bladder and rectum, or by undergoing degeneration—but even in these cases, electricity and ergot should be given a fair trial. Every woman who has her abdomen opened subjects herself to a certain fatal risk. The responsibility of a fatal issue no surgeon has any conceivable right to assume, until he has satisfied himself that all other means are useless, and Over two years ago, I wrote a paper for the Boston that the woman must die unless operated upon. Now

> I cannot conceive of anything more pernicious uncalled for (I dislike using a stronger word) to open

These thoughts are impressed upon me by long

and close observation. I know of no cure for rapidly growing cysts, or for malignant growths, or soft myomata, but the operative treatment, and it is in these cases that an early operation is demanded—the earlier the better. Here surgery is truly conservative. Another class upon which surgery has gloated, is that in which the adnexa are involved. I have written so much, and at such length, upon this topic, and I have so often demanded a hearing for less "scalpel" and more patience, that I almost hesitate to add anything further. I will not go over the field which I have already traveled, because other men, abler than myself and of more experience, have lately urged the same plan of conservative handling. It is sufficient to say that many cases in which the operation is advised will get better by patient, persistent, vigorous treatment. Local applications, rest, treatment, exercise, electricity, Turkish baths, and a subjective condition of environment directed toward the patient's psychic symptoms, will surely, but slowly, bring about an amelioration. I have seen this plan work well, and to be in an aseptic condition, and were re-dressed in I know it to be true, even were I not supported by such men as Goodell, Ball and others. This line of treatment is troublesome and is best carried out in a through the dressings which necessitated their reprivate hospital; and unless the patient has some means, it is quite impossible to practice it properly. It has become almost a conviction with me, that the instances in which a laparotomy is necessary for disease of the adnexa are exceedingly rare.

My experience with these cases, and with this treatment, has been sufficiently ample to allow of my forming an opinion which is entitled to respect. Most earnestly, then, I urge upon the profession to rid themselves of their skepticism, and to try at least such regular, constant surveillance and care. field is wider than pure surgery, just as praiseworthy and brilliant, and more immortal in its results. Couple with surgery a thorough knowledge of conservatism, and the end must crown the labor.

Leipzig, November 6, 1886.

A CASE OF CARIES OF THE PATELLA FOLLOWING FRACTURE AND WIRING OF THE FRAGMENTS.

BY GEORGE R. FOWLER, M.D., SURGEON TO ST. MARY'S GENERAL HOSPITAL, BROOKLYN, N. Y.

The subject of the present report entered St. Mary's General Hospital on October 24, 1885, with the following history: About twenty years ago she fell and suffered a transverse fracture of the patella. The fracture was treated in the ordinary way, and in due course of time union by ligament resulted, with a distance of about two inches between the fragments. Three days prior to her admission to the hospital, she again fell and ruptured the ligamentous connecting band between the fragments, at the same time breaking up a partial anchylosis of the kneejoint of a fibrous character, which had existed ever since the first accident, twenty years ago.

At the time of her admission, there existed some synovitis and considerable effusion in the knee-joint, was made over the patella and the greater portion

the result of the recent injury. When this had subsided it was decided to open the knee-joint, remove the fibrous connecting band, and, after freshening the opposing bony surfaces, to bring the fragments together and secure them in position by means of the wire suture. This was done on October 26. antiseptic precautions were observed in the performance of this operation. The wire used was annealed iron, which was brought out of the transverse incision made for the purpose of exposing the fragments, and twisted over a bridge of hard rubber. Drains of soft rubber were employed, these being passed through the soft parts upon the lateral aspects of the joint only, and protrading but slightly into the joint cavity itself. Wood flour dressings were applied, and the limb placed in a fracture box made of

heavy wire cloth.

Everything went well for the first fortnight, when the dressings were removed for the purpose of re-moving the drainage tubes. The parts were found the same manner employed at first. At the end of forty-eight hours there appeared a discharge moval. An extensive cellulitis of the limb had occurred in the neighborhood of the knee-joint, and suppuration was already in progress. No union of the fragments had taken place, and on removing the bridge over which the wire had been twisted, the underlying soft tissues were found to be in a condition of ulceration, seemingly from the pressure of the The latter was removed, and the wire twisted closely to the bone through the opening produced by the ulcerative process. The parts were thoroughly irrigated by means of a one to one thousand solution of mercuric bichloride, and again redressed as at first. The cellulitis continued to extend, however, and the parts required re-dressing each day. During this time, however, the temperature was but slightly elevated, although the local distress was considerable. Incisions were made, and soft rubber drainage tubes introduced from time to time in places where pocketing of pus threatened, and thorough antiseptic irrigation practiced once or twice daily, in addition to the use of absorbent antiseptic dressings.

Under the above line of treatment the cellulitis gradually subsided, but no union of the fragments could be made out. On the contrary, as the swelling subsided, it became evident that the patella itself was diseased and the lax condition of the lateral ligaments of the knee-joint led to the belief at one time, that the head of the tibia had become separated from the shaft of the bone. The wire was removed at the end of the sixth week, at which time the drainage tubes were likewise dispensed with, the openings from which the latter emerged becoming reduced to mere sinuses. The point of ulceration over the patella obstinately refused to heal, and the probe detected indubitable evidences of carious bone at the bottom of the opening caused by the ulceration over the patella. On February 15, three months and a half following the receipt of the injury, an incision

curetted by means of Volkmann's sharp spoon.

the same antiseptic dressings heretofore employed, ing the joint. and the patient left the hospital on May 31. She first fracture of the bone.

Several points present themselves for notice in re- exposure. flecting upon the history of this case. In the first place, it may be asked with propriety if it were a justifiable procedure, this opening of the knee-joint, and dissecting away the old connecting band of fibrous tissue and wiring together the fragments. My reasons for doing so were, in the first place, the fact that there had existed great disability for twenty this was in a great measure due to the long ligation Vienna, gave the following diagnostic points of mentous union existing between the fragments. The | brain disease: patient belonged to a class in whom it was very desirable that as near an approximation to the normal should obtain, on account of the necessity of earning solely upon herself for support. It was thought that sion on the dura caused by the bulk of the tumor. her condition could be made no worse by an attempt to obtain bony union of the fragments, and in the meninges, and more frequently in leptotheir could be no question as to the desirability of meningitis than in pachymeningitis; in lepto-menobtaining the latter. In the second place, it was my intention to search for, and remove if found, any adventitious bands within the joint which might be held accountable for the anchylosis previously existing. I omitted to mention that no such bands were discovered at the time of the operation for wiring the fragments.

It has been my practice to use heavy silver wire for the suture, instead of iron, but in this instance such was not at hand, and the iron was substituted. Whether the oxidizing of the iron could have acted as an irritant is an open question, which I am not prepared to discuss at this time.

The use of the bridge of hard rubber upon which the wire was twisted is a device to which I have resorted upon previous occasions, and have not heretofore thought that it produced trouble by making undue pressure upon the soft parts. I am free to confess, however, in this instance at least, that the ulceration beneath its under surface was a direct result of the pressure of the bridge.

The wisdom of the course pursued in the matter of the treatment of the capsule of the joint, namely, case. This structure was carefully sutured with a medulla; or tumors of the medulla or pons. fine continuous suture of catgut, independently of

of the latter gouged away, it being found to be ex- the suture which closed the external portion of the tensively diseased. In this operation the knee-joint operation wound. To this, no doubt, is due the imwas unavoidably opened, but it was thoroughly irri-munity from destructive inflammation enjoyed by gated with the bichloride solution. The sinuses, as the knee-joint, in the midst of the conflagration, so well as the surface of the ulcer over the patella were to speak, which swept over that portion of the limb during the first few weeks following the operation. Nothing further untoward occurred in the history Immediate and perfect union of the wound in the of this case. The sinuses, as well as the ulcerated capsule took place, thus shutting it out from the irsurface overlying the patella healed readily under ritating fluids which infiltrated the tissues surround-

Although great care was exercised in the removal was able at that time to walk unaided. There was of the carious portion of the patella, yet in spite of some fibrous anchylosis of the knee-joint, yet mo-this the cavity of the knee-joint was invaded. The tion was possible, to a limited extent. Upon this condyles of the femur, as well as a portion of the latter point the patient was perfectly sure that no head of the tibia, were brought into view. Notwithgreater amount of disability was present than had standing this, the antiseptic measures were so far existed prior to the last injury, and following the efficient as to entirely protect this important articulation from infection, and no harm came from this

MEDICAL PROGRESS.

Diagnosis of Brain Diseases.—Nothnagel, in years following the fracture in the first instance, and a recent article read before the College of Physicians

- 1. In brain tumors headache is of very little value in diagnosis; the cerebral substance is not sensitive; condition of the members of the body as possible the pia mater but little sensitive and the dura mater only, of the cranial contents, is sensitive. Headtheir living. The patient was a widow, and relied ache in cases of cerebral tumor is explained by ten-
 - 2. Headache is present in inflammatory processes ingitis the headache frequently changes its character.
 - 3. Headache is present in chronic cerebral hyperæmia and chronic anæmia; it is questionable whether anæmia alone is the important element in chlorosis, as most marked cases of pernicious and intensive anæmia are caused by carcinoma in which headache is absent. Headache is rare in insular multiple sclerosis; in cerebral abscess its presence and character are variable. The location of the headache gives no certain diagnostic point as to the location of the lesion, though in general it may be said that usually the lesion is where the headache is.

Vertigo, though common in various cerebral diseases, is of little importance; when it is excessive and accompanied by incoördination, as in diseases of the crura cerebelli, it has decided import.

Vomiting is rarely of much value in diagnosis; it aids chiefly in the location of lesions. It may be present in cases in which the amount of blood in the brain is abnormal, and an irritation of the centre of emesis in the medulla oblongata exists. We are aided by this symptom in diagnosticating lesions of the tissue in the posterior fossa of the skull; e.g., a separate suture of the same, is illustrated in this tumors originating in the cerebellum press upon the

Fever is an important symptom in but few cerebral

diseases. The highest temperature is present in of the drug. By all observers the dose most fremeningitis, especially in its infectious form. But as quently used is 25 gms. (gr. iv). When this dose did peritonitis without fever is often seen, so meningitis not give satisfactory results Cahn and Hepp remay run its course without marked rise of tempera- peated it at intervals of one-half to one hour; .5 gms. ture. Fever occurs in cerebral abscess and septic phlebitis of the cerebral sinuses; it has then more often the characteristics of septic fever with pyæmic chills, and does not depend directly upon the phlebitis, but upon pulmonary embolism. Fever also occurs in the course of progressive paralysis. The pulse gives no certain criterion for the diagnosis of a given cerebral disease. It is often, however, of value in the abnormalities of its rhythm in beginning meningitis, in the form of regularly occuring arythmia (first described by Nothnagel), where a certain periodicity in the variations of the pulse frequence occurs; the increased number of beats endures but a few moments, and is caused by an irritation of the pneumo-gastric nerve. The respiration gives no information in the diagnosis of brain diseases.

As to disorders of speech, aphonia is seldom present and the location of the lesion which could hamorrhage from wounds, unless due to lesion of cause it, in the medulla oblongata, is such that death large vessels or in excess, does not interfere with generally results speedily in these cases. Speech is affected most often in progressive bulbar paralysis, and frequently in multiple sclerosis in patches. Speech is also implicated in progressive paralysis when the origin of the hypoglossus is affected; also in cortical disease of the lower portion of the central gyrus.— Wiener medizinische Presse, No. 13.

Antifebrin.—Eisenhart (München. Med. Woch., drug in thirty cases in the medical clinic of Ziemssen. appearances of collapse, in more than half of the produced no lowering of the temperature. The apyrexia produced by it lasted generally six hours. It acted as readily when administered by enema as by the mouth. In a single case of typhoid fever it produced over the entire body a papulose eruption sorption.—Gazetta degli Ospitali, April 13, 1887. of moderate size, which disappeared after two or three days' duration under the continued use of undesirable effects they have observed, at times, a the temperature rises, and sometimes after its effects eruption and sometimes a cyanotic appearance. quency and an increased tension of the vessels. urines having from 2 to 3 per cent. of sugar.— Lancet, Moreover they call attention to the quieting effect April 23, 1887.

(grs. viii) doses they gave in the same way, and administered the drug in single doses of 75 to 1 gm. (gr. xii to gr. xv). Small repeated doses appeared in rather severe cases useless, while single large doses produced prompt effects. They never used per day more than 2 gms. (grs. xxx), but think that much more might be given with safety. The drug was administered in watery solution, in urine or wafers. In regard to the undesirable coincident effects of antipyrin Heinzelmann (Münchener med. Wochenschr. 1887, No. 3) adds that he has observed after sweating, once partial deafness, once mydriasis, but never vomiting or eruptions upon the skin.—Centralblatt für klin. Med. 1887, No. 17.

The Value of Hæmorrhage in Treating Wounds.—Taruzza publishes a note to show that primary union. He does not think it necessary to follow strictly the rule to secure complete arrest of hæmorrhage and to apply firm compression. He relies on perfect disinfection of the bleeding surface, as far as possible, by means of weak solutions of carbolic acid or mercuric chloride. After this he leaves the cavity of the wound full of blood, the edges being accurately sutured, and without fear that primary union will not result. From his experi-No. 47, 1886), tested the therapeutic action of this ence he formulates the rule: "In wounds perfectly disinfected and free from foreign substances effusion The activity of the drug usually manifested itself of blood is not a source of danger, but the reverse, two hours after its administration, sometimes with as the effused blood fills the wound-cavity perfectly, preventing the formation of empty spaces, and makcases with copious perspiration, and in a few cases ing compression and drainage superfluous; and the organization of the clot favors union." He is opposed to the drainage tube, thinking that it increases risks of sepsis, and may remove from the wound fluids which, when aseptic, may be useful by reab-

ALBUMINURIA IN DIABETES.—Dr. A. POLLATantipyrin, only to break out anew. Cahn and Hepp schek, of Carlsbad, has published (Zeitschr. f. Klin. (Berlin. klin. Wochensch., 1887, No. 1 and 2), have Med., xii., 4) some statistical results of the systematic published the results of a new series of tests of examination of diabetic urine for albumen, with a antipyrin in sixty cases of various kinds of fever, view to determine whether the occurrence of the They reaffirm that it is a strong and sure antipyretic, latter varies in proportion with the amount of sugar. one that can be used in small doses and is relatively. He found that out of 1187 specimens containing free from coincident undesirable effects. Of these sugar, in amounts varying from traces to as much as 5 per cent., there occurred more or less albumin in fall of temperature below normal, a chill as again 437. The percentage (37) was almost the same, when reckoned on the cases examined in 1885, as on pass off a rise of temperature above that previously those of 1886, showing a curious uniformity. By observed in the case, also occasionally, a red miliary grouping the specimens of urine according to their richness in sugar, he shows that there is no constant They noticed a decided increase in the quantity of relation between the amount of albumen and of urine and fall in its specific gravity, together with in-sugar—the lowest number of albuminurics (29.1 per creased thirst in severe cases. Parallel with the fall cent.) occurring in cases of urine with a minimal in temperature occurred a lessening of the pulse fre-quantity of sugar, and the highest (43.8 per cent.) in

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THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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CHICAGO, ILLINOIS.

SATURDAY, MAY 28, 1887.

RESPIRATORY THERAPEUTICS IN PHTHISIS.

ing so much attention, some notice of a valuable which passes through the mouth piece has not sufficontribution to the subject made by Dr. LAWRENCE cient momentum to cause its entire condensation, J. McNamara, at the May meeting of the New York land does not wet the hand when placed before it. County Medical Association, will no doubt be re- Ordinary inspiratory efforts will carry the spray into ceived with considerable interest. His paper was the lower respiratory passages. The results obtained entitled, "Respiratory Therapeutics in the Treat- with this apparatus certainly warrant a more general ment of Phthisis Pulmonalis," but he limited his use of the method. But, though the patients were remarks to one division of the subject: the local relieved of their symptoms, and the evidence in treatment of phthisis by medicinal agents applied to many cases pointed to a cure of the process, the the interior of the respiratory tract in finely divided scanty expectoration still contained bacilli, except in particles. While he may be thought too sanguine, one case, in which the vesicular murmur returned, Dr. McNamara thinks that from his experience with and both the râles and bacilli disappeared. this plan we now have a proper and scientific method of treating phthisis, especially in hospitals.

logical sequence of putting the theory into practice. ulcers of the mouth, gum, tongue or legs; and the

But Dr. McNamara does not consider the antiseptic treatment of phthisis the only form of treatment worthy of application to the diseased lung. He believes that it is at present a necessary and most important means of modifying the course of the disease; but the physical conditions caused by the extension of the inflammatory irritant naturally call for other methods of treatment.

While the greater number of appliances for producing sprays are of no use, it must be admitted that we can obtain a spray sufficiently fine to pass the larynx and penetrate beyond the larger bronchi. For almost two years Dr. McNamara has used an apparatus which has given him great satisfaction, a description of which is to be found in our New York letter. The spray produced by this apparatus consists of a central stream of very great attenuation, the larger particles of the atomized fluid being projected against the sloping sides of the globe, and being condensed fall as drops into the original solution, so that they As the active treatment of phthisis is now attract, do not escape through the mouth piece. The mist

There are a number of difficulties in the way of a systematic use of such methods of treatment in pri-To Laennec's insistance on the essentially tuber- vate practice, and when possible the patients should culous nature of phthisis is to be ascribed the deter- be treated in special institutions, where the methods mination of its specific character; and Koch's isolation can be combined with the pneumatic method, when of the bacillus seems to be but the legitimate outcome the physical condition of the patient calls for the use of the work of Laennec and his followers. The im- of the latter. Again, as remarked by Dr. Janeway portance of the bacillus and the infectious nature of in the discussion of Dr. McNamara's paper, it is diffithe disease being admitted, the necessity of using cult to carry out any plan of antiseptic treatment means to retard the further development of the or- that will fully reach the affected parts, and it is also ganism, or of destroying it, and the placing of the difficult, in many instances, to appreciate the amount exposed person in an atmosphere devoid of its press of disease present. By inhalation methods we may ence, at once become apparent. The acceptance of be able to benefit a certain proportion of cases; but this idea of infection by the profession in general the conditions present are often such that the appliwould be the dawning of a new day in the treatment cation is carried to the sound tissues of the lung of phthisis. The possibilities of relief and cure are rather than to the affected parts. It is well known greater, and the idea of prophylaxis assumes promi- how much difficulty there is in favorably affecting nence. The changing of an infectious pulmonary a case of tuberculosis when the parts involved can discharge to one devoid of dangerous elements is the be readily reached; as, for example, in tuberculous

difficulty must necessarily be much greater when the halations may do good by arresting the process from labor can we expedite it by this pressure? asks Dr. their effect upon the neighboring sound tissue. Again, King. Such external pressure would cause the part in cases of chronic phthisis attacks of capillary bron-, of the feetus in contact with the foramen to move in chitis and broncho-pneumonia sometimes occur, mak- a posterior direction towards the hollow of the sacrum. ing them appear like acute tuberculosis; and under "If it is found to be of any value, the pressure should these circumstances the violent symptoms usually be made in the left occipito-anterior position of a subside in a short time. There are, then, many cases 'head' presentation, and in the left mento-anterior in which one might be led to suppose that the tuber-position of a face presentation only upon the right culous process is much more advanced in the lungs sacro-sciatic foramen, so as to cause the occiput in than is really the case; and it is possible that some the one case, and the chin in the other, to come of the cases reported as being so much benefited by towards the pubis; while in the right occipitothe Bergeon treatment are of this character.

While it may be objected that such measures do not destroy the bacilli, or cause them to disappear, the counter-objection may be raised that, so long as the other symptoms improve and disappear, we need not concern ourselves too much with the bacilli; and ject it was easy to feel the end of the blade on the at present it may be fairly questioned whether the bacilli will not finally disappear from a case which is kept at a high standard of improvement. And certainly, with our present knowledge of germicides, it would not be wise to make vigorous efforts to destroy the bacilli at the risk of injuring the patient by irritants. And while it may still be true that our main reliance in the treatment of phthisis is in constitutional remedies, including the selection of a suitable climate, other measures are not to be neglected; and in a large number of cases change of climate is, for pecuniary reasons, out of the question.

THE INFLUENCE ON LABOR OF PRESSURE OVER THE SACRO-SCIATIC FORAMEN.

Can we influence the mechanism of labor by external pressure over the sacro-sciatic foramen? is the question asked by DR. A. F. A. KING in a communication in the American Journal of Obstetrics, of May. While examining some cadavers he found that such pressure produced an elevation or protrusion at the same point in the interior of the pelvis. Having removed the uterus and appendages, he anointed the pelvic cavity with vaseline, and placed in the pelvis a good-sized, recent feetal head, also anointed with the vaseline. The head was placed low down facts lead us to hope for will be awaited with interin the pelvic cavity, with the occiput towards an acetabulum, and the forehead towards the opposite sacro-sciatic synchondrosis. Pressure with the fingerends over the sacro-sciatic foramen towards which the forehead was directed easily caused the head to rotate, bringing the forehead to the sacrum and the occiput to the pubis.

Could the same thing be done on the living subdiseased part is as inaccessible as the lung. But in-subject? When rotation fails to take place during anterior and right mento-anterior positions of the same presentations, respectively, the pressure must be made upon the left sacro-sciatic foramen; and so of the other positions and presentations." When the vectis or forceps was applied on the dead suboutside, through the tissues covering the foramen; and pressure upon the instrument at this point would distinctly move the handle and cause rotation. It was also found that when the lower extremities of the cadavers were bent back as far as possible, thus bringing them into the same relation with the trunk as would occur in kneeling, the heels just reached the sacro-sciatic foramina; and when they were firmly pressed against the tissues over the foramina the same elevation was made on the interior of the pelvic cavity, and the same movement of the head was produced as by digital pressure. It is then fair to ask—Would a kneeling posture during labor, with the heels at the points indicated, expedite labor by promoting rotation?

> While it may be said that the tonicity of the muscular and other structures covering the foramina differ in the living and dead subjects. states that pressure over the foramen in the living will also produce an impulse perceptible by the hand placed over the abdomen, and even by the eye, if the abdominal muscles be sufficiently relaxed. He also states that a moderate degree of rotundity does not make any great difference in the result as compared with the experiment on emaciated subjects.

> Verification in actual cases of labor of what these est. It is certainly possible that the conversion of the soft internal depression of the sacro-sciatic space into a solid elevation, and maintaining this during a few labor pains, may have a great deal of influence in promoting the normal movement of the presenting part.

MEDICAL LEGISLATION.

posing several amendments to the law for regulating the practice of medicine that has been in force since 1877, has been defeated. Precisely what the nature and scope of the proposed amendments were, we do not know, not having seen a copy of the bill.

There is another bill before the Legislature, having for its leading object such amendment of the existing law in this State, as to secure a more humane and rational mode of proceeding for the commitment of the insane to asylums, or otherwise depriving them of their personal liberty. It is well known that the State of Illinois enjoys the unenviable honor of having a law which requires every person supposed to be insane, to be arrested and brought before a court and jury, for the purpose of determining their sanity or insanity, before they can be received in any asylum or institution for the cure of the insane, in this State.

The law makes no exceptions, and the mother who becomes insane during her confinement after childbirth, and all other cases of acute general insanity, are compelled to go through the same inhuman process of exposure in open court and the mockery of a trial before a jury of six or twelve men, only one of whom is required to have any semblance of medical knowledge. The medical profession of the State have not ceased to protest, on all proper occasions, against the law, since it was enacted several years ago, under the delusion that it would lessen the danger of having parties fraudulently deprived of their liberty by the collusion of friends. This earnest and persistent opposition to the law as it exists, arises from no personal interest that the physician has in the matter, but from the instinctive horror he feels seeing men and women phrenzied with maniacal delusions arrested, sometimes locked in cells two or three days waiting for trial, and then brought into a court-room, subject to the gaze of a crowd of spectators; all the time conscious, as he is, that the proceeding not only does not add one particle to the safety of the patient, but often adds to the danger of making the insanity permanent or early fatal in its results. Three years since the Illinois State Medical Society, through an able committee, framed a Bill proposing to so amend the law that cases of acute general mania could be committed to proper asylums the material presented by skillful but unscrupulous by the Judge of a court of competent jurisdiction on the sworn testimony of two physicians, as is done in all other civilized countries, while the trial by jury in open court was still left for all such parties as might laborer may bring to the common stock of ascer-

ask for the same, or any one of whose friends might The bill before the Himois State Legislature pro- ask it for them. The Bill was presented to the Legislature then in session, but was not acted upon. We understand that a bill is now before the two branches of the Legislature with the same amendments regarding the proceedings on commitment of the insane, with some additional sections relating to other points that we have not seen. At the recent meeting of the State Medical Society, May 19, in this city, the following resolution, offered by Dr. N. Bridge, was passed unanimously:

> Resolved, That this Society heartily indorses the provisions of the bill now before our Legislature providing for the commitment of the insane in certain cases without trial by jury, and asks the Legislature to enact these provisions at least.

> It is to be hoped that the members of the present Legislature will not allow a final adjournment without complying with the reasonable and humane request contained in this resolution.

> PROFESSORS M. SEMMOLA and DURANTE, of Italy, have been designated as representatives in the International Medical Congress to be held in Washington, in September next.

SOCIETY PROCEEDINGS.

AMERICAN SURGICAL ASSOCIATION.

Eighth Annual Session held in the Army Medical Museum, Washington, D. C., May 11, 12, 13 and 14, 1887.

WEDNESDAY, FIRST DAY.

MORNING SESSION.

The Association was called to order by the Presi-DENT, DR. HUNTER McGutre, of Richmond, Va., who delivered the President's Address on

THE NEED AND VALUE OF COOPERATIVE WORKS IN SURGERY.

Nearly every advance in whatever is accomplished by human enterprise is secured by cooperative effort. Advance in surgery can be more surely made by Associations such as ours than by any individual efforts of man. The difficulties which beset us are numerous. Disease presents problems difficult of solution. We cannot apply to the human machine the fixed rules by which inanimate bodies are governed. Besides this, it is necessary to get rid of the rubbish with which we are too often flooded by ignorant, but ambitious contributors. This is an easy task, but it is more difficult to know when to reject workers, who to gratify their own personal vanity, make false returns of their labors. For the developments yet awaiting us, we must be indebted to the contributions which every patient and conscientious

tained knowledge, and we shall accomplish this best. After the patient has been etherized, the surgeon by the cultivation of a broad and generous apprecial should introduce a rubber bag into the rectum so as tion of each others work, from which every particle to be above the internal sphincter. Into this twelve who have enlarged the boundaries of surgical science, or who have improved its art.

In concluding his address the President made the

following suggestions:

1. The formation of a business committee to prepare the work of the Association. The committee should select two general subjects in surgery to be discussed at the morning sessions of the first and second days.

2. The address of the President should be limited to half an hour; readers of papers to the same length of time, and those who take part in the dis-

cussions to fifteen minutes.

- that we should have is scientific work.
- 4. That the report of the committee with reference to the American Congress of Physicians and Surgeons be adopted.
- 5. That the Conststitution be so amended that propositions for membership shall lie over for one year. The qualifications for fellowship should be age, experience in surgical work, and scientific attainments with general culture.

A committee of five was appointed to take into closed and a tube introduced. consideration the suggestions offered by the President. The committee consists of Drs. S. A. Gross, C. H. Mastin, D. W. Yandell, Moses Gunn and C.

The Association then went into Executive Session.

AFTERNOON SESSION.

Dr. F. S. Dennis, or New York, read a paper on

EXPLORATION OF THE BLADDER, BY THE SUPRA-PUTAC METHOD.

only two operations will be supra-pubic lithotomy ing eighteen deaths, a mortality of 14 per cent. technique, safe in execution, free from injury to the ing a mortality of 9 per cent. According to Sir reproductive organ, radical in results, curative in ap-| Henry Thompson's statistics, the death rate from the plication and brilliant in statistics. The many seri- lateral operation is 12 per cent. According to the ous accidents attending the lateral operation are same authority the mortality of lithotrity is 6 per avoided.

operation a milk diet should be employed. The may be improved by more rigid antiseptic precauday previous to operation the bowels should be tions. The second fact is, that the operation has moved with castor oil. The morning of the opera-been limited to the largest stones. When the smaller tion an enema should be used so as to empty the stones are included, the death rate will be reduced. rectum for the introduction of the rubber bag. The parts should be washed with antiseptic solution. paper on

of envy at the success of others has been eliminated; ounces of warm water is to be introduced. This by the hearty commendation which we give to all quantity will have to be increased or diminished according to circumstances. The danger of rupture of the rectum in elderly people and young boys should be borne in mind. The urine should be withdrawn and six ounces, more or less, of an antiseptic solution introduced into the bladder. catheter may be left in the bladder and stopped with cork, and this will serve as a guide to cut upon. The distension of the rectum and bladder increases the distance from the pubes to the anterior cul-desac of the peritoneum to three inches. The incision should be made in the median line, and should extend for three or four inches above the pubes. When the transversalis fascia is reached its use of retractors 3. I venture to suggest the abrogation of Article on the principle of the eye speculum facilitates the 9 of the Constitution. This will allow us to admit operation. Having divided the fascia the end of to fellowship some men in this country who are the catheter can be felt and cut upon as a guide. really needed in the Association. While I believe The bladder may then be seized with two tenacula in the rigid observance of the Code of Ethics of the and opened. Where free exploration is desired, American Medical Association, and the absolute sutures are introduced on each side of the incision. necessity of its enforcement in that body, there is The stone is removed either with the fingers or forno need for it in our Association. The only code ceps. The bladder may then be washed out. A catheter should be introduced through the urethra, but not left longer than twenty-four hours, on account of the danger of exciting traumatic urethritis. In the majority of the cases the wound of the bladder should be left open. In cases of calculi, the condition of the tissues is such that primary union is unlikely. In certain other conditions, such as rupture, the wound may be closed, for here the condition of tissues is different. The abdominal opening is to be

> This operation is indicated (1) for hard, large calculi, and in persons suffering with paraplegia and deformities rendering lateral lithotomy difficult; (2) for removal of certain foreign bodies such as hairpins, etc., and for the treatment of chronic cystitis; (3) in cases of tight stricture, fibroma of prostate, tumors of the bladder and for rupture. In its extraordinary simplicity, its reduced mortality, its freedom from danger and safety for the general practitioner, it compares well with litholapaxy.

Dr. Dennis had collected 124 cases of supra-pubic operation for stone done since 1879. Previous to this date, the rate of mortality was 30 per cent. The time is not far distant when practically the Since then the mortality has been reduced, there beand litholapaxy. Supra-pubic lithotomy is simple in Seven of these deaths may be justly excluded, giveent. In considering the mortality of this opera-Technique of Operation.—For a few days before tion, two facts are to be considered. The mortality

Dr. John H. Packard, of Philadelphia, read a

THE REMOVAL OF CALCULL

piece of shawl pin five inches in length, which had been passed through the urethra. Since then he has done this operation a number of times. In cases of to pass an instrument fails, he draws the urine by greatly distended. The urine was drawn off with a Supra pubic cystotomy was performed, and a glass, suddenly died July 9, from heart failure, the result of sudden exertion.

J. C., age 43, came under observation January 21, 1885, at the Pennsylvania Hospital, with a history be passed. There was frequent chills and profuse sweats. The next day Dr. Thos. G. Morton made a perineal incision, opening an abscess; the catheter then passed into the bladder. The following day the bladder was again distended. Supra pubic incision was then done. A catheter passed through the abdominal opening and the neck of the bladder escaped through the perineal wound. On February 7 wound. The patient then rapidly improved, and was discharged cured April 21st.

June 4 an instrument was passed by urethra. On sutures of catgut or silk-worm gut. July 13 the patient was discharged and has contin-

Mr. S., age 63, admitted with enlarged prostate. and frequent attacks of retention. August 13, 1886, supra pubic incision was performed and the bladder ease, simplicity and efficiency?" opened. Although the condition was improved, the patient died of exhaustion August 29.

W. E., age 70, was admitted April 24, 1887, with retention due to enlarged prostate. Supra-pubic cystotomy was performed and a large quantity of putrescent urine removed. A rubber tube was passed into the bladder. The urine contained albumen to the amount of one-half its bulk. Granular casts were also found. A typhoid condition developed and the patient died on the fourteenth day after admission.

R. M., age 40, was admitted the same day. He had double inguinal hernia and double hydrocele. He had passed no urine for fourteen hours. Catheterization was attempted without success. Supra pubic incision was then performed and a rubber tube introduced. He has done well since then and is beginning to pass some water by the urethra.

SUPRA-PUBIC CYSTOTOMY FOR OTHER PURPOSES THAN | cautions should be observed in these cases. In most of the cases on which the author had operated the In 1883 he removed, by supra pubic cystotomy, a question whether or not the bladder should be distended had not presented itself, as the bladder was already over-distended. The bladder should never be more than moderately distended, not more than retention of urine from stricture, where a fair attempt six or eight ounces of a boric acid solution being employed. To retain the water in the bladder a conaspiration. In a short time an instrument can usually venient method is to bend the urethra on itself and be passed. He did not recall a case in which it was hold it in this position. There seems to be more necessary to repeat aspiration. The following cases advantage and less risk from distension of the recwere cited: July 7, 1855, Mr. G., 85 years old, had tum. Many writers recommend that the bladder be retention due to large prostate. The bladder was steadied by an assistant, but this was regarded as needless and objectionable. The incision through long catheter, but he desired more permanent relief. the skin should be free enough to give ready access to the deeper parts. When the bladder is reached ovariotomy tube bent like a tracheotomy tube, was it is desirable to secure it in some manner before introduced. The patient improved decidedly, but puncturing. For this purpose a small double hook may be used; a small tenaculum may answer. When a large opening is to be made a double ligature is perhaps the best device. In cases of retention the curved trocar and canula should afterward be subof retention, the result of old stricture. The blad-stituted by the tube. The speaker's custom is to der was greatly distended and no instrument could make the opening in the bladder just large enough for the tube. The proper point for making the opening seems to be about at the middle of the exposed portion of the wall of the bladder, which would be about one inch or one and one-half inches above the pubes. The drainage tube should go well into the bladder and have lateral openings only near its ex-The external end may be closed with tremity. a cork or clip, or by bending it. In old men a large mass of slough came from the abdominal with atonied bladders he had sometimes used glass tubes. If a large opening has been made in the bladder it may be closed around the tube with a H. F., 43 years old, had retention for four days, few catgut sutures. The tendency of the wound is The penis, scrotum, and skin of abdomen were to close quickly except where the tissues as well swollen and rigid. Free incision was made. The as the general system are in bad condition. The bladder was opened and a tube introduced. On edges of the wound in the skin can be apposed with

In concluding the speaker asked "If the suprapubic section had been first tried, as generally adopted, is it likely that the perineal operation would have been afterwards performed on account of its greater

DR. A. VANDERVEER, of Albany, N. Y., read a paper entitled

TO WHAT EXTENT CAN WE CLASSIFY VESICAL CALCULI FOR OPERATION? WITH A REPORT OF CASES,

> AND REMARKS ON THE DIFFERENT METHODS EMPLOYED.

He gave the detailed histories of forty-one cases which he had operated on. There were seven cases of perineal lithotomies with two deaths and five recoveries, the former being very old men with large stones. Of attempted litholapaxies and an immediate perineal lithator there were two cases, both resulting in death, one occurring in the speaker's practice, the other in the practice of a friend. Both were severe cases of large stone, the patients presenting a history of much suffering through many years. Of dilatation of the urethra in the female and washing Method of Procedure. The fullest antiseptic pre out of fragments or removal of stone entire, there

were six cases, all recovering with no complication Ophthalmological Association, the American Otological Assowhatever. Of urethral calculi in the male there were four cases, all recovering. Of simply lithority in four cases, all recovering. Of simply lithotrity in sociation, the American Dermatological Association, the American Dermatological Association, the American of A the male, there was one case, followed by recovery ican Climatological Association, with the Association of Amer-Of attempted litholapaxies, but not completed, there ican Physicians, shall arrange for a conjoint meeting in the were four cases, three ending in death, and one, the city of Washington, September, 1888, and subsequently at instone hiding in a sac, later underwent perineal lithstone hiding in a sac, later underwent perineal lith-otomy and recovered. One was probably complitude the autonomy of each special Society, and that each Society cated with some form of tumor of the bladder and a shall retain the right to withdraw at any time from this conhistory of chronic disease of the kidneys. One was joint scheme.

a case of chronic alcoholism one was complicated.

3. That the special feature of the meeting shall be the cona case of chronic alcoholism, one was complicated with sacculated bladder, and the last two were cases the session; on one of which there shall be an address delivered of surgical kidney of the very gravest kind. Of the by the President of the conjoint meeting, and on the other there litholapaxies in the male there were eighteen patients having twenty-two operations, four requiring a secone after the second operation.

With reference to supra-public lithotomy, the author said that with the excellent results we are ever likely to obtain from rapid lithotrity, the operation must necessarily deal with severe cases of large, and in some instances sacculated, stone. He did not believe that we should ever expect from it as great a per cent. of recoveries. A table of reported cases of supra-pubic operations was given, showing that in 142 adult cases, a mortality of 22 per cent.; in chil-

ity of 10.5 per cent.

trary to the teachings of a few years since, can be resentative of the Association. done in very young male children with proper instruments. In male adults, if there is severe chronic then taken up. cystitis, no matter what is the size of the stone, the supra-pubic or some other form of perineal lithotomy the speakers in his paper held that the time would seems best. The cystitis can then be successfully come when supra-pubic lithotomy and litholopaxy treated and there is less danger of a reformation, would practically be the only operations performed The speaker thought that it would be found by fur for the removal of stone. The surgeon should have ture statistics that cystitis has much to do with the all operations at his command and should select the necessity for a second or third operation. He thought one adapted to the particular case. In certain cases, that contracted bladder in the male with adhesions such as large stones or deformities of pelvis and had not received the attention which it demanded. lower extremities, supra-pubic lithotomy is undoubt-This must in some instances embarrass supra-pubic edly the best operation. There is, however, no realithotomy. On anatomical grounds the supra-pubic operation will be much simpler in the youth, as the perineal operation should not be adopted. The best bladder is much higher in the pelvis at this time of life. In girls rapid dilatation or supra-pubic lithotomy will undoubtedly reach all cases. In adult women vaginal lithotomy may be added.

The discussion of these papers was postponed un-

til Thursday morning.

THURSDAY, MAY 12.—SECOND DAY.

Morning Session.

The committee of conference with reference to the CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS reported that they had attended the meeting of conference held in Washington, September 24, 1886. At scess complicated the case, and in the other there

Societies, the American Surgical Association, the American after operation of general tuberculosis, with wound

tervals of three years at the same time and place.

joint assemblage of the special Societies on two evenings during shall be communications by a referee and co-referee on some

subject of general professional interest.

4. That each special Society approving this report is invited ond operation. Of the number, sixteen recovered to appoint one representative (with an alternate), and that the and two died. Of the latter, one after the first and representatives so appointed shall constitute an Executive Committee to serve for one year, with power to select such officers for the first conjoint meeting as may be deemed necessary; to propose a programme for said meeting; to make all other arrangements, and to prepare and submit a plan or organization for future meetings.

That all expenses connected with the conjoint sessions shall be apportioned equally by the Executive Committee among the special Societies participating.

Owing to the views entertained by the committees of the Ophthalmological and Dermatological Associations with regard to the interval of times of meetdren under 15 years of age, 113 cases gave a mortal- ing, they abstained from voting upon the first reso-The report was adopted, and Dr. C. H. The operation of litholapaxy is certainly indicated Mastin, of Mobile (with Dr. J. Ford Thompson, of where the stone is small or of moderate size, and, con- Washington, as alternate), was appointed as the rep-

The discussion of papers read on Wednesday was

Dr. W. T. Briggs, of Nashville, said that one of son why, in ordinary cases of medium stones, the operation, he thought, was one through the median line. The neck of the bladder is usually resistant, but by making a lateral incision of three lines on each side of the prostate gland, with gradual dilation, the opening can be enlarged to an extent sufficient to permit the removal of any stone that should be removed through the perineum. There is no reason why fragmentization of a large stone should not be combined with the medio-lateral operation. held that incision in the manner mentioned with the removal of all stones at once, would have a less mortality than litholapaxy. His first seventy-four cases were operated on by this method without a death. He then had two deaths, in one a pelvic abtheir meeting the following resolutions were adopted: was scrofulosis. Forty-six cases were then operated Resolved, 1st, That it is desirable that the following special on with one death. This case died three months

ununited. In the last two years he had operated on in this direction the supra-public operation is the six old men with an average age of 66 years, all safer. With reference to Dr. Packard's suggestion

we cannot commit ourselves positively to any one sistent efforts should be made to introduce a filiform operation. The median operation is undoubtedly bougie which will drain off the urine. Simple aspirathe safest operation through the perineum. The tion above the pubes will give a chance for the only damage likely to be done is in extraction, but passage of an instrument through the urethra in two this can be avoided by nicking the neck of the blad- or three days. der which admits distension to almost any extent. Where the stone is large, and yet is one which should; come through perineum, an incision may be made ease, that supra-pubic aspiration seemed to be all on each side. Drainage is more readily effected by that was necessary, and under proper precautions is the perineal operation. In cases of large stone the high operation is the best.

DR. J. R. WEIST, of Richmond, Ind., said that he had performed the operation described by Dr. Briggs in eight cases, all of which recovered. With one exception all the patients have been old. One case was 20 years of age, and a mulberry calculus weighing 520 grains was removed. The next youngest age was 50 years old, eight stones being removed. In another case 72 years old, twenty-two stones were removed. From the accounts of the supra-pubic operation given vesterday, he inferred that the operation is more difficult of performance than the one described by Dr. Briggs.

DR. H. H. MUDD, of St. Louis, said that the use of litholopaxy in the majority of cases takes the place of perineal operation. The supra pubic operation is of service for the removal of certain large stones and for exploratory purposes. It must be borne in mind that the existence of contracted bladder with adhesions will render the supra pubic operation difficult or impossible.

Dr. J. Collins Warren, of Boston, had seen two cases of the supra-pubic operation during the past year, both in the practice of others. One was for stone and the other for tumor. There seemed to. be no difficulty in the operation. Both cases recovered without a bad symptom.

Dr. Theodore Varrick, of Jersey City, operated two years ago on a boy 14 years of age, who had symptoms of stone for seven years. He began with the left lateral operation, but had to carry the in- SHOULD LAPAROTOMY BE DONE FOR PENETRATING cision to the right side. The stone removed weighed seven ounces and two scruples. There was no perceptible laceration and the boy recovered completely.

he had performed ninety-two operations by the perineum, eight by lithotrity, and six by litholopaxy. the operation no easier or better than those men-There were seven deaths from the lithotomies. In none of the cases was there any return of the stone. In the eight lithotrities there was a return of the stone in two cases. In the six Bigelow operations there was a return in two cases.

Dr. John B. Roberts, of Philadelphia, considered the high operation as certain to be a very important one. If we wish to make a free exploration of the bladder the high operation is better than

to treat retention of urine from stricture by supra-Dr. D. Hayes Agnew, of Philadelphia, said that pubic cystotomy, he said that his view was that per-

> Dr. J. E. MICHAEL, of Baltimore, said with reference to retention due to stricture or prostatic dissafe. Then, in prostatic cases the use of a soft catheter will accomplish all that can be done, without some radical operation is attempted. In cases of stricture this must be treated. As to the advisability of the supra-pubic operation for exploration, for some cases of prostatic enlargement, and for exceptional cases of foreign bodies, there can be no question.

Dr. J. Collins Warren, of Boston, read a

STUDY OF THE PROCESS OF REPAIR AFTER RESEC-TION OF THE INTESTINES AND SOME OF THE COMPLICATIONS WHICH OCCUR.

A number of experiments made upon dogs were described. The operation consisted in removing a portion of the intestine and a V-shaped portion of mesentery, and then bringing the parts together. The Lembert suture was the one used. After the operation the bowel was replaced in as near its normal position as was possible. The dogs were killed at varying times after operation from three to eight days. In these cases the intestines were found matted together around the seat of operation, but a current of water flowed freely through the gut. In one case the abdomen was opened a few days after operation and this matting together of the various coils of intestine found. The intestine was replaced and the wound again closed. Six months later most of the adhesions were found to have disappeared.

Dr. Charles B. Nancrede, of Philadelphia, read a paper entitled

GUNSHOT WOUNDS OF THE ABDOMEN INVOLV-ING THE VISCERA?

The chief object in presenting this subject to the Dr. David W. Yandell, of Louisville, said that consideration of the Association was a medico-legal one. He asked that after a consideration of the subject the Association, the highest surgical tribunal He had seen two supra pubic operations, but thought of the country, express an authoritative opinion upon this question. Reference was made to the experiments of Wegner and Grawitz, showing that the healthy peritoneum can dispose of air, serum, bile, and healthy urine. When, however, air and putrescible fluids in greater amount than could be disposed of in a short time were introduced, decomposition occurred, and septicæmia resulted. A notable exception was that living defibrinated blood never decomposed under these circumstances. This seems to prove the truth of the suggestion of the author the one through the perineum. In cases of stone that the presence of fibrin-ferment, and probably its operated on by a surgeon without special experience absorption, is one of the dangers of peritoneal trau-

a short time. In small quantities the pathogenic impossible, without laparotomy. micro-organisms produce no harm. Suppurative when stagnant fluids are present, capable of nourishhas been destroyed by caustic fluids, and when there is a wound of the peritoneum. The practical application of these experiments teaches that all blood and serum should be removed and free drainage provided; every wounded surface must be coaptated; if a tube is used, the opening must be carefully guarded; the depression of the circulation present during shock must be removed; and the vascularity of the peritoneum must be kept as near the normal as possible.

When visceral wounds do undoubtedly exist, the tendency of these cases is invariably towards death. Hæmorrhage, in itself, is rarely fatal, but a very small collection of blood may be followed by fatal consequences, either through the induction of sapræmia or by furnishing pabulum for the development of organisms productive of suppurative peritonitis. nitis caused by extravasated matters. Of those attacked with septic peritonitis 90 per cent. die within twenty-four hours. When recovery ensues, the effused matter is absorbed and a limited adhesive peritonitis glues the injured organ to the abdominal walls or to a neighboring viscus. This process is successful in about 8 per cent. of the cases. Shock, and the risk of rendering a peritonitis septic and diffused, which might have remained local and simple, are the dangers of the operation; but as we have the power of rendering the inflammation resulting from the manipulations innocuous, shock is practically the only result to be dreaded. If these facts and the deductions from them be true, all ball wounds of the abdomen involving the stomach, intestines, bile, or urinary bladder should be treated by suture, or by resection and suture. Injured omentum should always be excised and the serous surfaces carefully sutured. Wounds of the liver and pancreas are to be treated in the manner to be described. A wounded spleen or kidney is to be removed, provided certain contra-indications do not exist. Even penetrating wounds of the abdomen without involvement of the viscera are better treated by exploratory section than by the expectant method. In many instances, unsuspected injuries of the blood-vessels and viscera will be found and appropriately treated. The speaker domen. When the posterior wall is involved, it is ation, the bleeding is almost completely checked, the

matism. The ordinary micro organisms produce no unadvisable to ascertain the fact of peritoneal peneevil effects, provided the quantity of putrescible mat- tration by direct exploration. In these cases, a corter does not exceed that which may be disposed of in rect opinion is almost always difficult, and often

The rational signs of peritoneal or visceral lesion peritonitis is produced by these micro-organisms were briefly mentioned. The escape of bile, fæces, or the contents of the stomach, at once determines ing the bacteria, when the surface of the peritoneum the question of visceral penetration. These signs, however, are rare, even when visceral lesion is present. Repeated vomiting of considerable quantities of blood almost certainly points to peritoneal or vssceral penetration. This symptom is unlikely to be present, even when there are numerous wounds, unless one involves the stomach or upper portion of the small intestine. The passage of blood in quantity by the bowel is strong presumptive evidence, but it rarely occurs early enough to be of practical diagnostic value for operative purposes. The presence of fluid within the abdomen within an hour or two after the injury is a positive indication of peritoneal penetration and probable visceral injury, for only intra-peritoneal hæmorrhage could produce such rapid accumulation of fluid. The rapid accumulation of intestinal gas in the general peritoneal cavity is a sure sign of wound of the peritonenm and of the gut. In nearly every case, death is due to septic perito- To be of much value it must appear within a short time after the injury. Finally, an amount of hæmorrhage which cannot be accounted for after a careful examination of the parietal wounds, indicates penetration and vascular or visceral lesion.

Profound shock, if not due to hæmorrhage, is a contra-indication to operation. The surroundings should not contraindicate operation in a proper case, provided the operator is an expert in abdominal surgery. Most cases will do better if left to nature than they will if operated on by a bungling surgeon. If well advanced peritonitis exists, laparotomy is contra-indicated. Where there is no visceral complication, operation under these circumstances may sometimes be justifiable. Laparotomy, if done at all, should be done at the earliest possible moment that the condition will admit of it. Shock is the only thing that should delay the operation, and this should not do so if the condition is produced by hæmorrhage. In operating, strict antiseptic precautions should be carried out. The incision should always be median, extending from a short distance above the umbilicus to two inches above the pubes. Unless there be free hæmorrhage, the small intestines should be carefully gone over, keeping them constantly enveloped in towels wrung out of hot water. Afterwards the stomach, spleen, kidneys, bladder, etc., must be carefully examined. The sources of a severe laid but little stress upon most of the symptoms said harmorrhage must at once be sought for. Wounds of to be diagnostic of wounds of the viscera, and held the bowel should be secured with the Lembert suture that the diagnosis should be made by the eye alone. and dusted with a little iodoform. Wounds of the The track of the ball should be enlarged, under a ep-liver, if occupying its free border, should be coapttic precautions, until it has been determined whether ated, if possible, with dry antiseptic catgut, which or not the peritoneum has been opened. Then me- will soon swell and fill the track made by the needle. dian section should be performed to ascertain the If this cannot be done, the hæmorrhage may possiexistence of and repair any damage that may have bly be arrested by the thermo-cautery; or if the bleedbeen done. The above remarks can only apply to ling is free, the wound should be plugged with an wounds of the anterior and lateral walls of the ab- iodoform gauze tampon. If, at the close of the opercautery may be used as a further protection and the remain permanently. manner. If these measures fail, the spleen or kid- one for reading (the plus cylinder). ney is to be removed. Wounds of the bladder had best be united with dry catgut. Contused portions cylinder for reading. Since Dr. Coleman had menof the bowel should be excised. Wounded or con-tioned the substituting a plus cylinder for a minus tused omentum or mesentery should also be removed. In removing a portion of the bowel, the cuts should correspond to the distribution of a large mesenteric branch. Should the pulse fall during the operation, flushing the abdominal cavity with hot water is often factory. of service. The peritoneal toilet is most quickly and effectively made by irrigation with warm sterilized more satisfactory than the plus. He has frequently water and subsequent removal with sponges. Wounds of the peritoneum should be united. In closing the abdominal cavity, the peritoneum should be sutured. with fine silk or catgut. The muscular, aponeurotic, and cutaneous structures should then be united with strong silk. The wound should be dusted with iodoform, and the dressing completed by the application of a pad of absorbent cotton and a flannel bandage.

for forty-eight hours, when possible. Where peritonitis comes on after the operation, the treatment will depend upon whether it has developed rapidly or gradually. In the former case there is often evidence of shock from vaso-motor paresis; and in these cases small doses of morphia with atropia will be of service, while large doses of opium may prove fatal. This should be continued until pain is relieved and the patient falls into a quiet sleep, from which he is readily aroused. In the latter stages of peritonitis, one or more hypodermics of atropia will at times save otherwise hopeless cases. For the control of the vascular processes involved in peritonitis we have two powerful measures in the ice coil to the abdomen and in the use of leeches, if applied early and the patient has not lost much blood. If the temperature continues to rise despite treatment, it is probable that promaines are being absorbed, producing sapræmia. In such cases, irrigation with safe antiseptic fluids is indicated.

In concluding, the speaker stated that everything advanced was to be viewed as more or less provisional, since sufficient experience in the operative treatment of these cases has not been accumulated. to warrant positive statements.

(To be concluded.)

CHICAGO SOCIETY OF OPHTHALMOLOGY AND OTOLOGY.

Stated Meeting, February 8, 1887. THE PRESIDENT, E. L. HOLMES, M.D., IN THE CHAIR.

BOERNE BETTMAN, M.D., SECRETARY. Dr. W. Franklin Coleman read a paper on THE USE OF A PLUS CYLINDER IN SIMPLE MYOPIC AS-TIGMATISM OF LOW DEGREE.

(See p. 592.)

Dr. Gardiner said he preferred to give the same tampon removed. If, however, the bleeding is still minus cylinder glass for reading as for distance. He free, the tampon should be replaced and allowed to wished to have the eye use the normal amount of ac-Wounds of the pancreas, commodation, and does not care to give two pairs of spleen, and kidneys are to be treated in a similar glasses; one for distance (the minus cylinder) and

> Dr. Bettman had always prescribed the minus he had tried it in four cases, and in two of them without a good result.

> Dr. Holmes had tried the plus cylinder as above described, and found the minus cylinder more satis-

Dr. Gradle has always found the minus glass noticed that the axis of the minus cylinder determined with homatropine differs from that determined when the accommodation recovered, but the patient always accepted the former in reading.

Dr. GARDINER said he had frequently noticed the patient in reading change the axis of the distance

Dr. Coleman, in reply, said that in his experience, Alimentation should be carried on by the rectum patients with low degrees of myopic astigmatism did not care to wear glasses for distance. He was pleased to hear the experience of these members, though it differed from his own.1

DR. J. ELLIOTT COLBURN read a paper on

GALVANIC CURRENT IN THE TREATMENT OF CERTAIN FORMS OF CATARACT.

(which will appear in an early issue.)

Stated Meeting, February 12, 1887. THE PRESIDENT IN THE CHAIR.

Dr. F. C. Hotz reported a case of

PARTIAL TRICHIASIS RELIEVED BY STELLWAG'S METHOD OF REVERSING AND TRANSPLANTING THE CILIARY BORDER.

(which will appear in an early issue.) THE PRESIDENT presented a

CATARACT GLASS, DOUBLE CONVEX CYLINDRICAL,

axes at right angle and equivalent to ± 12, D. spherical, ground by Meyrowitz Brothers, New York. He stated that such lenses had been long in use by watchmakers and in the construction of certain optical instruments. His attention was called to the subject more than a year ago by a friend, a distinguished surgeon of New York, upon whom had been performed a successful cataract operation. The usual glasses, if he remembered correctly, gave perfect satisfaction. After a secondary operation for capsular remains, the patient found difficulty in adjusting spherical glasses. He then experimented with cylindrical lenses with great satisfaction. There is reason to believe that this patient is one of the first who ever wore such a combination as being superior to spherical lenses. The patient, after visiting some of

¹ Since the above was written Drs. Noyes and Roosa (New York express an experience similar to Dr. Coleman's in the substituting of a plus cylinder glass in simple slight my opic astigmatism.

the European clinics, was led to believe that few, if any, of the teachers knew, by practical experience, that such cataract glasses were advantageous to some patients. Experience must determine whether the slightly less spherical and chromatic aberration and the somewhat enlarged field of the cylindrical lens, such as was here presented, can be of special benefit to cataract patients, and those requiring strong positive lenses.

The an apron. Ether was used as an anæsthetic. The abdominal incision was about three inches in length, and the cyst was tapped and, as its contents escaped, it was drawn forward into the wound. When nearly empty it was freely incised, the hand introduced and a number of smaller cysts crushed, which diminished the tumor sufficiently in size so that it could be brought out of the wound. The pedicle was treated

THE PRESIDENT also presented a small INSTRUMENT FOR INCISING SECONDARY CAPSULAR CATARACT,

in cases in which iridectomy had been performed. The instrument is practically a very narrow Græfe's knife, bent on the flat at about half an inch from the point, making a right angle with a square shoulder. The metal portion of the handle is round and small, not unlike that of a cataract needle. The handle of the instrument, in operating, is held in position as in them were doing well. An old lady 78 years of age making the corneal incision for extraction of cataract. The point is carried through the periphery of the viously, and now insisted on leaving her bed, as she cornea into the anterior chamber, the plane of the insisted that she felt stronger and better than before knife being in the plane of the perpendicular meridian the operation. In one case the pelvic adhesions of the globe. A slight rotation of the handle carries the cutting edge of the instrument through the opaque capsule. Dr. Holmes had used this instrument in three cases with great success. In the fourth case, the very tough membrane was simply torn from its attachments and displaced. The wound in the cornea produced by the instrument is somewhat larger than that made by a stop needle. There is less violence, however, to the tissues than in cases in which it is necessary to make extensive motions with the handle of a stop needle or of Knapp's knife needle to ensure rupture of the membranes. An instrument right or left is required for each eye.

FOREIGN CORRESPONDENCE

LETTER FROM EDINBURGH.1

Skene Keith—Ovariotomy—Tapping Cysts of the Broad Ligament—Myo fibroma of the Uterus—Professor Chiene—Resection of Knee and Ankle—Amputation of Thigh—Resection of Hip—Professor Annandale—Resection of Knee—Tuberculosis of Knee—University of Edinburgh.

Dear Dr. Fenger:—I had the pleasure of witnessing an ovariotomy by Mr. Skene Keith, assisted by his father, Dr. Keith. Young Keith has inherited many of the good qualities of his father, and promises to become one of the most successful ovariotomists. I doubt if ever a man of his age could show such a record of cases as he has recently published, and it is only just to say that the statistics published by the Keiths can always be relied upon.

The patient was 74 years of age, and the tumor had been growing for two years and had been several times tapped. The cyst was large, and in the pelvis a number of hard nodules could be felt. The

and the cyst was tapped and, as its contents escaped, empty it was freely incised, the hand introduced and a number of smaller cysts crushed, which diminished the tumor sufficiently in size so that it could be brought ont of the wound. The pedicle was treated as above described, and after the removal of the clamp the compressed cauterized portion looked like a dry translucent membrane. A number of firm adhesions to the abdominal wall were carefully isolated, tied on each side and cut between the ligatures. The operation was done slowly and carefully, and afforded a good illustration of what is meant by conscientious scientific surgery. A number of convalescent patients were shown where abdominal section had been done for different indications, and all of had an ovarian tumor removed three weeks prewere so extensive and firm that only part of the tumor could be removed; the remainder was fixed in the wound and drained, and the patient was doing well and the tumor becoming smaller in size. Dr. Keith has observed numerous permanent cures after simple tapping of cysts of the broad ligament, and is in favor of resorting to this simple procedure in all such cases as a preliminary or tentative measure before exposing the patients to the increased risks of an abdominal section. In spite of his unparalleled results in the operative treatment of myo-fibroma of the uterus, he assured me that as his experience increased with this class of tumors the more he dreaded a radical operation. Dr. Keith is a representative conservative surgeon, but he can never be accused of possessing a "statistical conscience," as when the indications for an operation are clear to him he will never shrink from the responsibility of an operation, no matter how desperate the case may be, for the sake of improving his statistics. His fame is established, his record is made, and whatever his statistics in the future may be, the scientific world can rest assured that it is the result of honest, conscientious work. The second evening in Edinburgh I spent in the family of Dr. Keith, as I had been invited to dinner. I felt that I was surrounded by the blessings of a truly Christian home, and the evening was spent in discussing abdominal surgery. Although the weather was cold and a drizzling rain rendered out-door exceedingly unpleasant, the doctor insisted on accompanying me to the hotel, where he bade me an affectionate farewell, and I retired with pleasant thoughts of the many profitable hours spent in his genial presence.

While in Edinburgh I attended a lecture by Professor John Chiene, on Resection of Knee and Ankle-joint, and Amputations of Thigh. After resection of knee-joint he does not resort to any immediate measures to secure coaptation and immobilization, but relies on extension by means of weights and pulley,

¹ By permission of Drs. Fenger and Senn.

to overcome the contraction of the hamstring mus- pathology. cles without effecting diastasis of fragments, which the patella, and this operation resembles Pirogoff's him to diagnosticate surgical lesions and injuries alamputation through the ankle-joint. In this opera- most on sight, and with remarkable accuracy. He tion the great difficulty that presents itself is the has abandoned typical resections of the knee-joint tilting of the patella, which, when it takes place, in- in children in favor of arthrectomy and atypical or terferes in obtaining a satisfactory result. The pa- partial excisions. The details of antiseptic wound tella must hang loosely over the sawn surface of the treatment he considers superfluous, and relies mostly femur, and when this is not the case it will become on dry dressings, as sublimated cotton. After excifemoris from within with a tenotomy knife. In am- wire splint, with an opening for the heel. This putations at the hip-joint in children, and in adults splint is well padded and covered with Mackintosh who have become greatly emaciated, he prevents cloth, so as to render it impermeable to fluids. It is hemorrhage by circular elastic constriction applied applied immediately after the operation and fixed to at a point corresponding to the perineum and above limb with a plaster of Paris circular splint extending the tip of the trochanter major. After making the from toes to near the perineum, with an open space flaps and ligating all visible vessels, the constriction for the knee. This dressing completely fixes the is removed and the upper portion of the femur laid limb, and at the same time permits changes of wound bare by a longitudinal incision and disarticulated. dressing without removing the splint. In fleshy people he recommends the use of Spence's skewer, which is passed through the hip joint in the joint which call for operative measures, was illustrasame manner as the amputating knife in the old op- ted on a boy about 18 years of age, suffering from eration, and after transfixion the tissues anteriorly tubercular disease in its earlier stage. The joint was and posteriorly are constricted separately by wind-only moderately swollen and the operation could ing over the ends of the skewers a rubber cord in a certainly be designated an early one. Volkmann's figure of 8. The anterior flap is made first and the incision was made and the patella divided translarge vessels are tied; after disarticulation the post-versely with a saw. The synovial membrane was terior flap is carefully examined and all visible points dissected away with the knife and the articular eartied, when the constrictors are removed separately tilage was partially removed in slices with the same and additional bleeding points secured. By resort-instrument. A fungous ostetic depot was found ing to this simple procedure the lecturer claimed that in the internal condyle of the femur, and was gouged hæmorrhage could be reduced to a minimum.

tection of new microbes. It seems to me that every tending the blades of the forceps a drain was intro-teacher of surgery should imitate the example of the duced and the wound closed by suturing. Wound-Glasgow professor of surgery in making observations dressing the same as in previous case. The hand and researches independently of the teacher of gen- and fore arm were fixed upon a pistol shaped splint.

to prevent posterior displacement of tibia. Only a eral pathology, as in doing so the student's attention moderate degree of extension must be applied, so as is constantly called to the importance of surgical

I had the pleasure of accompanying Professor Anmight lead to pseudo-arthrosis. Carden's transcon- nandale through his wards, and of witnessing several dyloid amputation was clearly described, and a comimportant operations. Prof. Annandale is a perfect parison drawn between it and Syme's amputation type of a Scotch or English surgeon, a good anatothrough the ankle joint. In Gritti's amputation the mist, skilful with the knife, a dexterous but careful bone is divided higher up, so as to make room for operator. An immense clinical experience enables necessary to divide the insertion of the quadriceps sion of the knee joint, he applies a hollow posterior

His method of treatment of affections of the kneeout, as well as a similar but smaller focus in the head In excision of the hip-joint he has tried the more of the tibia near the articular cartilage. After irriconservative method of removing only the head of gating the wound with a weak solution of sublimate the femur, but experience has taught him that this and arresting hæmorrhage, the patella was united method of operation does not afford adequate drain- with one silver wire suture, the ends of which were age, and he has been obliged to come back to come cut short and hammered down upon the bone. A plete excision, so that at present he always removes small drain was introduced at the most dependent the trochanter major. To prevent muscular con-point on each side as far as the bone. Protective traction after amputation of the thigh he resorts to silk and sublimated cotton constituted the dressing. a novel device. Sheet lead is moulded to the shape. The limb was immobilized in the manner described of the stump and applied over the dressings; the above. The next case was a resection of the wrist weight of this splint, it was claimed, would suffice in for a suppurating tubercular lesion of the joint, in a preventing undue muscular contractions. Professor female 35 years of age. A single long incision was Chiene is a fluent speaker and most excellent teach- made over the middle dorsal aspect of the wrist, and er. Almost every member of the large class listened after opening the radia-carpal articulation the lower with undivided attention and took full notes of the end of the radius was brought into the wound and lecture. In a small but well supplied laboratory the whole articular surface removed with the saw; Prof. Chiene, with the help of his assistant, Dr. Ed- all of the carpal bones were removed, as well as the ington, important and valuable work is done in bac-1 articular surfaces of the metacarpal. The wound was teriology. Here specimens are examined and diag-repeatedly irrigated, and drainage established ante-noses are made, and all known germs are cultivated, riorly by pushing a dressing forceps through the tisand a considerable enthusiasm prevails for the de-sues, cutting the skin and widening the tract by dis-

I visited Greenfield's laboratory, where I had an the valves being kept partly opened, constant, steady excellent opportunity to study a great variety of pressure could be maintained in the smaller cylinder; bacterial cultures. One of the favorite culture with the effect of constantly producing the same substances in this laboratory is bread paste. Al- character of spray. though the microbes do not show so well upon this substance as gelatine or agar-agar, the cultiva- eighteen months, having begun to employit with the tions were very large and could be readily recog- idea that he could no doubt relieve many of the disnized. The Medical Department of the Edinburgh tressing symptoms in a considerable proportion of University contains, as I was told, nearly 2000 stu- his phthisical patients; but, noticing the marked dents, and to judge from the crowded condition of the amelioration of the condition in the majority of inlecture rooms and the crowds in the halls rushing stances, he determined some months ago to keep from one room to another, the estimate cannot be more exact records of temperature, pulse, respiration far from being correct. Although the system of in- and expectorating, noting especially the presence or struction is perfect and the means for demonstrations absence of bacilli, and the effect of the treatment excellent, and most of the teachers have more than upon them. All the cases were in private practice, a local reputation, I could not but think that the stu- and the whole number treated was between fifty and dents injure their own interests by congregating in sixty; but, as nearly one-half had the treatment but such numbers, and that it would be advantageous to a few times and at irregular intervals, they are exthem if at least half of the number would seek places cluded from the account. The cases considered emof instruction where the same facilities are offered braced almost all the forms of phthisis except the and where the teachers can devote more time to each disease in the stage of excavation, and the patients individual student. N. Senn.

LETTER FROM NEW YORK.

(FROM OUR OWN CORRESPONDENT.)

Tuberculosis of the Joints—Respiratory Therapeutics in Phthisis—Death of Dr. E. Darwin Hudson.

At the May meeting of the New York County on Tuberculosis of the Joints, in which he related in lowing solution: detail the history of a case now under his care which he believed to be of this nature, in which, during the past five years, a number of joints have been successively attacked; the patient (at the present time 60 years of age) having, up to the beginning of this trouble, always enjoyed excellent health.

At the same meeting Dr. Lawrence J. McNamara: air to escape through the nostrils.

His first impression was that this apparatus was of negative result. similar nature to many others tried before, and found wanting; but experience in its use had convinced him. Hudson, the popular professor of medicine at the of its practical utility. The compressed air is made New York Polyclinic, at the age of 43 and in the to pass through a large cylinder into a smaller one midst of his active labors, is severely felt by the pro-

Dr. McNamara has used this apparatus for nearly remained under treatment from one week to nearly eight. Under this method of treatment the cough and expectoration diminished, and in those treated the longest the cough quite disappeared. The bacil-DOMESTIC CORRESPONDENCE lus was found in every one of these cases, and was always present, even to the termination, with the exception of one instance; although the number of bacilli was visibly diminished. When the treatment was discontinued, however, the symptoms had in most cases disappeared. One illustration can be described in detail; that of a young married woman 23 years of age. He placed her on iron, quinia and Medical Association, Dr. Ira B. Read read a paper strychnia, and gave her daily inhalations of the fol-

R.	Sodii bicarb	
	Sodii biborat	āā Śi.
	Acid carbolic	
	Glycerinae	
	Listerme	เรีย
	Aq. destillat	
	m	- J

When this treatment had been continued for nearly read a paper on Respiratory Therapeutics in the two weeks the expectoration was found to have in-Treatment of Phthisis Pulmonalis. About four years creased, but its purulent character had changed to ago Dr. McNamara's attention was attracted to an one more mucoid. The severity of the cough was inhalation apparatus consisting of a funnel-shaped lessened, and the general health had begun to imglass globe with two openings; one for the attach- prove. She was then placed on an inhalation of the ment of the metallic disc holding in its centre the dark extract of pinus Canadensis, with Lugol's soluspray tubes, and the other, immediately opposite, tion (1 to 5 drops to the drachm), carbolic acid and terminating in a long mouth piece. The fluid to be distilled water. She remained under treatment reguatomized was placed in the globe, and a rubber tube larly for about three weeks longer, and then refused used to connect the fluid with one of the spray-tips, to continue the daily inhalations, although consenting while the other tip was connected with a cylinder of to come to the office two or three times a week. At compressed air. The globe rested on a bracket the time the daily treatment was discontinued recapable of being raised or lowered as required. The peated examinations, made with the greatest care, patient, standing with head elevated, took the mouth- failed to discover any evidence whatever of the prespiece in his mouth, and inspired; allowing the expired ence of the tubercle bacillus. Three months afterward, also, the same rigid search for bacilli gave a

The sudden and untimely death of Dr. E. Darwin before reaching the spray-tubes, and by this means, fession here. He was held in the highest esteem by all, and no man of his years had achieved greater success as a consultant and clinical teacher; his posi- be safely passed through the body, consistent with tion as physician to Bellevue and St. Elizabeth's Hoslour present experience and knowledge, is about pitals affording him special opportunities for study 1,000 milliampères. To get this power I use a batand instruction, of which he availed himself to the fullest extent. P. B. P.

GALVANIC MEASUREMENT.

Dear Sir:—I have before me copies of THE JOUR-NAL of April 23 and May 7. The former opens with "Treatment of Fibroid Tumors of the Uterus by Electrolysis, with a Description of Apostoli's Method," by Franklin H. Martin, M.D. Both numbers ceived by the indications of his absolute milliampèrecontain articles under Domestic Correspondence enti- meter; for if his patient was constituted of pure tled "Galvanic Measurement." That of the former copper in abdominal section, and in possession of a being also by Dr. Martin, and of the latter by Dr. uterus of the same material, the impossibility would read a paper by Apostoli, describing his method of pères, even with a thousand cells of ordinary crowtreating uterine fibroids by powerful electrolysis, foot battery gravity, connected in series. and a subsequent paper by the same author "On a especially Endo-metritis, by the Intra-Uterine Chem. on one tumor with very great depth of uterus, a curical Galvano-Caustic." This is a translation as it rent of 10 ampères, I can only say, "The cake is appeared in the Boston Medical and Surgical Jour- his'n, because he took it." It seems to me like a nal of April 21, in which currents as high as 200 bad case of extra-uterine astigmatism! milliampères are mentioned.

which are to be found in the above-mentioned pa- notice the following: "Granting a deep uterus and pers, I believe to be of the greatest importance to thin abdominal walls, the tissues intervening between physicians in general, especially to those who em- the electrodes offer a resistance of about 60 ohms." ploy the galvanic current in their treatment of certain cases. Ohm's Law, which is as well established cal Journal, translated from Dr. Apostoli, where 200 as the multiplication table, and which enables us to locate exactly a fault in an ocean cable, expresses 30 Leclanche elements, which would indicate a rethe following fact: Electro-motive force divided by resistance equals current—Electro-motive force in volts, resistance in ohms, and current in ampères; these being the electrical units, the formula being $\frac{E}{E} = C$, and by deduction $E = C \times R$ and $R = \frac{E}{C}$ of a flat platinum uterine probe properly inserted Thus, knowing any two of these factors, the third is amounted to over 600 ohms. Undoubtedly a great easily obtained.

Electro-motive forces of batteries vary with the materials employed, and not with the quantity of material; for example, E. M. F. of the Law cell is 1.4 volts, of Leclanche 1.5 volts, of chloride of silver cell 1.06 volts, of gravity 1.079 volts; whether the cells be an inch high or a mile high. E. M. F., however, increases directly as the number of cells connected up, in series. Resistance includes internal resistance of the battery, the resistance of conequal at all parts of the circuit.

Dr. Martin's article says: "The current of elecble the E. M. F. is necessary.

Again he says: "The maximum current that can tery composed of 115 gravity cells" In another place he says: "The results of my experiments have led me to adopt for office purposes the ordinary crowfoot gravity cells." In a note to the "1,000 milliampère" paragraph he states: "Since writing the above I have been able to use still higher currents in special cases;" and also states that "These cells are coupled in tandem," by which I judge that he means connected in series. I am afraid he has been de-Engelmann, of St. Louis, Mo. I have also carefully still remain of passing a current of 1,000 milliam-

But when, in the article on "Galvanic Measure-New Method of Treatment of Chronic Metritis, and ment," page 472, Dr. Martin states that he had used

In the article on "Galvanic Measure," by Dr. A careful consideration of some of the statements Geo. J. Engelmann, in The JOURNAL of May 7, I Also in the article in the Boston Medical and Surgimilliampères are said to be obtained by employing sistance between electrodes of about 200 ohms, and this without counting resistance of milliamperemeter. To the writer these resistances seem too small, though his opportunities for making these measurements have been very limited. A contact resistance alone variation in resistance will be observed with different subjects, as well as character of both electrodes.

Very truly yours, H. L. Bailey, *Electrician*. 112 Liberty Street, New York, May 10, 1887.

BRANCHES OF THE AMERICAN MEDICAL ASSOCIATION.

Dear Sir:—In view of the fact that at the coming necting wires, milliampèremeter, tissues, etc.; in meeting of the Association, a special Committee on fact, whatever is in the electrical circuit. Current is the "Branch question" will submit its report, it seems strange that members who may not be present should refrain from expressing their opinions beforehand. tricity used in electrolytic therapeutics should be The question is open for discussion, yet, from the one of moderate quantity compared to the intensi-silence in your columns, it would appear that the last ty." He is here making use of obsolete terms to words on this subject had been written. Your corexpress the idea of currents derived from sources of respondents last year were more engaged in devising high or low electromotive force. The facts are these: the means by which a change could be made than in The effects of equal currents are equal. To obtain | demonstrating its fitness or advisability. This is the the same current through double the resistance, dou-least advantageous method of bringing the question to an issue; the first point should be the establish-

ment of a case. Those who advocate the change do quent place of meeting." I trust that, during the thorough and practical organization; and of affording your readers. The age is one of progression, and a means through which an expression of opinion, or this occasion demands that steps should be taken to a policy, could first be shaped within the body, and furnish means of attainment commensurate with the then authoritatively projected beyond. The question | broad prospects of the American Medical Association. at the bottom of this matter is medico-political rather than scientific, and the end to give the profession status as a vital factor in political life. There is no country where organization is more respected or has greater practical influence than in the United States, and when a plan can be devised which is in harmony with existing institutions and the system of representative government, its adoption will hardly fail to be advantageous. Instances have been cited in which the influence of the Association has been successfully employed in the past to great professional advantage; yet we are forced to believe that these successes were due more to the personality of the advocates than to the weight of a resolution or series of resolutions passed at the annual meetings of a scientific body. Cannot these achievements be taken as an earnest of what may be done when the means tions of Ptomaines and Leucomaines, and whatever are provided? The Association now possesses within else may throw light upon intimate Pathological itself the elements necessary for a progression which processes. would be unequalled in professional annals. the assistance of THE JOURNAL it has already demonstrated a renewed vitality; and it only requires a system of organization to make it what it might be, apparatus for Bacteria Culture are solicited. the most powerful medical association in existence.

It is a mere matter of theory that affiliated local are desired: and State societies contribute more than moral strength or support. Their members are not members of the Association in fact, nor is the treasury enriched by a single direct contribution. financial aspect of this question of reorganization could be placed upon a sound and equitable basis, most of the fancied objections to real progress would be removed.

It has been claimed that the present system of mens and culture preparations. representation by delegates who alone have the power to vote, accomplishes all that is sought from representatives duly elected by Branches; yet it appears ologist and Microscopist—such as test objects to illusthat practically the suffrage is not so limited. A letter from an "Old Member" of the Association which appeared in The Sacramento Medical Times, of May, 1887, gives evidence of a different character. The writer says: "Where the necessity arises for legislative action, both registered and unregistered delegates, as well as Permanent Members who have no right to vote, indiscriminately exercise it, thought-lessly or indifferently." Presuming that the writer knows whereof he speaks, it would seem that the delegate representation system is not by any means! the safeguard that it purports to be. Admitting, however, that this is a rare occurrence, a grave and inseparable disadvantage still remains—and one which The writer adds: "Moreover, with a system where a preservation and safe return. numerical attendance dependent upon locality has preceding years, or may be overruled at some subset the address of Edward M. Schaeffer, M.D., Washing-

so in the expectation of extending the power and in-interval which still remains, those who believe in the fluence of the Association; of rendering possible a innovation will place their side of the question before WESTWARD Ho.

INTERNATIONAL CONGRESS.

NINTH INTERNATIONAL MEDICAL CONGRESS.

Section 9, of Pathology, Microscopical and Pathological Exhibit.

In connection with the Section of Pathology at the approaching meeting of the International Medical Congress to be held in Washington, D. C. (U.S.), commencing on September 5, 1887, there will be an exhibit of objects relating to Microscopical Anatomy and Pathology, including Bacteriology, and illustra-

In order to make the exhibit as complete as possible, the loan of Microscopical preparations, the instruments and agents for preparing them, and the

The means illustrative of the following subjects

- a. Human and Comparative Histology, morbid and healthy, as illustrating Pathology.
 - b. Morbid Growths, benign and malignant. c. Embryology, human and comparative.
- d. The development and Pathology of Nervous Matter, of Brain, Spinal Cord, and Peripheral Nerves.
 - e. Epizoa and Entozoa.
- f. Pathogenic Microbes, both discovered speci-
- g. Impurities in water liable to be used for drinking.
- h. Miscellaneous objects of interest to the Pathtrate the working powers of particular lenses, Microscopical appliances, Bacteriological apparatus, etc.
- i. Pathological specimens of moderate size to be examined without the microscope, are desired.

Competent persons will be secured to assist in the proper exhibition of objects. Those who forward objects for exhibition and intend to be present at the Congress, are requested to take charge of their own specimens during the hours of exhibition. Others, who are willing to take charge in the same manner of such specimens as the Committee in charge of the exhibit may assign them, are requested to notify the Chairman as early as possible.

All preparations and apparatus will be regarded as has been keenly felt by the Association very recently. Joans, and care will be taken to secure their proper

All persons willing to contribute to the exhibit legislative power, there can be no fixed policy, as the are requested to forward a list of the objects, they conclusions of one year may be contrary to those of propose to display, at as early a date as possible, to

ton, D. C. (U. S. A.), Chairman of the Committee in charge of the exhibit.

and on receipt will be at once acknowledged by the Committee, and those selected for exhibition will be included in the catalogue of the exhibit. The Committee can only be responsible for exercising proper care of articles received.

The President and other officers of the Section of Pathology request further contributions to the Section on any pathological subjects, but are particularly desirous of articles on the Pathological Relations of Ptomaines and Leucomaines, the Morbid Anatomy and Pathology of Alcoholism, the Etiology and Pathology of Cholera and Yellow Fever, the Pathology of Tubercle and Tuberculosis, the Influence Section on Ophthalmology, Otology and Laryngology. of Inhibition in Inducing and Modifying Pathological processes; and, in connection with the exhibits, records of the Section.

A. B. Palmer, M.D., L.L.D., President of the Section of Pathology. E. M. Schaeffer, M.D., Chairman of the Committee on the Exhibit.

Transatlantic Rates.—In the Revue Générale de Clinique et de Thérapeutique, we notice the following in regard to special rates for physicians coming from France to the International Congress: "In a letter addressed to various journals, M. Dujardin-Beaumetz announces that the Compagnie Transatlantique will carry French physicians to the International Medical Congress in America at a reduction of 30 per cent., making the fare 700 francs (\$140) over and return, first class.

ASSOCIATION ITEMS.

AMERICAN MEDICAL ASSOCIATION.

Chicago, Ill., commencing on Tuesday, June 7, at 11 A.M., in Central Music Hall, corner of State and Randolph streets, and will continue four days. Good rooms for the several Sections will be provided as near the hall for general meetings as possible. Registration books will be open in Central Music Hall on Monday, the day preceding the meeting, for those who wish to register early.

In addition to the list of papers already published, the following are promised:

Section on Practice of Medicine, Materia Medica and Physiology.

R. W. Seay, Pilcher's Point, La., on "Aids in the Prevention of Fevers;" Wm. B. Fletcher, Indianapolis, Ind., "Diseases of the Dura Mater Producing Motor Paralysis, Facial Spasm, and Neuralgias, etc.

Henry J. Reynolds, of Chicago, "A New Method of Producing Local Anæsthesia of the Skin."

John V. Shoemaker, of Philadelphia, "Geranium Maculatum."

E. C. Spitzka, of New York City, "Acute Fatal Delirium; Its Differential Relations."

Section on Obstetrics and Diseases of Women.

A. McLaren, St. Paul, Minn., "The Relationship All preparations may be sent to the same address, between Puerperal Fever and Erysipelas in Both its Acute and Dormant Forms."

> L. Ch. Boislinière, St. Louis, Mo., "The Management of Occipito-Posterior Positions."

> E. W. Cushing, Boston, Mass., "The Use of the Buried Continuous Animal Suture in Laparotomy and in Perincorrhaphy."

> Fayette Dunlap, Danville, Ky., "Sudden Death in Labor and Childbed."

> > Section on Surgery and Anatomy.

Henry C. Beenning, Philadelphia, Pa., "On Some Points in Human Anatomy."

J. E. Harper, Chicago, Ill., "The Causative Relation of Ametropia to Ocular Disease;" E. Fletcher descriptions and essays which may go into the Ingals, Chicago, Ill., "On Suppurative Inflammation of the Antrum of Highmore.

> Railway Rates.—Arrangements have been made by which delegates living on trunk lines may apply for blank certificates to Dr. Liston H. Montgomery, of Chicago, Chairman of Committee on Transportation. Delegates should name the line of railway over which they will travel when making the request. Dr. Montgomery will sign all return certificates, and no deviation in this matter can be permitted. Some member of the Transportation Committee will be always present at the meeting to give information.

> > LISTON H. MONTGOMERY, Chairman Com. on Transportation.

RAILROAD RATES.

Dr. Liston H. Montgomery, Chairman of the Transportation Committee, has received the following communication from the General Passenger and Ticket Agent of the Northern Pacific R. R.:

The Thirty eighth Annual Session will be held in say, that to members of the American Medical Association in attendance at the convention in Chicago from June 7 to 10, we will issue Return Tickets from St. Paul or Minneapolis to points on our line in Dakota only, at One-Fifth Fare for the return trip. These delegates, in going to Chicago, must be instructed to purchase of Northern Pacific agents first-class tickets from starting-point to St. Paul, and take receipt therefor of our Attached to this receipt is a certificate which certifies agents. to their attendance at the convention. These you must fill up, and attach your signature thereto.

On presentation of such receipt and certificate to our agents at St. Paul and Minneapolis Union Depots, or to B. N. Austin, No. 19 Nicollet House Block, Minneapolis, or C. E. Stone, 169 East Third St., St. Paul, return tickets at one fifth fare will be issued as above.

We cannot make delegate excursion rates returning from St. Paul to points in Minnesota under the Minnesota State law.

Please advise me if fully understood, and if you will see that delegates to the convention from points on our line are fully instructed as to the method of procedure. Yours truly, CHARLES S. FEE,

Gen. Passenger and Ticket Agent. The St. Paul, Minneapolis & Manitoba R. R. has agreed practically to the same concession as its competitor, the North-

ern Pacific, viz.: that of one fifth fare to return; but it is believed, in this instance, to apply to Minnesota delegates as well. N. B. In any case, however, delegates must take receipt of agent of whom going ticket is purchased. Ticket agents along

this line will be supplied with a combined certificate and receipt,

to he issued upon application of the passenger purchasing oneway unlimited ticket.

Only those in actual attendance at the meeting of the American Medical Association will be given certificates to return, the aggregate of which must at least be twenty persons who pay full fare "going," along this line.

The Committee on Transportation appreciate the above courtesies, and trust our Minnesota and Dakota friends will find it

convenient to avail themselves of same.

LISTON H. MONTGOMERY, Chairman Com. on Transportation.

MISCELLANEOUS.

THE ST. CHARLES CO. (Mo.) MEDICAL SOCIETY was organized at Wentzville, Mo., on May 17. following were chosen officers for the ensuing year:

President—J. A. Talley, Wentzville, Mo. Vice-President—J. C. Edwards, Cottleville, Mo. Secretary—H. H. Vinke, St. Charles, Mo.

Treasurer-M. D. Carter, New Melle.

The most interesting part of the proceedings was a report by Dr. Edward Tallev, of Wentzville, on "The Treatment of Tuberculosis by Bergeon's Meth-Dr. Talley is unfortunately suffering from phthisis himself, but stated that since the employment of Bergeon's treatment cough, expectoration, night sweats and other distressing symptoms have been materially improved, and that he is in hopes of being perfectly cured.

STATE MEDICAL SOCIETY OF ARKANSAS, will hold its next annual session at Little Rock, June 1, 2 and 3, 1887. President, James A. Dibrell, Sr., M.D.; L. P. Gibson, M.D., Secretary.

OHIO STATE MEDICAL SOCIETY, will hold its next annual meeting at Toledo, June 15, 16 and 17, 1887. Thos. McEbright, M.D., President; G. A. Collamore, M.D., Toledo, Secretary.

YELLOW FEVER IN FLORIDA.—A dispatch from Key West, of May 23, says: Mr. Baker, who was declared Saturday to be suffering from yellow fever, died this morning. His wife, who contracted the disease a few days later, also died to-day and was buried a few hours after her husband. Both developed the most malignant symptoms. A sister of Mrs. Baker, who lived in the same house, which is in the principal street in the heart of the city, is also down with fever, but her case is not hopeless. The disease is undoubtedly traced to some bedding recently brought from Havana. Several other suspicious cases are said to exist.

HEALTH IN MICHIGAN.—For the Month of April, 1887, compared with the preceding month, the reports indicate that tonsilitis, erysipelas, measles, diphtheria, and influenza decreased in prevalence. Compared with the preceding month the temperature in the month of April, 1887, was much higher, the absolute humidity was much more, the relative humidity was much less, and the day and the night ozone were slightly less. Compared with the average for the month of April in the nine years, 1879-1887, intermittent fever, diphtheria, remittent fever, scarlet Asst. Surgeon in the Navy, May 19.

fever, pneumonia, consumption of lungs, influenza and bronchitis were less prevalent in April, 1887.

For the month of April, 1887, compared with the average of corresponding months for the nine years, 1879–1887, the temperature was slightly lower, the absolute and the relative humidity were slightly more, the day ozone was about the same, the night ozone was considerably less. Including reports by regular observers and others diphtheria was reported present in Michigan, in the month of April, 1887, at twenty-five places, scarlet fever at thirty-nine places, typhoid fever at eight places, and measles at thirtysix places. Reports from all sources show diphtheria reported at twenty-one places less, scarlet fever at thirteen places less, typhoid fever at five places less, and measles at one place more in the month of April, 1887, than in the preceding month.

THE PRACTICE OF MEDICINE BY APOTHECARIES IN Pennsylvania.—At a meeting of the Philadelphia County Medical Society, held February 23, 1887, it was resolved to address to the Senators and Representatives from Philadelphia County, and to the Governor of the Commonwealth, a communication signed by the President and Recording Secretary of the Society, requesting them to oppose and to disapprove of the passage of Section 10 of the proposed Pharmacy Law now pending before the Legislature of Pennsylvania. This section so far repeals the Registration Act as to permit druggists to engage in the practice of medicine, provided that they conduct only an office practice.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM MAY 14, 1887, TO MAY 20, 1887

Major Morse K. Taylor, Surgeon, retired from active service, May 14, 1887. S. O. 111, A. G. O., May 14, 1887. White, R. H., promoted to be Surgeon with the rank of Major,

to take effect from May 14, 1887. Capt. Jno. D. Hall, Asst. Surgeon, granted leave of absence for one month, with permission to apply for one month's extension. S. O. 74, Dept. Col., May it, 1887. Suter, William N., appointed Asst. Surgeon, U. S. Army, with

the rank of First Lieut.; to rank as such from May 16, 1887.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U. S. NAVV, DURING THE WEEK ENDING MAY 21, 1887.

Curtis, L. W., P. A. Surgeon, ordered to the "Quinnebaug." Baker, J. W., P. A. Surgeon, ordered to the hospital, Chelsea,

Price, H. F., Surgeon, ordered to Board duty, Annapolis, Md. Gravatt, C. N., Surgeon, detachment from "Michigan," re-

Lumsden, G. P., P. A. Surgeon, orders to the "Michigan" revoked.

Siegfried, C. A., Surgeon, ordered to the "Quinnebaug." Persons, R. C., Surgeon, detached from the "Saratoga." Farwell, W. G., Surgeon, ordered to the "Saratoga."

Dixon, W. S., Surgeon, ordered to special duty, Baltimore, Md. Rogers, B. F., Surgeon, ordered to the Marine Rendezvous, New Vork.

Wells, Howard, P. A. Surgeon, ordered to the "Jamestown." Wise, J. C., Surgeon, detached from the "Jamestown." Harvey, H. P., Surgeon, ordered to the "Iroquois." Waggener, J. R., Surgeon, detached from the "Iroquois." White, Stuart S., M.D., of Frederick, Md., commissioned

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ORIGINAL ARTICLES.

OUR POSTERITY.

The Address of the Retiring President before the Allegheny County Medical Society, April 19, 1887.

BY JOHN M. BATTEN, M.D.,

OF HITTSEURGH, IA.

The constitution of this Society makes it obligatory upon the retiring President to deliver an address on medicine or one of kindred topics. The subject of my address has been treated of before more ably development, morally, intellectually and physically, than I could even hope to do; but the good results from frequent presentment of a subject will as surely follow as will the wearing of the granite stone follow the constant falling of raindrops upon it. The subject which I wish to present for your consideration to-day is

OUR POSTERITY.

just as pertinent a question now as it was two thous but his children and his grandchildren who inherit and years ago. My object principally, in this address, A.'s wife's inferior physical, intellectual and moral is to make a few remarks, briefly, bearing upon the development will, according to the laws of heredity, laws of heredity, upon the great importance of proper descend below A.'s plane of development. The selection, and upon a correct system of education of question might be asked: Would it be possible for

each generation, in all civilized countries, there have plane from which they had descended? I believe risen to the surface a few men who are the ideals of the answer to this question might be made truthfully perfection, physically, intellectually and morally. If in the affirmative; that is, if a wise vigilance was exthe ancestry of such men were traced, it would be ercised in their selection. For example, suppose A. found that they were the offspring of parents for several generations who presented just such qualities lectual and physical development, should each make with which their descendants were endowed. Sup a selection—the former of C. and the latter of D. pose A. was one of these ideal men; it is likely that The plane of D.'s development is far below that of his father and mother were persons above the average C.'s. The law of heredity would place B.'s children physical, intellectual and moral development, and on a plane of development far below that of A.'s; that their parents were blessed with the same attri and consequently, in order that B.'s children should butes. We have had many instances in our own rise to the plane of development of A.'s children, it country where an A. rose to a position of eminence, would require many generations, even though wise power and trust in which he exercised a mighty influ-selections were made. ence in church or in State, and justly so, by having An exception to the above law might be when B.'s inherited a good moral, intellectual, and physical de-children would inherit the constitution of the father, velopment. It has also been noticed that his de-tin which case some of B.'s posterity, through proper seendants have exercised the same influence for sev-selection, might not be affected, but B.'s children eral generations, and then lost sight of entirely, who inherit the constitution of the mother would be It would seem to be adhering to the laws of heredity the most affected, and would require the longest that like begets like, and therefore A.'s children, if time, through proper selection, to ascend to the. he made proper selection, morally, intellectually and plane of development of A.'s children. physically, would be on the ascending scale of de- By our present custom of selection, there must

velopment; and, other things being equal, would be stronger physically, intellectually and morally than their parents, and so on ad infinitum. And such would be a fact, but some of A.'s descendants make improper selection, and consequently their children fall below the plane of development of their parents; and once below this plane of development it requires many generations, even though proper selection were made, for the descendants who had thus fallen below A.'s plane of development to ascend again to that

Suppose A. to have selected a wife whose plane of was far below his own plane; it would follow that his children would be also below his plane of development, and so on indefinitely, or until A.'s posterity would become extinct, provided his descendants continued to make improper selections. Sometimes, however, a few of A.'s children, who inherit the constitutional development of the father, may possibly The question, What shall we do to be saved? is not descend below the father's plane of development, the people's physical, intellectual and moral powers. any of A.'s descendants, who had thus fallen below It has been, I believe, truthfully asserted that in his plane of development, to ascend again to the

tion, whilst those on the descending scale may rescue high-pressure education of women; when he was a few of their descendants from such a scale of de- asked the question, by a high-pressure educated velopment by proper selection; but the posterity of French lady: who was the greatest woman then livscale of development are never rescued from such a Napoleon curtly answered: "The mother of the scale of development by proper selection, but so greatest number of children." A better reply would may be found an offspring of weakly development; mal, and to be a nation of good animals is the first and, on the other hand, along the descending scale condition to national prosperity. In order that chilment intellectually and morally.

opment, and such should be avoided in selection.

the nervous system as it should be developed—slowly, for use in families of America. According to a Paris naturally and evenly—it must also be fed, rested and letter, since his recent centenary celebration, M. properly exercised." It might be added that the Chevreul has received hundreds of letters from all

HIGH-PRESSURE EDUCATION OF WOMEN.

To be convinced of the fact that this high-pressure health." them as a class physically, and prevent them from of his works published in 1870. being healthy mothers, and finally affect the health of their offspring, one need only open the door of will be ultimately placed on the descending scale of

naturally be a sort of zigzag or shuttlecock scale of any institution of high-pressure education of women, development—some families are on the ascending and there observe, too frequently, the pale faces, the scale of development, whilst others are on the de-sunken cheeks, the flat breasts, the wasp waists, scending scale. Some of those families' descendants and the stooped forms among many of its inmates. who are on the ascending scale may place their de- Even Napoleon, with his keen perceptive mind, scendants on the descending scale by improper select nearly a century ago observed the evil tendency of many families who are placed thus on the descending ing? although the latter expected a different reply, continue along the downward scale of development have been; the mother of the greatest number of till their posterity becomes extinct. So, too, occasion- healthy children. The first requisite to success in ally along the ascending scale of development there life, says Mr. Herbert Spencer, is to be a good anithere may be found quite a perfect development dren be good animals it is necessary for their mothers physically, intellectually and morally; but on the as well as their fathers to be good animals. A woman latter scale of development there is more likely to be who throws herself in the current of competition either found a feeble body, possibly with a good develop- for higher literary honors, or in the professions, or in business, cannot for a long time remain a healthy ani-There are many other causes besides improper se-mal, and therefore cannot be a healthy mother, and lection which may place families and their descend. consequently cannot bear a healthy offspring. Hence ants for the downward scale of development, only a Napoleon's reply to Madame De Stael was correct, few of which causes we have time at present to refer to, when he stated that a woman's proper sphere in life name y: acquired disease, our present system of edu- is to be a mother. If Napoleon's answer was corcation, together with the high pressure education of rect-and we have no reason to doubt the correctwomen. I have taken it for granted that both acquired ness of the answer-then it follows that to be a and hereditary diseases are the prime factors in the mother is the proper sphere of woman, and any educause of the physical, the intellectual and the moral cation that would lead a woman to be other than a disability of those on the descending scale of devel- healthy mother, will be not only detrimental to her $_{\perp}$ own offspring, but will finally affect the offsprings of Our present system of education has a tendency the nation. Dr. Emmet says that one effect of to develop the intellect at the expense of dwarf this higher education of women, of which we hear ing the development of the body. We should and read so much, will be to hinder those who would have such a system of education as would develop be good mothers of men from being mothers at all. simultaneously the physical, the intellectual and the In its full sense, says Herbert Spencer, the reproducmoral powers of the child. Dr. Charles K. Mills tive power means the power to bear a well developed says: "Education should be so arranged as to de-linfant, and to supply that infant with the natural food velop the brain by a natural process—not from within for the natural period. Most of the flat-chested girls outward; not from the centre to the periphery; not who survive their high-pressure education are unable from above downward-but as the nervous system to do this. Were their fertility measured by the itself develops in its evolution from a lower to a number of children they could rear without artificial higher order of animals, from the simple to the more aid they would prove unable to do this. It might be complex and more elaborate. Any system of edu-added parenthetically, that one effect of this higher cation is wrong, and is calculated to weaken and education of women in this country is the increase worry an impressionable nervous system, which at of the number of nursing bottles. It might be intertempts to overturn or change this order of the pro- esting to the advocates of such an education to know gress of a true development of the brain. To develop how rapidly the nursing bottle is gaining admittance same scrupulous care as recommended by Dr. Mills parts of his country asking him for the secret of his in the development of the brain ought also to be strength, with minute inquiries as to what he eats and exercised, at the same time and in the right direction, what he drinks; when he goes to bed and rises; how in the development of the moral and physical powers, the exercises, and so on. To all these inquiries the old scientist replies through the Paris press that the secret of his long life consists of two words: "good For this gift he says he is indebted to his education of women will be conducive to weaken parents, for which he thanked them in the dedication

The descendants of those now living in large cities

development if they and their descendants continue institutions, which are now dotted thickly all over become extinct before many generations.

death, in an address at the dedication of the Mc-Builders and the Indian races? Dowell monument, after discussing the importance of skilful and successful laparotomy operations, skilful and successful operations for stone, and skill and success in other capital operations, said: "But the question of skill and success in capital operations problem of the people's welfare." He further said: "The day has arrived when the people must be aroused to a deeper and a more earnest sense of the people's welfare, and suitable measures adopted for the protection as well as the better development of their physical, moral and intellectual powers. This is the great problem of the day, the question which you, as the representatives of the rising generation of physicians, should urge in season and out of season upon the attention of your fellow citizens; the question which alone and beyond all others should engage your most serious thoughts and elicit your most earnest coöperation.'

Consequently, no father should suffer his son or his daughter to marry a person who could not present him with a satisfactory certificate from a competent physician as to the physical fitness of that person for marriage. No license should be granted to a removal of a molecular opacity, which was not by county or State officials to any individual without a recognizable upon ophthalmoscopic examination. like satisfactory certificate. In fact, the State Board of Health, in each State, composed of competent physicians, after careful examination, should issue such certificates to applicants. The family history of candidates for matrimony should be well studied by parties its importance justifies further careful experiments, most interested, and by physicians granting such mainly with reference to beginning cataract. In certificates. If more attention were paid to proper 1879, or before, my attention was called to the use selection, and to a correct system of education of of electricity as a remedy for the treatment of catthe people's physical, intellectual and moral powers, aract. The following case came under my obserthere would be no need for so many eleemosynary vation:

to remain denizens thereof, for it has been said, and our land; there would be fewer courts of justice I believe observation bears out the truthfulness of the needed, and consequently fewer prisons. Much sufassertion, that if an embarriment were placed around fering would be prevented; there would be happier a large city preventing healthy, robust recruits from homes, and in the end America would be populated the country, the inhabitants of such a city would by a more robust, a more intellectual, and a more noble people. By our present mode of selection, I In these times of such a craze for wealth, and might say, as I wrote on a kindred subject six years power, and fame, the powers of the intellect are so ago, that if it were not that every birth is a regenerpressed at the expense of the body that endurance ation, and were the constitutional diseases which disceases, causing in many wrecked constitutions, if not eased parents transmit to their offspring not modified premature deaths. With such there should be called by an inalienable bequest of an older world, and by a halt, and less work and more recreation before it is the redeeming instincts which our All Mother grants too late, if they would prevent themselves and their to every new-born child on earth, the people of the posterity from being placed on the descending scale world long ere this would have become extinct. Are of development. The great importance of proper we not aware of the fact that a powerful people once and wise selection in marriage should be indelibly inhabited this fair land of ours, known as the Mound impressed upon the young, soon to become fathers Builders? We do not know that the Indians, a powand mothers not only of this, but of all future genererful race, did inhabit this country in years gone by, ations, at the home firesides, at the schools of educa-Where are the Mound Builders now? and where is tion, and from the pulpits. It is a question which is the Indian race? Then, since these two once powerof vastly more interest and value to the American ful races have disappeared from our land, does it not citizen, if he wishes to have transmitted to America's behoove us to use all proper means, to throw out posterity America in the ascending scale of develop- all possible safeguards that God and nature have ment, than all the mathematics and languages that placed in our hands, to preserve this great American might be taught in our schools of education, and all people from eventually being placed on the descendthe dogmas and isms that might be proclaimed from ing scale of development, and consequently followour pulpits. Dr. Samuel D. Gross, shortly before his ing in the footsteps of their predecessors, the Mound

THE GALVANIC CURRENT IN THE TREATMENT OF CERTAIN FORMS OF CATARACT.

sinks into insignificance compared with the great Read before the Chicago Society of Orththalmology and Otology, February 8, 1887,

BY J. ELLIOTT COLBURN, M.D.,

PROFESSOR OF OPHTHALMOLOGY AND OTOLOGY IN THE CHICAGO POL-ICLINIC; ASSISTANT SURGEON TO ILLINOIS CHARITABLE EYE AND EAR INFIRMARY, ETC.

The following extract is from Erb's "Handbook of Electro-Therapeutics:" "Among diseases of the lens, cataract has been drawn recently into the field of electro-therapeutics. Neftel created no little excitement in the ophthalmological camp by a report of two cases of undoubted beginning cataract, in which all the symptoms of the cataract were relieved by methodical galvanic treatment, and visual power restored completely. After a sharp criticism of these statements by Hirschberg, Neftel acknowledged that the opacities of the lens, demonstrable with the ophthalmoscope, had not disappeared entirely, and explained the undoubted improvement of the eyesight He adds also that galvanic applications exert an influence, though not to any great extent, upon the opacities of ripe cataracts.'

This subject is, therefore, still in its infancy, but

Mrs. G., aged 53, consulted me for general debilture of both limbs; the sister's, at the age of 57 developed in right eye. years, following an operation for fibroid tumor. One with correcting glass; left eye, vision equals Snellen provement. Lately successfully operated. diagram:



As she had for a long time been under the careful management of a good practitioner, and the whole range of tonics and stimulants had been exhausted, I concluded to try central galvanization, as recommended by Beard and Rockwell in their first edition. To my great satisfaction my patient responded to the treatment, and in three months had gained fifteen pounds in flesh and greatly in general vigor. While attending to another member of the family I found my former patient reading, and much to my astonishment found it to be Milton's Paradise Lost, in small print. I again made an examination of the eye under atropine, with the oblique illumination, giving the results as in sketch No. 2.



Soon after this case had passed from my observation my attention was called to the papers of Neftel and others, with the discussion. This and the doubt that these papers engendered, has tended to make me slow in giving to the profession the results of $Casc \neq -1881$. Mr. D., aged 63. R. V. = $\frac{15}{100}$, my limited experience and study in the treatment of L. V. = $\frac{15}{200}$. Peripheral cataract. Three long lines me slow in giving to the profession the results of incipient cataract by the use of the galvanic current of electricity. I doubt if I should have done so now, but for reasons which I cannot here mention, and to prevent being misunderstood by my professional friends and associates. The following are the cases as taken from my notes. I have arranged my cases in the following groups:

Group 1 includes those cases in which there was no improvement, as follows:

Case 1.—1881. Mrs. La L., aged 49. R. V. = $\frac{15}{80}$, ity, loss of vision, and catarrhal conjunctivitis. She L. V. = $\frac{1}{100}$. Peripheral cataract both eyes. Long had been in poor health for seven years, following narrow spikes extending to centre of lenses, no nebthe climacteric period. There was no evidence of ulæ. No change in vision for two years. Previous organic disease of the viscera. Her family history health good. Three years previous had fracture of was good, with the exception that one aunt, a brother right arm and amputation of hand at wrist. Treated and an older sister had cataract, the brother's catar- one month, fifteen sittings, no improvement. Recent act following an injury, not of the eye, but a frac-letter from son states that, one year ago, glaucoma

Case 2.—Mrs. K., aged 53. R. V. = 20, L. V. = $\frac{2.0}{6.0}$. year before consulting me Mrs. G. had a severe attack of acute bronchitis, which left her greatly debilitated, and from which she had not fully recovered. Right eye $+\frac{1}{10}$ reading V. = Snellen No. 3. Peripheral cataract. bilitated, and from which she had not fully recovered. Many long spikes in both lenses, no nebulæ. Oc-Right eye, vision equals Snellen No. 8, at 12 inches casional sittings for two and a half months. No im-

No. 5, at 12 inches with correcting glass. Two Case 3.—1883. Mr. H., aged 54. R. V. = $\frac{20}{3.0}$. L. months before she was able to read with the left eye $V = \frac{20}{4.0}$. Peripheral cataract. Two long spikes and and thread a needle. The right eye had been out many short ones in each lens, also what seems to be of use for some time, and had been slightly irritated a calcareous deposit at the periphera of lenses, much and "weeping." Examination with the oblique illu- nebular matter. Has atheromatous degeneration of mination gave the results indicated in the following arteries and valvular heart-lesions. Could get no definite results with the ophthalmoscope. Treated six weeks, eighteen sittings. R. V. = $\frac{20}{20}$. L. V. = $\frac{20}{40}$. Six months later R. V. = $\frac{20}{100}$, L. V. = $\frac{20}{80}$. Group 2 includes cases that have been under

observation from four to seven years, in which the

improvement has been permanent.

Case 1.—1879. Mrs. McC., aged 50. R. V. = $\frac{15}{100}$, L.V.= $\frac{15}{60}$. Peripheral cataract. Dense nebulæ about lines. Vision had diminished slowly for past 4 months, following carbuncle of the neck; in other respects health good. Under treatment two months, R. V. $=\frac{20}{30}$., L. V. $=\frac{20}{20}$. Six and one-half years later there was no perceptible loss of vision.

Case 2.—1880. Mrs. G., aged 52. R. V. $=\frac{15}{40}$, L. V. = $\frac{15}{60}$. Peripheral cataract. A few short lines and nebulæ extending far toward centre of lenses. Vision had diminished rapidly for two months. Had noticed "weeping" in left eye for six months. Nine months previously had pneumonia. Treated two months, R. V. = $\frac{15}{30}$, L. V. = $\frac{15}{15}$. Extensive spot of choroidal atrophy just at junction of right and left lower field, near ciliary region. Four years later reported no loss of vision.

Case 3.—1880. Mrs. L., aged 57. R. V. = $\frac{2.0}{0.0}$, L. V. with reading correction $+\frac{1}{1.0}$ = Snellen No. 10. Peripheral cataract. Long lines and dense nebulæ. Has been in poor health for past four months. First noticed loss of vision two months ago. Under treatment four months, forty sittings, R. V. = $\frac{20}{60}$, L. V. = $\frac{20}{60}$. With correction reading vision equals No. 3, Snellen. Eighteen months later, vision and health improved.

and many short ones, with dense nebulæ in each lens. Cannot read with correcting glasses. change in vision for six months previous. In better health than during preceding winter. Treated two months, R. V. = $\frac{1.5}{1.0}$, L. V. = $\frac{1.5}{1.00}$. Can read with correcting glasses. Two years later, no perceptible change in vision.

Case 5.—1883. Mrs. B., aged 70. R. V. = $\frac{15}{100}$, L. V. = $\frac{15}{6}$. Left eye with correction reading vi-

sion equals No. 5, Snellen. Right eye, two long Case 2.—July, 1886. Mrs. F., aged 68. Myopic. lines meeting at centre of lens form a V, and many R. V. = $\frac{20}{100}$, L. V. = $\frac{20}{200}$. Reading glasses, R. short lines, all the lines surrounded by nebulæ, more $\frac{1}{100}$, L. $\frac{1}{100}$. Slight cataractous radii in both or less dense; left eye, one long line and many short lenses. Has much trouble from loss of sleep, uses Treated four months, R. V. = $\frac{15}{30}$, L. V. = $\frac{15}{20}$. With can see no lines nor nebulæ, correcting glasses reads Snellen, No. 1; can thread — In all cases in which I have a fine needle and do fine sewing.

ripheral cataract, more marked in left eye than in long considered it a legitimate treatment. In my right. Was examined in January, 1883 (six months first cases 1 did not make the discrimination that previous), with diagnosis of cataract in left eye. Had Wells offers as to the rapidity or stasis of developmalarial fever in March, and when convalescing no ment of catatact, for I had not learned to fully meas-

complete removal of short lines and nebulæ.

ripheral cataract in both eyes. Right eye, three long is slowly absorbed, leaving the former gray portions spikes reaching nearly to centre of lens and surrounded by dense nebule. Left eye, one long spike clearly marked. I have never seen radii that were reaching to centre of lens, and many short ones; already fully degenerated, become absorbed or slight nebulæ. General health fair; lately devel changed more than could be accounted for by the under treatment, twenty three sittings, $V_{-} = \frac{2}{2} \frac{n}{n}$ in would expect arrested development, there was abso-both eyes, with $+\frac{1}{12}$ correction reads Snellen, No. lutely no change nor improvement of vision, except in vision.

Case 2.—1883. Mr. L., aged 54. R. V. $\frac{15}{40}$, L. V. 14. Short lines and nebulæ in both lenses; much lens, there can be but one opinion; that it is the disdepressed from loss of property; has labored hard turbance of nutrition, through functional and organic for last four years. Regular daily treatment for changes in the uveal tract, nerve and retina, and that three weeks and occasional treatments for two these changes may be associated with, and are usually months; at end of two months no lines and no neb-due to, some general disturbance of nutrition. In uke visible. Vision normal in both eyes. Two and thirty one cases which I have tabulated from my prione half years later, stronger correcting glasses gave vate work, and twenty-six from my outside or disnormal vision. No sign of degeneration of lens.

L. V. $= \frac{2.0}{3.00}$. With correcting glass reads Snellen, disease or an acute exacerbation of a chronic dis-No. 2. Had noticed loss of vision R. E. after pro-ease, or an exhausting mental depression or deprestracted confinement to house, from injury, L. E., fol-sion preceding the disturbance of vision, and in many lowing chicken-pox. After daily treatment for three cases attributed to it by the patients. In thirty per weeks, could see no lines nor nebulæ in left eye; in cent. of the cases there was evidence of choroidal the right eye nebulæ had cleared, leaving lines un degeneration, neuro-retinitis or retinal atrophy; changed. Four years later no appreciable change showing that it was not the lens alone that had been in either eye.

complete absorption of opacities.

L. V. $\frac{3}{3}\frac{6}{6}$. Reading vision, with \pm^{-1} correction, tions in the vitreous humor and inflammatory changes equals Snellen, No. 8. Peripheral cataract both in the lens itself." eyes. Consulted for excessive lachrymation, and 30, and no sign of opacities.

ones. Had malarial fever nine months previously, chloral at times. Under treatment one month, twenthree months after recovery noticed disturbance in ty four treatments, only one or two lines visible at eyes, which was followed shortly by loss of vision. end of treatment. November, 1886, fully recovered;

In all cases in which I have suggested galvanism as a possible remedy, I have steadily avoided en-Case 6.—1883. Mr. II., aged 5.4. R. V. = $\frac{20}{100}$, couragement as to the result, and had it fully under-L. $V_{\rm c} = \frac{20}{1000}$. Could not read with glasses. Pe-stood that the remedy was on trial; though I had ticed failure of vision in right eye. Under treatment ure the change that was producd in conjunction with three months, thirty sittings, R, V. = $\frac{20}{90}$, L, V. = improvement of vision. It was soon manifest that $\frac{20}{1000}$. Four years later, R, V. = $\frac{20}{90}$, L, V. = $\frac{20}{100}$. the great change which took place was not in the Group 3 includes cases in which there has been already degenerated lens structure, but in that portion which was in a metamorphosic state, i.e., the Case 1.—1881. Mr. J. L., aged 49. R. V. = $\frac{20}{40}$, nebulæ that enveloped the lines and filled the more L. V. $= \frac{2.0}{3.0}$. Correcting lens for reading $\pm \frac{1}{15}$. Petransparent portion of the lens; this nebular matter of the lens clear and transparent, and the lines oped large varicose ulcer. Two and one-half months clearing of the nebulæ. In those cases where we 1. Two and one-half years later there was no change in one case; and that was due alone to the improvement of the choroid and retina.

As to the etiology of cataract or opacities of the pensary practice, I have found in more than 90 per Case 3.—1883. Mrs. B., aged 63. R. $V_{*}=\frac{20}{30}$, cent. of the cases that there was a history of acute or was suffering from disease. Wells says: "It ap-Group 4.—Recent cases in which there has been pears most probable that the causes of the loss of transparency of the lens are to be sought in the im-Case 1.—June, 1886. Mrs. M., aged 63. R. and pairment of nutrition, due to some morbid altera-

The therapeutic action of electricity is threefold: rapid change of glasses, being able to read but a Mechanical, tonic, and catalytic. We have to deal short time. Three months previously had consulted in this connection only with its tonic and catalytic Dr. ———, who also had diagnosticated cataract, actions. It is tonic from its action on the pneumo-Treated one month, ten sittings, R. and L. V. = $\frac{20}{10}$. gastric and sympathetic; catalytic from its electro-No lines nor nebulae visible; reads Snellen, No. 1, lytic action, as manifested by the rapid changing of with $+\frac{1}{14}$ correction. Nine months, vision equals the nebula long preceding the manifest results in the general system.

effects result from localized electrization of nervous low deposit under the anterior capsule. centres, especially from galvanization of the brain, spinal cord and sympathetic of the cervical region." of medium sized cells, giving a steady, constant cur-The physical effects of electricity passing through rent. The special battery-manufactured by McInthe body, are heat, transference of substances from tosh & Co., or the battery invented by Felton, I one pole to the other, and modification of endosmo think are the best adapted to this purpose. sis and exosmosis. In the structural changes which self. 4. That pathological tissue is usually of lower good results. vitality than normal tissue, is more easily decomposed by the current, and when it is decomposed and its absorption accomplished, it has not the power PERINEPHRITIC ABSCESS; OPERATION; RECOVERY. to reproduce itself."

By one who has used electricity in general practice and noted the continuous improvement of patients months after the treatment has been discontinued, it can readily be understood why frequent séances are not required in a large majority of cases.

My experience would lead me to associate the imwhere there is arrested development, delayed madisease is progressive, as indicated by the fat gran-been denied. ules and nebula, where electricity is well borne, senile forms of cataract, commencing at the peripheral and abdominal section resorted to at once. and extending towards the centre in the shape of or less filled with, an aggregation of dots and nebula, diagnosis is extremely difficult, especially in children;

Beard and Rockwell say: "Indirect constitutional of gray matter. In one case there was marked yel-

The battery to be used should consist of a number

The treatment may be given in this way: The take place, we have the effects of the catalytic or electrode should be first freely moistened; the negchemical most markedly manifested. Electrolysis of ative placed over the eye, the positive at the nape organic substance starts a process that continues of the neck, at the angle of the jaw or over the stomlong after the current has ceased to flow. Dr. F. H. ach. Three or four cells should first be turned into Martin, in his paper on "Electricity in Gynecology," the circuit, followed by one, two, three or four more, page 10, says: "I have worked on the principles until a slight vertigo is experienced, then gradually enlarged upon in the first part of this paper, viz.: reducing the number of cells; the whole sitting not 1. That a galvanic current of moderate quantity, occupying more than five to ten minutes. The treatpassed through a soft tissue of the body, produces elec-ment may be at first given daily, and gradually detrolytic action all along its course. 2. That a pro- creasing to once or twice a week. In some cases cess of rapid absorption is produced in the parts so 1 have been obliged to use a very mild current, and acted upon. 3. That normal tissues, while the least in others as high as eighteen elements, and in a few susceptible to the current, and therefore least liable eases the galvanic current was not well borne at first, to be chemically decomposed, are, if decomposed but a few daily treatments with the induced current and absorbed, almost immediately replaced by the rendered my patient less susceptible or sensitive, inherent property of healthy tissue to reproduce it- and 1 was enabled to use the galvanic current with

BY U. O. B. WINGATE, M.D.,

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Acute inflammation resulting in suppuration in the provement in vision directly with the visible local connective tissue surrounding the kidney must be a changes. If the cataract is due to the disturbance rare disease. The literature in the medical journals of nutrition or change in the vascular supply, and in is exceedingly scant, and but brief mention is made a large number of cases preceded by a marked dis- of the affection in the books. Yet we can hardly turbance of the general health, is it not fair to sup- expect it to be infrequent when we consider its etipose that in those cases cited by Bull and others, ology. Injury is supposed to be the most frequent cause; next, exposure to cold, which is questioned turing or spontaneous absorption, that the cause for by some, but undoubtedly is a cause; previous supthe change may lie in the improvement of nutrition? purative nephritis or pyelitis; extension of pelvic That the remedy fails in a certain percentage of the cellulitis; operations on the rectum; inflammatory eases, or in fact all the cases under treatment, may affections about the bladder; psoas abscess; typhlitis not be the fault of the remedy, but in the selection and perityphlitis. Well authenticated cases have of the cases to be treated. In all cases in which the been reported in children, although by some this has

The symptoms are said to be local pain, shooting where the choroid and retina are not greatly degen-downwards; chilliness, followed by fever; malaise; erated, and where there are no complications of cir- nausea; anorexia; coated tongue; rigors and profuse rhosis of kidneys or liver, diabetes or organic disease sweats; emaciation; obstinate constipation. Deepof the heart or lungs, improvement may be expected, seated fluctuation may be detected, but it may be The cases in which improvement is not to be ex-very late. There may be a tumor, but that may appected are those in which vision has remained stappear very late. Pus usually points in the lumbar tionary for some time, and where there are structural region, or it may rupture into the bowel, or into the changes in the choroid and retina. The opacities of peritoneal cavity, in which case death would soon the lens treated by me with electricity, are of the follow, unless the condition was early diagnosticated

The differential diagnosis is to be made from hydroradiating lines or spikes. In the progressive form nephrosis; from echinococcus; from cancer; and from the lines are surrounded by, and the inter space more pyelitis with pyonephrosis. In the early stages the the absence of a tumor. My experience with this worthy of a pretty full record, and especially so as 90; temp. 100.5 F. but a very few cases can be found to which more than a passing notice is given.

been on an ocean excursion, had been in the ocean ney? What? bathing and was chilled at the time—came home and was taken ill. There is a constant dull pain, uning man of large experience, and the physician who offifluenced by motion or position, in the upper part of ciated at the birth of the patient. A careful exthe right humbar region, and inclined to the front, amination was made, and the following symptoms Slight tenderness over this region and extending over summed up in their order of prominence: 1. A the abdomen. Bowels quite regular. Marked ano- | long-continued, persistent anorexia. 2. Tenderness vomiting; no urinary symptoms; no chills. Menses greater part of the abdomen, later becoming more have been regular and normal. Pulse 100; temper marked over the right kidney, with some fulness in ature 101° F. Patient sits up part of the time.

August 29. Bowels moved by a cathartic to-day. All the symptoms the same.

September 1. Side more tender and painful, requiring an opiate. Anorexia is a marked symptom. Pulse 100; temp. 99.5° F.

right thigh, and there is some tenderness in the right quantity in twenty four hours, S. G. 10.20, contains a groin. Anorexia. Pulse 100; temp. 1012.

September 6. Menstruating at regular time. Despondent; tired. There is less pain, no opiate required. Anorexia marked. Tenderness still a inclining to the latter, as I perhaps would have done prominent feature over the right side and in the had I not watched the case carefully from day to day. right groin; no swelling anywhere. Pulse 80; temp. 100.5° F.

ways the same. Pulse 88; temp. 101.8° F. As 1 take, with some alcoholic stimulants. was to be absent from town for a few days, I placed J. Townsend.

September 12. I resumed charge of the case again. Tongue cleaner and patient appears some symptoms the same. better generally. There is some pain complained of in the right hip. She cannot walk well on ac- asks if she can get well; cannot lie on left side, decount of the pain in the hip. Less pain in the side. cubitus mostly dorsal with limbs drawn up. Vomited Sweats profusely and complains of weakness; anorexia still marked. Pulse 80; temp. 100° F.

about face and neck than elsewhere. Tenderness for nourishment, which are forced. Pulse 100; temp. over side and abdomen; pain in right hip when walk-100° F. ing. Pulse So; temp. 100 F.

time. Tongue quite clean and moist, but anorexia somewhat tympanitic. Pulse 96: temp. 101 F. as marked as ever. Skin less yellow; tenderness of right side and abdomen still prominent; pain in the region; cannot lie on the right side on account of a hip on motion; sweats profusely nights. Afternoon pulling sensation. Pulse 88; temp. 101.8° F. pulse 100; temp. 102° F.

be found. Bowels moved quite regularly. Pulse dull and low-spirited. Pulse 104; temp. 102° F. 90; temp. 101° F.

and by good authority is pronounced impossible in says it is "inside the hip." Pulse 100; temp. 100.1 F. September 27. One month after my first visit disease is limited to a single case, and its history, dif- patient rode out, it being a pleasant day; she thinks ficult diagnosis, course and termination seem to be she feels better for it. Pain in hip some less. Pulse

September 30. In addition to the other symptoms an a passing notice is given. the right thigh is beginning to be flexed, and cannot Miss P., of Massachusetts, aged about 30 years, be fully extended. There is more tenderness over was first seen by me as a patient on August 28, 1883. the right kidney, and 1 think some little fulness in She was a tall, spare brunette, and had always had that region. Up to this time no satisfactory diagnofairly good health. She had been ill several days sis has been made. My notes at this time read; before I was called. Nearly a week before she had "Abscess? malignant disease? tumor? thoating kid-

October 2. A consultation was held with a gentle-Tongue coated white. Slight nausea; no in the right lumbar region, first extending over a that location, accompanied by a constant dull pain in the right hip and groin, and flexion of the thigh. 3. Fluctuating, low, but persistent fever, accompanied with but one or two very slight chills, but with profuse perspiration at times. 4. Emaciation quite marked. The nrine, which has been free and with-September 4. Not as well. Pain shooting down out abnormal qualities before, is now three pints in trace of albumen, a small amount of pus and a few epithelial casts. Diagnosis hinges between deepseated abscess and malignant disease, the consultant Prognosis guarded. Treatment continued, namely: opiates sufficient to relieve pain, with quinia in tonic September 7. Less tenderness of abdomen—other doses, and all the nourishment she could be made to

October 3. Much pain in the hip, with a "twinge" the patient under the care of my neighbor, Dr. G. down the limb at times, a spot over the right kidney very tender. Pulse 104; temp. 102.1° F.

October 4. Pulse 112; temp 103.5 F.; other

October 5. Patient looks haggard—is restless; once this morning. Pulse 91; temp. 101.6° F.

October 7. Had a restless day yesterday; per-September 14. Slight icterus, more prominent spires profusely when asleep. Is taking many eggs

October 8. Much pain caused by defecation, September 17. Patient still sits up part of the which is assisted by enemas. Bowels tender and

October 9. Has a sharp pain in the right lumbar

October 10. Slight puffy appearance about face September 21. Slight chill last night for the first and eyes noticed for the first time, but urine is free. time. Pain in the hip and groin. No swelling could Slight chill yesterday, followed by flushed face; seems

October 11. Perspires much of the time; tongue September 25. Pain in the hip is constant—she clean and red; anorexia as prominent as ever. The

seed poultice was applied over right kidney.

October 13. Consultation was again held. Night sweats are profuse. The enlargement over right kid-discharging but little; cavity much smaller. Pulse ney is more pronounced, but fluctuation could not be 100; temp. 99.5 F.

obtained. Pulse 95; temp. 103 F.

At this point I suggested aspiration, but the con- scess redressed. sultant was in favor of waiting, and was inclined to the diagnosis of very serious if not malignant disease discharge. of the kidney, and a grave prognosis. We agreed to wait a few days longer before resorting to surgical improving fast. measures.

October 14. I can get a slight wave of fluctua- up some of the time. Pulse 80; temp. 98.5° F. tion, and am more convinced than ever that there is siderable pain. Pulse 105; temp. 103.9° F.

to explore the tumor, which was now quite prominent disastrous. over the right kidney. Patient was etherized, and I passed an aspirator needle well into the swelling and obtained pus; it was too thick to be evacuated through the aspirator, and I withdrew the needle, made a longitudinal incision over the most prominent part of the swelling, dissected carefully down about ing in a director made a free opening, and evacuated

ing redressed as before.

Pulse 100; temp. 99.6° F. quite comfortable.

Opening dressed with oakum.

freely. Pulse 92; temp. 100° F. before.

October 19. Discharge of pus diminishing. Diarbe extended to full extent. Syringed cavity and redressed with oakum.

doing well. Abscess has discharged a large amount, place the heel of his right foot on the toes of his left; but discharge is now growing less. Opening has the pelvis was also tipped considerably, and the pain been syringed daily and dressed with oakum. Pa- was quite marked when the limbs were fully extended tient's strength has been well sustained on iron and in this position. The pain was lessened by flexing quinine in tonic doses, with all the liquid nourish the thigh on the abdomen at an angle of about twenty ment she could bear. Last night had a chill—cause degrees, and slightly everting the foot; and by so obscure. Pulse 120; temp. 103.2. A larger drain doing placing the pelvis flat on the floor. At no age tube was inserted, cavity thoroughly syringed out time was pain produced by striking the heel of the with carbolized solution, 1-40. In the afternoon a foot while the limb was extended. consultation was again held, but no cause of the chill was apparent. The pulse had fallen to 100 since gested to the patient by Dr. Alfred Bray, of Minnemorning, and temp, to 101.8° F.

fulness over right kidney is decidedly more promi- present around the opening, which undoubtedly acnent and very tender, but I can get no fluctuation. counted for the chill and rise of temperature and Percussion flat. Less pain in the hip, but requires pulse. Pulse 116; temp. 102° F. Opening syringed opiates. Pulse 101; temp. 101° F. A large flax as before, and dressed with a lead and opium solution carbolized.

October 30. Erysipelatous blush gone, abscess

Very slight chill this morning; ab-November 3. Pulse 100; temp. 100° F.

November 4. Pulse 80; temp. 98.8°. Very little

Drainage-tube removed. Patient November 7.

November 13. Slight discharge yet. Patient sits

November 23. Opening completely closed. Padeep-seated pus. Patient very tired; there is con- tient discharged well, nearly three months from my first visit. I have no doubt that the chill and ery-October 15. Forty-eight days since my first visit, sipelatous blush were due to a want of asepsis, and Consultation again-patient much the same as yes- although it did not prove a very great obstacle to terday. Fluctuation being evident, it was decided overcome. a greater neglect might have proved

IMMOBILIZATION IN HIP-JOINT DISEASES.

BY B. M. GRIFFITH, M.D., OF SPRINGFIELD, ILL.

Mr. A. A. B., aged 32 years, Canadian parentage, one and a half inches and came to the sac, then pass- about four years ago received a severe fall upon the right hip when alighting from a moving train. To about eight ounces of pus. A drainage-tube was in- all appearances he soon recovered from the immeserted and the opening dressed as near antiseptically diate effects of this injury, About two years afteras the circumstances and surroundings would permit, wards his hip-joint commenced paining him upon Patient rallied from ether well, but was very weak. excessive exercise or fatiguing use of the limb, and October 16. Comfortable, but weak. An enor- in the course of another year he complained of pain mous amount of pus has been discharged. Pulse in the knee-joint. This was the history of the case 110; temp. 102°. The cavity was well syringed out when I first saw it in August, 1886. The right limb with a 1-40 solution of earbolic acid, and the open- was apparently three-fourths of an inch longer than its fellow, and the right foot slightly everted. He October 17. Pus discharging very freely; patient complained of excessive fatigue in the joint on walking, especially if the ground was rough, and if he aecidentally stubbed his toe the pain in the joint was October 18. Some diarrnea; abscess discharging quite severe. Upon sneezing, he would instinctly Redressed as seize the affected limb in order to lessen the pain caused thereby.

No hereditary taint was discovered by examinarheea checked with bismuth and morphia. Thigh can tion of the patient's history. The general health was quite good. On manipulating the limb, the hipjoint was found rather sensitive; inversion limited. October 27. Since last note patient has been When lying on his back the patient was unable to

The plan of treatment entered on was one sugapolis, Minn., i.e., the application of a plaster of-October 28. A slight erysipelatous blush was Paris cast to the pelvis, and thereby immobilizing

the joint. The cast was applied as far up the body single rise of temperature. In one case a spatula as the xiphoid cartilage, and extended down the af-

removed, and neither pain nor any of the old sensa-precautions were taken; in sixteen cases the union tions have been felt in the joints; and the patient was complete. Retention of membranes required was very lame before the treatment.

efficacious than the use of braces.

235 S. 5th Street.

MEDICAL PROGRESS.

Antiseptic Midwiffery.—In a report by Dr. K. | Lancet, May 7, 1887. INOTEFFS of the work done in the Lying in Institution in connection with the Golitsinski Hospital, in I dent, as out of 541 cases there were but two deaths. On the cardiac muscle it acts as a direct depressant occurred, as it is popularly believed they do, at night, with the heart the movements of that viscus almost 145 taking place between midnight and 6 A.M.; the instantly cease. Further than this, if the excised numbers corresponding to the remaining three-heart of the frog is dropped into a strong solution of quarters of the twenty-four hours being 131 from 6 the drug its movements are almost immediately stop-A.M. to noon, 107 from noon to 6 P.M., and 144 from ped in a condition of diastolic arrest, although the 6 p.m. to midnight. There were fourteen abortions relaxation is not very marked. When a frog receives and nine cases of twins; three births took place in the as much as twenty minims of the extract of spigelia, street. Of the remaining 501, 478 were vertex pre- the heart is slowed to a considerable extent, as much sentations, fifteen breach, and eight transverse. In as ten or fifteen beats per minute, and diastole, while nine of the fourteen cases of abortion the ovum was not increased in length, is nevertheless very full and removed mechanically. When there was consideral marked. The change from systole to diastole is abble hæmorrhage and the os was not dilated, a hot normally rapid, so that the heart in one moment in vaginal injection of carbolized water was given which systole springs with a quick movement to its full was, as a rule, successful. Twice, a plug consisting diastolic condition. Systole, however, gradually inof a long strip of cotton wool moistened with gly-creases on diastole, in much the same manner as in cerine and iodoform was introduced by means of the digitalis poisoning, until finally the greater portion speculum, as much as possible being inserted into of the ventricle fails to dilate, the apex being tilted the cervical canal, and subsequently, when the os more and more forward while the ventricular walls was sufficiently patent, the finger was introduced and are powerfully contracted. As the systolic pauses the uterine contents removed. In one case there increase, the diastolic movements decrease in votume, was a slight amount of perimetritis, and in two a until finally the heart dilates no more than it does

fected limb to the knee, making it especially strong the contents were removed with the help of a sharp on the groin. The cast was applied by having the hook. Apart from cases of placenta prievia and patient stand on a stool, with the limb slightly evert- abortion, there were twenty-nine cases of hemored and somewhat advanced, thereby placing the rhage, six of these occurring in primiparte; six took limb in a comfortable position. The patient was af- place during the first and second stages of labor, the terwards placed on a canvas cot, and a double in- rest in the third stage and post-partum. The treatclined plane and a slight weight used. In this posi | ment adopted was, during the first stage, to plug, tion he was entirely comfortable, and commenced and when the os was sufficiently dilated to rupture improving from the start, cod liver oil and comp. the membranes. If there was rigidity of the os, syrup wheat phosphates being the only medication. narcotics were given. When uterine atony was the Patient was kept on the cot for twelve weeks, when cause, massage, the application of ether to the abthe cast was removed. He complained terribly of domen, hot injections, and (after the birth of the muscular soreness for several days. The limb can placenta) ergot was resorted to. As to operations, now be moved in all directions, flexion and adduc- episiotomy, or a double V-shaped incision of the tion being slightly compromised. No pain in either perineum was performed five times, no sutures being knee- or hip joints. The movements, while slightly inserted afterwards. Twice the os uteri was incised; limited, are more powerful than formerly, and are twice the prolapsed cord was replaced; perineal getting stronger. The pelvis is also improved in sutures were required in twenty cases. In the perposition. It has been four months since the cast was formance of the operation the most careful antiseptic walks with an almost imperceptible limp, while he the introduction of the hand into the uterus once, but in fourteen cases the placenta had to be artifici-This case I offer as an illustration of the most ef- ally extracted, being completely adherent once, and fective method of treating hip-joint troubles when partially so thirteen times. Labor was induced seen under such conditions, believing it to be more permaturely for contracted pelvis three times, twice by the injection of water at 28° R. (95° F.) through a tube passed into the cavity of the uterus, between the uterine wall and the foetal membranes; in the third case it was induced by the introduction of an elastic sound into the uterus. Podalic version was performed eleven times, and the forceps applied fifteen times. Craniotomy was performed twice.—

Physiological Action of Spigelia.—Dr. H. A. Moscow, for the year 1886, the advantage of antiseptic HARE, of the University of Pennsylvania, in a study midwifery, which is strictly carried out there, is evi of physiological action of spigelia, or pink root, says: Some of the statistics, which are very carefully kept, poison, for if it be injected into the jugular vein in may be of interest. The largest number of births such a way as to come suddenly in direct contact

arterial pressure produced by this drug is due in great part to the cardiac depression which it produces is proved, since asphyxia will cause a rise in pressure, and that the pressure returns nearly to normal as soon as the heart gets rid of the drug which has been suddenly injected into it. On the respiratory centre the drug seems to have a still more depressing influence, respiration ceasing some moments before the cardiac arrest.—Medical News, March 12, 1887.

LIGATURE OF THE EXTERNAL CAROTID ARTERY. —In a paper describing three cases of ligature of the external carotid artery, in two of which both vessels were tied simultaneously, Dr. Joseph D. Bryant draws the following conclusions:

1. Ligature of the external carotid artery, to gether with dependent ligature of the branches arising from the first inch of its course, is a safe and

commendable operation.

2. When the facial and lingual arteries do not inch of the course of the external carotid, the branches arising at the point of bifurcation of the common carotid should be tied.

3. Simultaneous ligature of both external carotids is a rational preparatory measure for operations in volving the parts supplied by their branches when dangerous hemorrhage is feared. If the pharynx be involved, the ascending pharyngeal branches should be ligatured also.

4. Simultaneous ligature is advisable as a final expedient to diminish the rapidity of the development of extensive malignant growths when they are nourished by the branches of the external carotids.

- 5. Ligature of one or both of the external carotids for the cure of aneurismal formations of the branches of the same is not feasible as an independent curative measure.
- 6. Ligature of the common carotid should not be done for the cure or for the arrest of morbid conditions involving the external carotid or its branches, except as a final resort. — Medical News, May 14, 1887.

Carbolate of Mercury in Syphilis.—Dr. Karl SHADEK, of Kieff, being anxious to try the effects of carbolate of mercury, which has been strongly recommended in syphilis by Professor Gamberini, carbolate of potassium. A yellowish precipitate was British Medical Journal, May 7, 1887.

normally. At this time the powerful and heretofore obtained, which, after being frequently agitated with spreading systolic contractions seem to lose power the liquid for twenty-four hours, assumed a whitish and the heart shortly stops all movement in a semi-appearance. It was filtered and washed with dis-Experiments on the warm-blooded tilled water till the washings showed no traces of animal show that on the injection of one drachm, or chloride. It was then transferred to a fresh filter less, of the drug, the action of the heart is very paper and dried under a bell jar. In this way a rapidly slowed in its movements, and that this slow- nearly white tasteless amorphous substance was obing is chiefly due to central inhibitory stimulation is tained, which was scarcely acted upon or dissolved shown by the fact, that if the vagi be cut before the by cold, but was readily soluble in boiling, hydrodrug is given this slowing does not occur, and also if chloric acid. The name given to it by Dr. Shadek after the drug has slowed the heart the vagi be cut, is "hydrargyrum carbolicum oxydatum," and he has the inhibition no longer remains. That the fall of been using it in his private practice for several months. At first he gave it in the form of pills, one of which, containing about an eighth of a grain, was ordered three, or occasionally four times a day. It was well borne, and did not interfere with the digestion. In some cases the treatment was continued for six or eight weeks, without producing colic or other disagreeable symptoms. The total number of syphilitic cases in which it was given internally was thirty-five (twenty-six men, six women and three young children). In five of these there was swelling of the gums and salivation. Mercury was found in the urine after the third dose. Its therapeutic value was especially remarkable in macular and tubercular syphilides and in syphilitic psoriasis of the palm and the sole. Syphilitic rash and slight relapsing forms yielded to the treatment in from two to four weeks; in syphilitic affections of the mucons membrane, and in papular and pustular eruptions, from four to six weeks were required. Multiple enlargements of glands were but little affected by it. arise singly, or by a common trunk from the first In the case of children from 2 to 4 years old, closes of about the fiftcenth of a grain were well borne twice daily.—Lancet, May 7, 1887.

> Transparitoneal Nephrectomy.—At a recent meeting of the Paris Surgical Society, M. Terrier communicated a note on a new method of performing transperitoneal nephrectomy. The abdomen is opened in the middle line, and the intestine pushed aside so as to uncover the peritoneal membrane covering the kidney A verticle incision is then made in the membrane, the edges of which are held back with clamps. After removal of the tumor, the pedicle and the ureter are tied and brought forward through the peritoneal incision to the abdominal wound, where they are secured. In this manner the peritoneal cavity is closed on all sides. M. Terrier claims that this operation does not necessitate drainage through the loin, as has generally been supposed. British Medical Journal, May 7, 1887.

XYLOL IN SMALL-POX.—OTVOES has used xylol in 315 cases of small pox with excellent results. This substance is recommended by Zuelza as an antiseptic; it coagulates albumen. Otvoes administered it in wine, in closes of 2 to 3 grammes a day. The total amount given was sometimes 24 grammes. requested M. H. Brandt, a pharmacist in Kieff, to Otvoes gives the following formula for the adminisprepare some for clinical use. This he did by tration of xylol: R. Pure xylol, 3 grammes; menthol precipitating a very dilute solution of bichloride of water, distilled water, aa 50 grammes; cinnamon mercury with a concentrated alcoholic solution of syrup, 10 grammes. One spoonful every two hours.

THE

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THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession., Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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PUBLICATION OFFICE OF THE JOURNAL.

We again remind the members of the Profession who may be in the city during the meeting of the American Medical Association next week, that the business office is at No. 65 Randolph street, corner of State, in which they will find a clerk at all hours ready to wait upon them. Also, that THE JOURNAL printing office is at No. 68 Wabash avenue, only one square from the Central Music Hall, in which the Association will meet, where the extra volumes of the Transactions, published prior to 1883, are to be found and are for sale. Mr. White, in charge of that office, will be prepared to give any information concerning them that may be desired.

MECHANICAL TREATMENT OF HIP-JOINT DISEASE.

Of late years the attention of the profession has been so much directed to the operative treatment of hip joint disease, that the more conservative method of treatment of the affection has not received the attention merited by the attainable results. It is with pleasure, therefore, that we notice an interesting paper read before the New York Academy of Medicine, on May 5, "On the Ultimate Results of the Mechanical Treatment of Hip joint Disease. An Analysis of Fifty-one Cases, occurring in the Service of the New York Orthopædic Dispen-Robert W. Lovett, which may be found in the New returned to the dispensary service as soon as possible. York Medical Journal, of May 21. The cases upon

which the report was based were all dispensary cases, no hospital, private, or other cases being considered, and no cases in which the hip affection has been treated by other than mechanical means. It will be seen at once that the most difficult of all cases, dispensary, were selected. With the results obtained it is the object of the paper to show that it is not only possible but comparatively easy to treat hipjoint disease successfully, and satisfactorily with proper facilities; by which is meant a well equipped shop and a corps of mechanies to make, repair or alter the necessary appliances, and the cooperation of out-door visiting surgeons. A further object of the writers is to show that it is exceptional that homeless or illy cared for children require prolonged hospital care in hip-joint disease; and to show that a well-equipped orthopædic dispensary, if properly conducted, can do the work of several large hospitals at far less cost.

In order to arrive at positive and ultimate results when the investigation was begun, no case was to be considered which had not been under the care of the institution from the time of entry to that of final discharge; none which had been entered as "discharged cured" after a final examination; no case which had not been "discharged cured" at least four years prior to the investigation; none except those which presented unmistakable signs of the disease at the first examination; none which had not been at least two years under treatment; none which were not seen or examined after investigation was begun; and all cases within these exclusive conditions were to be classified and reported. These conditions, of course, excluded many interesting and valuable cases, but had the latter been included the facts brought out might have had less value. The general plan of treatment was as follows: In each case reported a long Taylor traction-splint was applied soon after the first examination, and the parents or some friends of the patient were instructed in the use of the apparatus. Unless recumbency was necessary to overcome a malposition of limb, or unless the symptoms were so acute as to demand rest (in which case the patient was visited at home by the visiting surgeon) the patient was allowed almost unlimited exercise in the open air. He was seen at the dispensary every week or two for observation and readjustment of the apparatus, etc. If the condition required recumbency for a month or more, and his home was inadequate, he was placed in one sary and Hospital," by Drs. Newton M. Shaffer and, of the wards of the institution, to be removed and

The aims of the treatment were to: 1. Overcome

by mechanical means any acquired deformity existing before treatment was begun. 2. Protect the is important to study the ultimate position of the diseased joint from traumatism. 3. Permit the pa-limb, so that, if ankylosis occurs, the most useful tient to have almost unrestricted out-door exercise. position will result. 4. Maintain that position of the limb which would reduce deformity to the minimum if ankylosis oc- sition to be avoided, and adduction is apt to occur curred. Except with the occasional opening of an after the joint seems to be free from inflammation abscess no operative measures were undertaken in and the apparatus is removed. any case. "As a matter of experience abscesses" connected with a suppurating hip-joint did no better degree of acquired talipes equinus, may occur when under antiseptic measures than those opened by there is much shortening of the leg with flexion of simple incision, and neither did so well as those the thigh. which were allowed to open spontaneously. Cold. abscesses were allowed to take their own course, un- exceptionally, if at all, as the result of even great less they were in a location which interfered with inequality in the length of the lower extremities, the use of joint protection." The patients were only one case being found in the series, and that not carefully watched, and when they failed to report at a true rotation curve. the dispensary, they were requested to call, or were visited.

and carefully examined, except 2, who were re- ing the operation. ported to be in excellent health. The 39 were carefully examined and measured. These 39 had been gations as follows: Of 51 patients discharged as discharged as cured between 1875 and 1882. They cured over four years ago, 4 have died, 6 have had had been under treatment from 2 to 8 years; they relapse, and 41 have apparently been cured of the had had hip disease from less than 6 months to 9 disease. Of the 4 who died, 2 only had presumably years (2 for an indefinite period) before treatment tubercular disease, the other 2 dying of an acute was begun. Abscess occurred in some stage of the lesion. Of the 6 who had relapse, 2 are now under disease in 27 cases. From this paper which is active treatment with a prospect of a speedy cure, worthy of the most careful study, it appears that the and 2 have been cured a second time. One has amount of shortening of the leg is not dependent on been in bed a year after excision of the joint, the the presence or absence of abscess, that it is less in other is on crutches. Of the 41 who recovered there children who are cured before 10 years, and that it is not a single individual who is incapacitated from apparently increases after that age is passed. It doing a full day's work at his or her trade or occupaalso appears that shortening increases slightly after tion. Only one, a boy who had suffered from both the joint disease is arrested, which seems to prove Pott's disease and hip-joint disease, used a cane, and that the affected limb did not grow so fast as its none used crutches. There are, among those who mate.

the apparatus is removed, and it may often improve after treatment is stopped, but never wholly disappears.

The amount of motion in the joint when the disease is arrested and the apparatus is removed is very apt to diminish somewhat in the course of years; CLASS MORTALITY IN THE UNITED KINGDOM. but recovery with perfect motion is not impossible, motion obtained.

Ankylosis being the result most likely to occur, it

Adduction, rather than flexion, is the ultimate po-

Non-deforming club-foot, or even a considerable

True lateral curvature with rotation occurs very

A comparison of the results reported with the published results of excision of the head of the femur What were the results? Of the 51 cases treated leads the authors of the paper to the conclusion that 4 had died, 2 of meningitis, and 2 of pneumonia. the conservative methods of treatment here described Six had relapses, after being under treatment 21/2, promise much better ultimate results than excision 4, (3), 5, and 7 years. The remaining 41 were seen of the joint, aside from the greater mortality attend-

The authors summarize the results of their investirecovered, printers, glaziers, machinists, errand-boys, Muscular atrophy is always present in hip-joint shop girls, dress-makers, and many children attenddisease. It persists after the disease is arrested and ing the public schools-all at their work and none with evidences of active tubercular disease or any serious incapacity arising from the condition for which they were treated years before.

The causes which govern the mortality among difor indeed unlikely. The presence or absence of ferent classes and ranks in the United Kingdom form abscess has no apparent effect on the amount of the subject of an interesting paper which has just been read before the Statistical Society by Mr.

NOEL HUMPHREYS, a well-known authority upon more in Dublin than in London, and was more than topics of this character. The marked decline in the four times as fatal among the general service class for now than formerly, and that the large expenditure in a somewhat less degree. upon sanitary works is bringing substantial return for money in the shape of improved health and a pro-tality of males between the ages of 25 and 65, occulongation of human life. The death-rate in the City-pied as agricultural laborers, gardeners and nurseryof London a few weeks ago was almost down to van-men, is not much greater than that of clergymen. It which the statistics refer.

from whooping-cough more than four times as great. mental in averting from others.

English death-rate during the last eleven years is ac- as among persons of professional standing. Morcepted as proof that the public health is better cared tality from lung disease followed a similar law, though

The investigations of Dr. Ogle show that the morishing point, the mortality per thousand of the popu- is even considerably less than that of barristers and lation being the lowest the city has yet known, solicitors, or of medical practitioners. Thus poverty Taking the whole country, however, not only are and hardship appear to play a very subordinate part there local variations in the death rate, but the mor- in shortening human life, and classes far removed from tality varies according to the grade of society to each other in the matter of social status enjoy equal vitality. On the whole, there is a marked difference What may be termed a simple inquiry on the sub-between the death-rate of the upper and lower classes, ject has been made in the case of Dublin, and the yet there are instructive exceptions to the rule. That facts which have been brought to light reveal such which kills is not mere poverty or hard work; there startling contrasts between the death rates of the sev- must be the accompaniment of dirty homes, impure eral social classes as to make it obviously desirable air, and more especially intemperance, to render life to discover whether the phenomenon repeats itself precarious. Neither will the possession of ample in the case of English towns. Already some facts means and apparently healthy surroundings give all bearing on the question are forthcoming, and these the security that might be expected, if judged by the tend to show, in regard to England, "sufficiently wide fact that barristers and solicitors die earlier than the contrasts between the rates of mortality among the poor cottagers of the rural districts. Still, these proprofessional and independent and the working classes fessional classes make their appearance among those to supply material for the gravest consideration of who have the lower death rates. The truth remains politicians, as well as sanitary reformers." Concern that, on the whole, the poor die first. The untoward ing the distribution of diseases, the Dublin inquiry is influence of poverty appears in the large towns. replete with results which appear almost anomalous. Laborers may be healthy in the country, but in Lonon the surface, sometimes showing that the poor enjoy don they have a high mortality. Work in the open a greater immunity than the rich. Thus it was found air is not sufficient to counteract adverse influences that diphtheria was only slightly prevalent among the of another sort, as shown by the high death rate of laboring classes; the artisans had more of it, and the those engaged in the cab and omnibus service. These professional class still more, while the middle class die twice as fast as the gardener and agricultural suffered most, and also had the highest death rate laborer. Still more severe is the mortality among from enteric fever. This particular experience is costermongers, hawkers and street sellers. Curinot confined to Dublin, but has also been noticed at ously enough, the mortality among hotel servants is Glasgow, and the only available explanation is one nearly four times as great as that of the clerical classwhich says little for the value of some of our modern. Hotel service seems to be more fatal to human life sanitary works. On the whole, the Dublin statistics than the occupation of the Cornish miner. One of indicate that the poor are the principal sufferers from the apparent anomalies connected with the rates of zymotic disease, notwithstanding the remarkable ex-mortality is the high and increasing death-rate among ceptions just mentioned. The zymotic death rate medical men. This has been recently made the subwas found to be three times as great among the gen- ject of a special and interesting paper by Dr. Ogle. eral service class—that is to say, the mass of the It certainly calls for remark, and indeed for regret, working population—as among those engaged in pro- that while the mortality of the population is on the fessional pursuits. The mortality from measles was decline, those who are more directly concerned in nearly ten times as great in the general service class-curing disease and preserving life, are themselves the as in the professional and independent class, and peculiar victims of that fate which they are instru-

It is worthy of note that the death-rate from phthisis - In estimating the relative mortality of different during the period of observation was 70 per cent. classes in the community, regard has to be paid to the proportion of children. This varies greatly in the throat. the different parts of the social scale. Thus Dr. chowdetermined by a microscopical examination that Grimshaw found that a thousand of the professional the growth is not carcinomatous. Dr. Morrell Macand independent classes included only seventy-five kenzie was called to Berlin to see the Prince, and it children under five years of age, while a thousand is said that his early arrival averted a thyrotomy. He of the artisan class contained one hundred and removed about two-thirds of the growth. Dr. Mactwenty one such children. further prove that the annual mortality among children under five years of age is five times as great honor, and shows that scientific worth is not estimaamong the working population as in the professional and independent classes. Further on in life the balance keeps in the same direction, though in a less degree. Special attention is drawn to the enormous waste of infant life among the working population. It is a striking fact that this "wholesale slaughter of the sickly and weakly children under five years of age" does not verify the favorite theory of many vital statisticians, that those who survive are capable of living long. That the children of the poor need not die so young is proved by the statistics of the Peabody Buildings, situated in various parts of London, and housing some twenty thousand persons belonging to the artisan and laboring classs. The low rate of child mortality in that instance shows that one cause of early death is to be found in the character of the dwellings, though to this must be added the habits of the people themselves. The Peabody population is assuredly living in a higher scale of civilization than the mass of the London poor, so far as personal conduct is concerned. There is abundant scope for the saving of child life among the poor, it is however a painful thought that the lives thus spared may help to swell that enormous mass of indigence which hangs already as a burden on the state. The solving of the sanitary problem will leave other problems to be faced, and will rather add to the complexity of some of these.

eminent members of the profession in the western part of New York, died at his home in Buffalo, May 24, 1887. He was born in Rochester, N. Y., in 1823. He graduated in medicine in 1848, and in 1853 accepted a professorship in the Medical Department of the University of Buffalo, and removed to that city, where he soon won a high reputation as a practitioner and teacher of medicine, and sustained it until his death.

Dr. Morell Mackenzie and the Crown Prince OF GERMANY. - For several days reports have reached this country of the serious illness of Prince Frederick William, who is suffering with a serious affection of occupying the posterior wall of the stomach involv-

A dispatch of May 30 says that Vir-The Dublin statistics kenzie will go to Germany again in a few days. His call to Germany to see the Crown Prince is a merited ted by geographical boundaries.

> NEW YORK STATE MEDICAL ASSOCIATION-Third District Branch.—This Branch of the State Association will hold its next meeting in Odd-Fellows Hall, Elmira, N. Y., Thursday, June 16, 1887, commencing at 10 A.M. The programme embraces a large number of interesting papers, with a banquet in the evening.

> DR. EDMOND FELIX ALFRED VULPIAN, widely known as the Dean of the Faculty of the French Academy of Medicine, died in Paris, May 18, 1887, aged 60 years.

SOCIETY PROCEEDINGS.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

Regular Meeting, March 23, 1887.

THE VICE-PRESIDENT, D. S. LAMB, M.D., IN THE CHAIR.

Dr. J. B. Hamilton gave the history and presented a specimen of

CANCER OF THE STOMACH AND PANCREAS.

The patient was a lady, 69 years of age, who first came under observation about three months ago, suffering from an injury to the hip joint. He found evidences of an old contusion, but there was general THOMAS F. ROCHESTER, M.D., one of the most debility and anorexia. On palpation, there was found a perceptible tumor in the left hypochondriac region, which seemed to be enlargement of the spleen. There was some pain, a little jaundice, but no vomiting. The patient was not seen again for about a month, when the jaundice had deepened, the pain had become more constant, there was complete anorexia, the patient had become greatly emaciated, and the tumor was projecting in the left hypochondrium. The symptoms intensified until last evening, when the patient died. There was considerable vomiting in the last two or three days of her life, and for the last twenty-four hours, there was characteristic black vomit, previous to which time it had not been positively demonstrated that the stomach was involved. The specimen showed carcinoma of the pancreas, and a large cancerous mass

ing the inner coats. The mesenteric glands in the there is an incontrollable desire to void it. Clinical vicinity were infiltrated, and the stomach was adher- observation warranted him in making such a classifient to the abdominal parieties. He had been sur- cation. This position is strengthened by the fact, prised to see so much disease of the stomach, with that the treatment applicable to this form is similar such negative symptoms, and accounted for the to that in the others and is equally as successful. absence of vomiting by the fact that the pylorus was not involved, and the passage consequently unob- cases of clongated prepure, because he believed that structed. The spleen was greatly atrophied.

there had been some diarrhea at intervals, and would be cured. He had learned by more extended within the last three or four days, but it had not been clinical experience that there are a great number of

a prominent symptom.

was probably accounted for as Dr. Hamilton says, struction of the adhesions will only afford temporary The absence of pain, however, which is not un-relief. Where phymosis exist there seems to be no common in cancer of the stomach alone, is very un-equestion about the surgical procedure. It is in those

Dr. Samuel S. Adams read a paper on

CIRCUMCISION FOR THE CURE OF ENURESIS.

He said that several years ago he had advocated measures until the child's health is impaired. circumcision for the cure of incontinence of urine only under certain conditions in a small class of pa- classes and described the methods of treatment that tients. Further experience had convinced him that had been applied, and finally abandoned. The disthe views then held should be modified in order to ease becomes so bad and the person so filthy, that broaden the scope of the operation. After the the child is brought to the surgeon. He finds the eighteenth month a healthy child should pass urine prepuce projecting from one fourth to one half inch voluntarily; passing it involuntarily he deemed due beyond the meatus; the opening is small and its to pathological cause and not to carelessness. In- margin is irritated; and on retracting it he finds an stead of accepting the popular belief that incontinichorous, foul-smelling collection behind the corona, ence is due to laziness, he had been able to detect a and the glands irritated and injected. specific pathological state in all his cases. Boys The nerve-supply of the penis is derived from the have been repeatedly and unmercifully punished for pudic nerve, giving branches to the musculi-bulbo bedwetting when they were powerless to control the and ischio cavernosa, and then passing to the glans sphincter on account of disease. Again, others let where it breaks up in sensory filaments. A portion of the disease run on, hoping that education and refine- these final branches possess a special kind of endment will effect a cure, or expect it to be relieved by bulb, discovered by Kraus, and called genital corpusthe establishment of puberty. In too many cases cles. It also receives branches from the hypogastric the disease is not treated, and finally psychical plexus. The upper part of the bladder receives its changes take place. The boy's whole disposition is supply from the hypogastric plexus and the base and altered, and he presents a striking likeness of the neck from the fourth sacral nerve. onanist.

first there is a constant dribbling of urine day and tributed on and around the glans penis, being of night. This is infrequent, and is associated with sufficient intensity to overcome their spinal ganglisome serious pathological state; consequently it omi termination, will also expend its force on the does not fall within the scope of this paper. In the centre of urination and the bladder will be emptied. second class, the incontinence is intermittent in If the prepuce covers the glans in the adult, the character and occurs in the day as well as at night. greatest care has to be taken to secure cleanliness

desire to void it comes, but before the child reaches soon become offensive and irritating, causing a vesica convenient place the sphincter relaxes and the ular inflammation of the corona and adjacent mucchild soils his clothes. But our interest is in the ous membrane, which is characterized by intense third class, because of its frequency, its nocturnal itching, burning, foul odor, painful erections and frecharacter, its possible concealment for years, and quent micturition. This condition is seldom seen in the promptness with which it yields to treatment. those who have the glans uncovered. Such conditions

quently punished for bedwetting when they are as strictest supervision will not regard the hygiene of its powerless to control the sphincter during the night person. In only one instance had he known enuresis to as those of the two preceeding classes during the continue after circumcision. This child he had previday. Dr. Adams thought he could safely add an- ously treated for gonorrheea so that the continuance other class, although it might be claimed that it of the incontinence might be due to stricture; howproperly belonged to vesical hyperæsthesia. In ever, this was only presumptive as the boy would these the urine is only held for a short time when not permit another examination.

Formerly he did not advocate circumcision in all if the adhesions were broken up, thus rendering the In reply to a question by Dr. McArdle, he said prepuce capable of retraction, the incontinence cases that will not be cured as long as the redundant Dr. S. C. Busev said that the absence of vomiting prepuce remains. In a large majority of cases deusual when both stomach and pancreas are involved, with the retractible prepuce that the propriety of circumcision is called in question. In children under 8 years physicians operate without hesitancy; after this age there is a tendency to delay operative

Dr. Adams then gave the clinical histories of the

It seems reasonable that an irritation of the term-The disease is divided into three classes: In the inal filaments of the pudic and hypogastric dis-The urine is retained for a short time when the and prevent inflammation. The natural secretions It is the children of this class who are so fre- must occur frequently in the child, that even by the

Dr. T. C. Smith said that according to his experiday he operated upon a man of 80 who had never Adams what he would do in such cases?

terested in the subject for several years, and was slight inflammation around the meatus, which bothglad to hear Dr. Adams express himself so positively ered him on micturition. He has also had two simiin favor of this operation. He is in accord with lar cases in men over 70. In one of these cases what he has said, and even goes further and believes cocaine was used; the patient suffered no pain whatin the operation as a means of relieving constant ever and continued telling a story which he had bedribbling.

the males.

valuable.

Smith persuaded the patient to let him see the original of the picture, when he found a pin hole prepuce events made the effort. with a portion of the glans penis sticking through it he has recommended.

the reflexes when called to see a child with a long pre-the nervous symptoms begin. Even retained smegma puce. It is his invariable custom to recommend may cause all the symptoms of a tight foreskin, but circumcision when he finds a long or adherent pre- this cannot occur if the prepuce is removed. puce. It is, however, remarkable how some men escape all trouble with this affection. The other when he reccommends circumcision without wasting

ence the majority of cases of incontinence of urine seen his glans penis. The man had been married had been in females, and he would like to ask Dr. forty years and had a large family of children. He never had had the slightest trouble with his penis Dr. G. L. MAGRUDER stated that he had been in- and only came to consult a doctor because of a gun before the operation. He has been called upon His service at the Central Dispensary has con- to operate for incontinence less frequently than for firmed the opinion he expressed so early as 1879, other conditions, but he can recollect but one case when he first advocated circumcision for the relief of of incontinence that was not relieved by the operation this class of troubles. In his experience enuresis is Many circumcisions, are however, done so early that cured at once by circumcision if the parts heal by one cannot say what might have happened without the first intention; if not and there is some inflammation, operation. It is the rule to look at the penis in the trouble may continue until it subsides. His ex- every case of chronic disease, and he is often astonperience as to the relative frequency in the sexes ished to see the number of children that require the does not coincide with Dr. Smith's. At the Central operation. He has circumcised in apparent cases of Dispensary the proportion is about ten boys to one bone and hip disease with relief to the child, and he girl with incontinence. He often finds, however, a has recently found several cases of club-foot and vulvitis, a vaginitis, or a constriction about the hare-lip which have needed the operation. Some clitoris, which last he breaks down by passing a time ago he operated for Dr. Busey, on a child with probe around the organ. He also finds that females epilepsy, who had been treated unsuccessfully by respond to medicinal treatment more readily than do some of the best doctors in another city. The result was a perfect cure. Dilating the prepuce or In this connection he has found strychnia the simply breaking down the adhesions is of little or most valuable drug, with belladonna next, and where no value. The only satisfactory way to do is to there is a bad state of health, syrup of the iodide of slit the prepuce back to the sulcus, and to cut off iror. He is not an enthusiast about this last, in enough to keep the glans uncovered. He has opall cases, but in females he considers it especially erated on adults who have been virtually impotent on account of a long tight foreskin. A man of 35 Dr. T. C. Smith said that he has never had a once told him that though he had been with wolarge experience with circumcision for enuresis, but men a great deal, he had never completed the act he considers it a valuable operation, and one that is of copulation, because when he got an erection of not often enough done. If some dynamic force the penis the irritation of the tight prepuce forced the could be found which would compel the whole male organism before he reached the woman. Dr. Thomppopulation to allow their penis to be examined by son found an adherent prepute and a swollen glans, some doctor, what a variety of pathological condinand expressed the conviction that circumcision would tions we should find. The other day a man came to make him a new man. The operation was done, his office with a picture of his own penis and asked and in six months the patient came back again, sayhim what could be done with such an organ. Dr. ing that he could now enjoy himself as other men,

He saw a child with the late Dr. Newman that like a polypus. Years ago he had treated this man had been treated for hip disease. A careful examinafor asthma, and after months of treatment he was notion of the hip showed that there was no disease in better. The patient went from one to another that region, but upon examining the penis a long and doctor without being benefited of his asthma. Dr. adherent prepuce was found. Dr. T. concluded Smith said that he was positive that if he had known of that therein lay the trouble, but this opinion was not the condition of the prepuce when he first attended coincided in by Dr. Newman. Circumcision was, the case for asthma, he could have cured his patient however, performed and in six months the child was by circumcision. This man was married and his well. Of course, a tight prepuce is not the cause of wife had given birth to a puny child which had died hip disease, but the symptoms produced by it somein about six weeks. The asthma still continues, but times simulate hip or spinal trouble. His opinion is, he does not expect to cure it by circumcision which that it is the duty of every doctor to examine the penis of every new born male child, and where there Dr. J. FORD THOMPSON rarely stops to study up is a long adherent prepuce to operate even before

DR. T. E. MACARDLE agrees with Dr. Adams

time in attempting a cure with drugs. He also hip joint cases in a hospital frequented by Jews, and medication.

bator and an epileptic, but since the operation, ten ing favorably ever since. months ago, he has had no return of the convulsions. has been said, medicine acts better upon this sex the paper which had been alluded to. than males. The medication need not be addressed directly to the local trouble, but to any constitutional cachexia that may be present, and for this purpose nothing is better than the syrup of the iodide of iron. The cause must always be sought out and whether local or not, hygiene, food and dress must be con- Eighth Annual Session held in the Army Medical sidered in the treatment.

In conclusion, he would say, that whilst he considered circumcision a valuable operation from a hygienic point of view, and would advise it in all cases of long prepuce, yet he believes that many cases of incontinence can be cured without resorting to it at all.

Dr. G. L. Magruder agrees with Dr. Thompson as to the advisability of examining the genitals of paper on male children. In reply to Dr. T.'s remark that he had never seen a statement that a tight prepuce was the cause of hip-disease, would call attention to the observation of Dr. Barwell, who investigated this in which the organ is normal.

agrees with Dr. Magruder that medicinal treatment the friend replied, "that there were no Jewish patients is more efficacious on females with incontinence with hip-disease." It seems, therefore, that there is than on males. Belladonna he has found the most some connection between a tight prepuce and hipuseful drug in these cases. In the female ascarides joint trouble. There is a nerve which leads from or filth may be the cause of the enuresis, and the re- the sacral plexus into the hip joint. Barwell thinks moval of the cause will often effect a cure without that the influence of irritation at the glans penis can readily modify the trophic changes that take place Dr. S. C. Busey remarked that what has been in the hip at this time of life. On the other hand, said with regard to the effects of a long prepuee, is Sayre asserts that the hip trouble is from falling true in many cases; he coincides to a great extent down, an accident that children with tight foreskins with the opinions expressed. There are, however, are especially liable to owing to the weakening of many cases cured without resorting to circumcision. the muscles produced by the condition of the geni-Vesical irritation, for instance, is a not infrequent tals. Since his connection with the Central Dispencause of incontinence, but may be cured by drugs. sary he has seen many cases of club foot, but only One remedy will not cure all cases, but the one two of them have been in girls. A few weeks ago which he has found most useful has been belladonna, he saw a child of three months who had never had In his practice the proportion has not been so high a comfortable night's rest since its birth, and who had as ten boys to one girl, troubled with incontinence, grown peevish and emaciated. The trouble was While circumcision is an operation always necessary constant priapism. Two homeeopaths had been when it causes retention of urine, it does not always pouring cocaine into the urethra in hopes that that cure incontinence. He would like to know whether would bring relief, but without effect. Upon exam-Jewish children are much troubled with incontinence ination, he found the prepuce attached over the of urine. If circumcision has such a good effect, whole of the glans, and a quantity of smegma colthe custom among the Jews of circumcision on the lected behind it. He broke down the adhesions, and eighth day must make enuresis a rare disease with finding further a short frenum it was cut. The child that race. The boy referred to had been a mastur- was almost instantly relieved and has been progress-

Dr. Samuel S. Adams, in closing said, that he He has also seen children with epileptiform convul- had limited his paper to circumcision where there sions occurring every three or four weeks, cured by was an elongated prepuce, and he consequently had circumcision, while Dr. Sayre has well demonstrated not encroached upon Dr. Magruder's paper, which that some very peculiar nervous symptoms have took in a broader field. He is glad to see that Dr. been improved or cured by the operation. Idiocy Thompson has come to believe in circumcision for has not, however, been completely cured by circum-general symptoms. Dr. Adams, continuing, said There must be other causes besides a tight that he had always advocated circumcision in elonprepuce for the trouble occurs so frequently in gated prepuce, and that this paper was a reiteration females, even where there is no local irritation. As of his belief expressed when Dr. Magruder read

AMERICAN SURGICAL ASSOCIATION.

Museum, Washington, D. C., May 11, 12, 13 and 14, 1887.

Tuesday, May 12—Second Day.

AFTERNOON SESSION.

(Concluded from page 609.)

DR. R. A. KINLOCH, of Charleston, S. C., read a

PISTOL-SHOT WOUND OF THE ABDOMEN TREATED BY LAPAROTOMY AND SUTURING THE INTESTINES.

J. B., colored, aged 27, was admitted into the City subject, and in 100 cases of hip-trouble examined, Hospital, January 21. He had been shot two hours only six had a normal foreskin. Barwell has divided before in the abdomen with a pistol ball. The ball this condition of the penis into five degrees. The entered 11/2 inches to the left of the umbilicus. There first degree, in which there is only a pin-hole opening was slight shock. At 10 P.M. ½ grain of morphia in the prepuce, and so on down to the fifth degree, was given hypodermically, and shortly afterwards anæsthesia was induced. Penetration of the perito-He also requested a friend to find the number of neum was first determined, and the abdomen was then opened by median incision. The intestines me, immediately after the accident. About a pint were examined piece by piece and wrapped in tow- of urine, the first since the accident, was drawn by els wrung out of a 1-10,000 bichloride of mercury the catheter. It was not bloody. Pulse 104; repsolution. The jejunum presented four wounds, piration 30; no material rise of temperature. As The ileum had two wounds. The mesentery was after consultation it was deemed almost certain that perforated in two places, and was also badly torn. the belly was invaded by the ball, exploratory lapar-There was free bleeding from a mesenteric branch, otomy was advised, consented to, and begun at 3 which was controlled by silk ligature. All the P.M., and lasted nearly three hours, with every antiwounds were closed with the Lembert suture, septic precaution. The ball was easily removed just using a fine round needle and antiseptic silk. The under the skin. Neither wound could be traced wounds of the mescutery were brought together as positively into the belly. On opening the belly far as was possible, but there was an infiltration neither blood nor serum escaped, nor was any exof blood which could not be removed. The ab-travasated food or feeces noticed. There was no dominal cavity was washed out with a weak so- peritonitis. Two fingers were passed in, and an lution of hydrarg, bichloride, the abdominal wound effort made to discover the wound of entrance was closed with silver sutures, and a large rubber or exit, without any being revealed by touch. The drainage tube introduced. Antiseptic precautions wound was then enlarged and the stomach drawn were observed throughout the operation. The next out. A small round wound near the pylorus was morning vomiting occurred, and an examination of found and was closed by four sutures (Lembert) of the wound showed that a suture had given way and the finest iron dyed silk, a round ordinary sewing a knuckle of intestine protruded. This was returned needle being used. This wound was practically and the opening closed. At 5 P.M. the temperature closed by the pouting mucous membrane. As the was 102°. Vomiting again occurred, and shortly ball had entered the stomach, search was made for after midnight the patient expired suddenly.

had occurred. Half a pint of dark sero-sanguinolent | bloody serum existed in the belly, and a large area of fluid was found in the cavity. All the intestinal sutures had held and there was no fæcal extravasation. A circumscribed abscess was discovered in the meso-colon out of the line of the bullet. The ball was tery tied. The chief bleeding came from a hole found behind the body of the fourth lumbar vertebræ on the left side.

performed laparotomy for bullet wounds of the abdomen without visceral protrusion. In two cases of such injury the patients recovered without operation. The first operation was performed May 27, 1883. This patient recovered. This was the first time that laparotomy was done for gunshot wound without by the ball, but as there was no bleeding, it was let

PISTOL-SHOT WOUND OF THE ABDOMEN, INVOLVING THE LIVER, STOMACH, SUPERIOR MESENTERIC VEIN, INTESTINE AND KIDNEY; LAPAROT-OMY; NEPHRECTOMY; DEATH ON THE FIFTEENTH DAY.

A girl of nearly 18 shot herself with a pistol, cali bre No. 32, at 6:30 A.M., April 1, 1887. The ball had entered over the liver, and was found lying under the pedicle with a stout silk ligature. A rubber the skin of the left flank. I saw her at 2 P.M. The drainage tube was inserted through the wound of exit wound of entrance was over the ninth rib, which was into the abdominal cavity. The wound of entrance fractured, 412 inches above the level of the navel, was cleansed and closed by three stitches, and the and 334 inches to the right of the median line. Skin wound of exit by two. Sublimate gauze, rubber dam, not burned. The ball was located 8 inches to the and a wide flannel bandage completed the dressing. left of the median line and $1\frac{1}{2}$ inches above the level of the navel. There was moderate tenderness over and the temperature rose to 104°, but as the most the entire belly, hepatic dulness not changed, stomach careful examination revealed no spot of special tenresonant from fifth interspace, no cough, no râles, derness, no dulness, no fluctuation, and she was alvocal fremitus normal. Renal dulness began at tenth most, it seemed, in articulo mortis, it was not deemed rib on left side and was the same on the two sides. prudent to reopen the belly.

There was severe pain in the left shoulder. She had On the 10th she improved somewhat. On the 13th

the necessary wound of exit. None was to be found, Autopsy.—No adhesion of the parietal peritoneum but the manipulation showed that a small amount of extravasation was seen in the mesentery. But little blood had escaped into the peritoneal cavity. The nearly 18 inch in diameter in a large vein, so large and lax that at first I thought it the vena cava, but This was the third case in which the author had its position just below the head of the pancreas convinced me that it was a large superior mesenteric vein just before it forms the portal vein. After much difficulty I seized it with hæmostatic forceps, and placed a lateral ligature of chromicized catgut on it.

The anterior border of the liver had been scalloped alone. In addition, a large wound in a coil of small Dr. W. W. Keen, of Philadelphia, reported a intestine in the left flank had been found. Ten Lembert sutures were used in closing it. Returning now to the stomach, a very careful search was again made for the wound of exit. It was found obscured by a slight coating of blood. This was closed by three black silk Lembert sutures. 'A systematic investigation of the entire bowel from the stomach to the sigmoid flexure showed no other wounds. The left kidney was badly lacerated, and was immediately removed by peeling it out of its capsule and tying

On the 8th she had a chill lasting twelve minutes,

vomited 11/2 drachm of clear bright blood, she told she had another chill with a temperature of 105.4°,

had vomited several times, and also had some involuntary evacuations. But as her condition was fair, proposed this operation a few years ago the profespulse 136, temp. 101.4, the belly was reopened and sion were not ready to accept it. All are now preexplored. The intestines were bright and glistening pared to say that it is a proper measure to pursue, and no peritonitis existed. Surgical bimanual exam ination revealed no pus or special tenderness at the We have, as has been said, no positive signs of vissite of the removed kidney, or, so far as it could be ceral injury. He thought that we are fully warranted located, at the intestinal wound. No shock followed. in saying that we may resort to laparotomy for pur-The next day (fourteenth) she had two bloody mo- poses of diagnosis when we are in doubt. tions and gradually failed, dying on the fifteenth day.

free pus was found anywhere. Only one wound was Orleans showed that in the last five years there had found in the stomach, near the pylorus, and this was been thirty one cases of penetrating knife wounds healed, the four stitches being seen in place. The of the abdomen, of which twenty-four recovered and blood in the mesentery was disintegrating and suppurating, though no abscess existed, nor was there shot wounds of the abdomen, with thirteen recovany free pus in the peritoneal cavity. The suppuration was chiefly marked along the mesenteric attachment of the intestine. On the other side of the mesentery, corresponding in position to this wound, was a spot in the bowel wall as large as a five-cent coin, which was gangrenous, and in its centre were two perforations of the bowel. No wound was found except that discovered at the operation. No trouble was found at the site of the removed kidney. Although it was nearly ten hours from the accident to the time when the intestines and stomach were sutured, no intestinal or gastric juice or fluid escaped, though the intestinal wound was so large and vomiting occurred three times.

The kidney, I believe, has never before been removed at a laparotomy for gunshot wound, but it was clearly the right thing to do. The day following the operation the remaining kidney worked badly, only $3\frac{1}{2}$ ounces of albuminous urine being secreted. But the next two days dispelled all anxiety on this score, the urine rising to 24 and 40 ounces respectively, and the albumen soon disappeared. The early and

the most important point to determine is, when should performed. Antiseptic precautions were adopted. the abdominal cavity be opened? If there is ex-1 Free incision was made in the median line. travasation of Bile, feeces or urine through the wound, sac was carefully separated from surrounding tisthe nature of the injury is clear, but in the absence sues. It was then emptied of its contents and of these signs there is much doubt. There is no opened. The sac was cut off close to the margin single symptom or collection of symptoms to be relied upon. He had been disposed to attach some value to the presence of profound depression of temperature. If the temperature remains subnormal four, five or six hours, penetration and perforation may be considered almost certain. Diagnostial laparotomy is admirable in certain cases. In private practice wound united rapidly. In October, examination of we have to be largely governed by the opinions of the wound showed it to be firmly united. The sutthe patient and his friends. Most of these cases necessarily involve legal investigation, and it is a very simple matter to show that death resulted not from the original injury but from the surgeon's knife. While he considered it wise to lay down the general rule that penetrating wounds of the abdomen, and still more perforating wounds of the viscera, should be submitted to laparotomy, at the same time he held that we are not justified in laying this down as a hard by S. W. Gross, of Philadelphia, was read by title. and fast rule.

Dr. Moses Gunn, of Chicago: When Dr. Sims but the only question is how to make the diagnosis?

Dr. T. G. RICHARDSON, of New Orleans, stated The autopsy revealed general peritonitis, but no that the statistics of the Charity Hospital of New seven died. There were thirty-three cases of guneries and twenty deaths. These cases were treated on the expectant plan.

> Dr. D. Haves Agnew, of Philadelphia, had very strong convictions in regard to laparotomy. He believed that where there is a reasonable degree of evidence that there is a penetrating wound of the abdominal wall, especially if a shot wound, it is the surgeon's duty to make an exploratory incision. We are not to be deterred by the possibility of some legal technicality if the case should come into court. We are to do our duty without reference to the consequences.

> Drs. David Prince, Joseph Ransohoff and N. P. Dandridge also reported cases bearing upon this discussion.

> Dr. J. Edwin Michael, of Baltimore, read a report of a case of

> VENTRAL HERNIA SUCCESSFULLY TREATED BY OPERA-TION, WITH A SUGGESTION AS TO THE METHOD OF OPERATING.

Mrs. F., stout woman, 45 years of age, had a marked compensatory enlargement of the right kid ventral hernia resulting from a fall several years preney is also of great interest and importance, though, viously. Great annoyance was experienced in the of course, now well known to follow nephrectomy. use of pads and bandages. The patient insisted on Dr. P. S. Conner, of Cincinnati, remarked that operation, and March 15, 1886, the operation was of the ring. Strong silver wire sutures were passed a little less than one half an inch apart, having a hold of one-half to three-fourths inch. The sutures included the peritoneal, muscular and tendinous structures only. These were twisted and perforated shot employed. The wire was then cut off close. The ures could be felt, but gave no inconvenience. In his remarks the speaker stated that his object in using the wire sutures in this manner was the expectation that they would be surrounded by a mass of cicatricial tissue, making a permanent closure of the ring. As far as he was aware, he had used the wire for this purpose without precedent.

A paper on Prognosis in Sarcomata of the Breast,

paper on

THE MEDICO-LEGAL ASPECT OF CRANIAL AND THORACIC WOUNDS (SUICIDAL).

The study of this subject had been suggested to him by a recent case occurring in Newport, Rhode Island. The question was as to the possibility of a cranial wound and a wound of the heart being selfinflicted. A colored man was found one morning lying dead under the breakfast-table. He had food in his mouth, and had a wound of the head and of the heart. The coroner's jury returned a verdict of suicide and the body was buried. Subsequently it was disinterred and the verdict reconsidered, and the conclusion reached that the man had been murdered. Suspicion then fell upon the son-in-law of the man, who had up to this time borne a good reputation. At the trial five medical experts were called for the prosecution, and their general testimony was that these wounds were incompatible with the idea of suicide. Subsequently the prisoner confessed that he had committed the murder. As this was an important question, the author had investigated it. Injury to the brain is not necessarily followed by loss of consciousness or by paralysis. Many cases were cited to show the truth of this statement. Numerous instances of heart injury were given in which, after the reception of the accident, the individual was able to perform many acts. Cases were also given in which persons, in attempting suicide, had produced injuries of the head and of the heart. As the result of his study the speaker concluded that it is possible for a ball to enter the brain without destroying consciousness, although for a moment it may cause mental confusion, and that a suicide may shoot himself in the head and after a moment shoot himself in the

In the discussion which followed numerous cases were related in which the heart or brain had been injured and the individual had lived for some time, and had not been unconscious. Cases were also given in which both a wound of the heart and of the brain had undoubtedly been produced by the individual himself.

> FRIDAY, MAY 13.—THIRD DAY. MORNING SESSION.

The following were elected

OFFICERS FOR THE ENSUING YEAR.

President—Dr. D. Hayes Agnew, of Philadelphia. Vice-Presidents—Dr. N. Senn, of Milwaukee, and Dr. F. S. Dennis, of New York.

Secretary—Dr. Jacob R. Weist, of Richmond, Ind. Treasurer - Dr. Phineas S. Conner, of Cincinnati. Recorder—Dr. J. Ewing Mears, of Philadelphia. Council—Drs. J. S. Billings, L. McLane Tiffany, Moses Gunn, and R. A. Kinloch.

Chairman of Committee of Arrangements—Dr. John S. Billings, of Washington.

The following were elected

NEW MEMBERS.

Charles B. Porter, M.D., of Boston; William M.

Dr. D. Hayes Agnew, of Philadelphia, read a Mastin, M.D., Mobile, Ala.; and Morris H. Richardson, M.D., Boston, Mass.

> The next meeting to be held at the call of the President.

> DR. L. McLane Tiffany, of Baltimore, read a paper on

SURGICAL DISEASES OF THE WHITE AND COLORED RACES COMPARED.

The paper was based on the record of 4930 cases, studied during a period of thirty-four months in a general hospital. The percentages of the affections were given in detail. The paper was simply intended as a preliminary communication, and as a result of a study of the figures obtained the following suggestions were made:

1. Surgical affections follow different courses in the white and colored races, under identical hygienic surroundings.

2. Surgical injuries and operations are better borne by negroes than by whites.

3. Surgical diseases involving the lymphatic system, especially tubercular, are more fatal and more rapidly fatal in negroes than in whites.

4. Congenital deformities are rarer in negroes than

in whites.

5. The surgical differences observed in whites and

negroes are due to racial peculiarities.

Dr. Christopher Johnston, of Baltimore, said that his experience indicates that there are individual as well as racial peculiarities. These are most striking in proportion to the pureness of the blood. He regarded the negro as a good subject for surgical operation. He had never seen carbuncle in negro. He does not recall a cleft palate or hare lip in the darker individuals. Epithelioma is infrequent. Fibromas are quite frequent. He had found that in the negro the skin and white tissues are more frequently the seat of certain diseases than the same tissues in the white.

Dr. T. H. RICHARDSON, of New Orleans, presented a detailed report of the statistics of the Charity Hospital, bearing upon this point. He had found congenital deformities rarely in the negro.

Dr. E. H. Gregory, of St. Louis, had seen keloid much more frequently in negro than in white, and had never seen multiple keloid in the white race. The ability of negroes to stand operation may be due to his indifference, and he does not comprehend the magnitude of the operation.

DR. W. T. BRIGGS, of Nashville, said that his experience confirmed the suggestions of Dr. Tiffany. Negroes are very prone to suppuration. It is extremely difficult to prevent suppuration even under strict antiseptic precaution. Negroes bear operations better than whites, but they do not get well so rapidly. While malformations are less frequent, still they do occur. The rarity of hydrocele in the hospital records may be explained by the fact that negroes do not usually seek advice until the tumor has become so large as to give rise to much inconvevience. Ovarian tumor is rare, although he had had

DR. D. W. YANDELL, of Louisville, Ky., had seen

many cases of keloid in the negro, but had not seen. The only deaths during these experiments which the negro. Tetanus is exceedingly common, espet the pericardium. Punctures into the ventricle are cially in the blacker race. Stricture of urethra is not attended with any hamorrhage from the interior exceedingly common among negroes.

Dr. R. A. Kinloch thought that in the pure ne- from a wounded cardiac vein. gro suppuration is less likely to occur than in the white race. As a rule the pure negro is not strumous. Mulattos are, as a rule, strumous. The pure right ventricle, stimulates muscular contractions, and

Dr. A. Vanderveer, during the past twenty years, chloroform narcosis. had seen a great many negroes, United States pris-Many of them have soft chancre with suppurative the entrance of the aspiratory needle. buboes. Where there is true Hunterian chancre there has been the characteristic bullet bubo seen in safer and more efficient operative procedure than the the white race. There are a greater number of puncture of the right ventricle. perineal abscesses and sinuses than in the white. If

Dr. B. A. Watson, of Jersey City, read

AN EXPERIMENTAL STUDY OF THE EFFECTS OF PUNC-TURE OF THE HEART IN CASES OF CHLO-ROFORM NARCOSIS.

some severe traumatic injury, while the last twenty cardiac and respiratory centres. were perfectly healthy animals. The punctures made DR. JOHN B. ROBERTS, of Philadelphia, said that in these 60 experiments were as follows: Right ven- the speaker, while he had shown the comparative intricle 38; left ventricle, 6; right auricle, 6; superior occuousness of the heart with a small needle, had vena cava, 3; inferior vena cava, 2; apex of the also shown the danger of using chloroform as an heart, 2; and not stated, 1. The resuscitations were an esthetic in any cases, possibly cases of parturition as follows: after puncture of the right ventricle, o; excepted. His experiments have shown that it is right auricle, 1. The first forty experiments gave more dangerous to puncture the auricle than the only four recoveries, while the last twenty gave six. ventricle, which would naturally be suggested by the In only one of the sixty cases did the heart fail to fact that the auricle has a much thinner wall. respond to puncture, and in this instance the use of the needle was postponed for four minutes after the case in which the heart was twice punctured with an cessation of the heart's action, and one minute after aspiratory needle, and blood drawn from the cavity breathing had stopped.

drawn from the right side of the heart. The author peated with a fatal result. was assured that this procedure was practical and advantageous.

a case in the white subject. He had seen but two could be attributed directly to the puncture, were cases of hydrocele in the negro, and never saw hare those in which the needle penetrated the vena cava. lip in the negro. He had seen but two ovarian tu-In these cases there was profuse hemorrhage into mors in the negroes, and never saw epithelioma of the thoracic cavity. Punctures made into the aurithe face of a negro. Epilepsy is exceedingly rare in cle are sometimes followed by a flow of blood into of the organ, but there may be a few drops of blood

The following conclusions were reached:

First, Puncture of the heart, especially of the negro bears operation well and recovers promptly, may be advantageously applied in the treatment of

Secondly. The best results are obtained when aboners, sent to the Albany penitentiary. The vast straction of blood from the cavity of the ventricle is majority of these die of tuberculosis of some form. combined with the stimulating effects produced by

Thirdly. The puncture of the right ventricle is a

Dr. N. P. Dandridge, of Cincinnati, said: The operation is done there is less probability of ure- conditions under which the experiments were made were different from those under which accidents usually occur in human beings. In the latter case, the accident usually occurs after only a small quantity has been taken and often early in its administration. The effect is probably due to a reflex effect upon the inhibitory action of the heart. In the ex-The results of sixty experiments on dogs were periments reported puncture was resorted to within given in detail. The experiment consisted briefly one or two minutes after the cessation of the heart's in producing death by chlorororm inhalation, and action. In the accidents with chloroform, it is not then within from one to three or four minutes an as- uncommon to have recovery after apparent cessation pirating needle was introduced into the heart through of the heart's action for a comparatively longer the chest walls, the attempt being to reach the right period. A large number of experiments are reventricle. In the first fifty cases the chloroform was quired to test the relative value of this procedure as administered rapidly and air was excluded as far as compared with artificial respiration. The use of was possible. In the last ten the chloroform was nitrite of amyl, and particularly with the subcutaneadministered slowly, and with a large proportion of our injection of atropia. This latter can always be air. The first forty animals had already suffered done quickly, and has a stimulating effect upon the

Dr. T. J. Dunott, of Harrisburg, referred to a of the heart. It was a case of dilatation of the Should the puncture be carried into one of the heart with general dropsy, etc. The operation was the cavities of the heart in order that blood may be performed by a homeopathic practitioner, under the In chloroform narcosis the heart is idea that he was dealing with a case of dropsy of the found in diastole and the veins in the lungs are greatly pericardium. A large quantity of blood was redistended with blood. It may therefore theoreti- moved, and for a time there was improvement. The cally be assumed that blood may be advantageously symptoms again returned and the operation was re-

The committee to which was referred the Suggestion's contained in the President's Address, reported ommended the adoption of the second suggestion was then decided to extirpate the uterus. membership lay over for one year.

AFTERNOON SESSION.

HYPERTROPHY OF THE TONGUE, OTHERWISE KNOWN AS LINGUA VITULI, LINGUA PROPENDULE AND MACROGLOSSIA.

This affection of the tongue, though rare, is mentioned by nearly all surgeons of large experience. The case described by the speaker was that of a girl, 12 years of age, admitted to the Harrisburg Hospital January 6, 1886. The tongue protruded from the month a distance of three and five-eighths inches. The lips were greatly distended, and the angles of the mouth not far removed from the external opening of the auditory canal. The greatest width of the tongue was four and three-fourths inches, and the greatest circumference nine and three-fourths inches. The prolapse of the tongue was only of two months' duration, and had begun without apparent cause. The measurements taken one week after ad mission showed a decided increase in the size of the tongue. The tongue was removed on February 19. After providing against hæmorrhage the organ was removed with scalpel and scissors, the section being so made as to secure a conical stump. All the dense fibro mass was taken away, the weight of the removed; portion being over ten ounces. By January 31, the stump was entirely healed. There was no difficulty March 23, she could eat and drink without difficulty tongue.

DR. L. McLANE TIFFANY gave the history of a case. A negro girl, 5 years of age, had suffered with hypertrophy of the tongue dating from birth. Ever since the first few months of life, the child had for limited epithelioma of that part. been unable to cover the tongue with its lips. The tongue was removed with the Paquelin cautery. Within a week the patient was eating potatoes and meat, and left the hospital ten days after operation. At this time there was a healthy granulating surface.

Dr. J. Ford Thompson, of Washington, reported of old surgery when we do so.

TWO CASES OF VAGINAL HYSTERECTOMY.

Case 1.—Mrs. A. E., aged 45 years, white, was seen in April, 1885, suffering with malignant disease of the nterus. There was great destruction of the cervix, the ulceration extending above the internal

that in view of the satisfactory manner in which the os. On consultation, it was decided to avoid hysterwork of the present meeting had been prepared, it ectomy if possible, but to limit the operation to amsaw no reason for a change and did not recommend putation of the cervix with scraping, etc. During the appointment of a business committee. It rec- the operation the peritoneal cavity was opened. It with reference to the abrogation of Article 9 of the womb was separated from the bladder in front. A Constitution. The committee was in accord with ligature was then placed around each broad ligament the President, but as the article had been introduced and tied. The uterus was then split in two. Each at the express desire of the first President of the As- half was then brought down, the broad ligaments sociation, it was then recommended that it be tied above the temporary ligatures, and the uterus allowed to remain. The committee recommended removed. After thorough cleansing the vagina was the adoption of the suggestion that applications for tightly packed with iodoform ganze. At the end of the operation the patient was very weak, and notwithstanding all efforts died in the course of twentyfour hours.

Case 2.—Mrs. H. white, aged 55 years, came Dr. T. J. Dunott, of Harrisburg, read a paper on under observation with cancer of the cervix, in January, 1887. The posterior lip of the cervix was almost entirely destroyed, and the disease had encroached upon the posterior cul-de-sac. The cervical canal was involved at least as high as the internal os. The operation was performed February, 21, 1887, antiseptic precautions being adopted throughout. The dissection was begun at the posterior part, and carried around the cervix. A silk ligature was passed with a long curved needle through the lateral vaginal vault of either side and tied. The inclosed portion was then cut from the nterus. These ligatures presumably enclosed the uterine arteries and the lower part of the broad ligament. The uterns was then separated from the bladder in front, and a loop of silk was attached to the peritoneum. The posterior cul de-sac was treated in the same way. The uterus was then tilted through the opening, and the broad ligaments transfixed and tied. There was no loss of blood. The peritoneal flaps were then brought together with two catgut sutures and a drainage tube introduced into each angle of the The vagina was packed with iodoform gauze. The patient recovered without any unpleasant symptoms.

DR. T. F. PREWITT, of St. Louis, agreed with the in keeping the mouth closed. When heard from author that extirpation of the uterus is a justifiable operation. He was almost prepared to go further, and say that on the earliest appearance of epitheland was gaining flesh rapidly. The paper was con-cluded with an account of the various operations ioma of the cervix the whole organ should be extirwhich had been practiced for the removal of the pated. He believed that ultimately this will be the course adopted.

> Dr. E. H. Gregory said that it was one of the rules of old surgery to save every part possible, and he would no more think of removing the whole lip

> Dr. R. A. Kinloch said that in the uterus we have an organ suspended in the pelvis and easily isolated. Now if statistics show that by cutting far and wide without jeopardizing life too much, we can cut short the disease, we are carrying out the rules

Dr. T. G. RICHARDSON reported a case of

ANEURISM OF THE LEFT SUBCLAVIAN ARTERY FOR THE CURE OF WHICH THREE METHODS OF TREATMENT WERE EMPLOYED --- DEATH.

The patient, a healthy muscular Irish laborer,

of the left subclavian artery was diagnosed. The proceedings had been conducted. patient had suffered with syphilis and constitutional measures were first tried. Todide of potassium in of the President. fifteen or twenty grain doses, was given three times a day. At the end of a week no perceptible effect being observed it was discontinued. Direct pressure was next tried, an elastic band with a compress over the vessel was secured to a belt around the waist This was continued a month, and although it slightly retarded the growth of the swelling, it had had no decided result. The third method, the introduction of surgical pins was next resorted to, nineteen of these measuring an inch and a half in length, were passed through the anterior wall of the tumor at different places. The ancurism was still growing rapidly, and all the pins that could be reached were withdrawn. Some of them had disappeared on account of the swelling which had taken place. An attempt was then made to ligate the axillary artery. but in spite of the utmost care the lower portion of the aneurism was ruptured in the progress of the operation. The wound was at once packed with lint dipped in Monsel's solution. The hemorrhage out difficulty after a moderately long labor. She having been stopped, half a drachm of a 5 per cent. left her bed on the eleventh day, having had no fever solution of bichloride of iron was injected into the centre of the tumor. At the end of twenty-four hours no coagulation having taken place, a second injection of twice the strength was employed. The next morning there was a exhausting hæmorrhage, ending fatally in a few hours.

Dr. Richardson also reported a case of

FEMORAL ANEURISM CURED BY ELEVATION AND FLEX-ION OF THE LIMB.

The patient, an Italian, aged 55 years, was admitted to the hospital Dec. 11, 1886, with a large aneurism of the femoral artery four inches below the femoral arch. While the case was being studied the limb was flexed at a right angle at the hip and knee and suspended on a Smith's anterior splint. The next day the pulsation was greatly reduced and the patient was quite comfortable. The treatment was continued and at the end of the third day the tumor was solid. The limb was kept in this position for ten days or two weeks. The patient was discharged cured one week later. The speaker called attention to the fact that there was no direct pressure upon the tumor and that the result was due entirely to flexion and suspension of the limb.

Dr. James McCann, of Pittsburg, reported a case

SPLENECTOMY.

patient.

Operation Practiced and the Results Obtained in the rience gained in the first case the uterus was curetttreatment of Cleft of the hard and soft Palates, illus- ed and a considerable amount of deciding removed, trated by the record of Fifty Cases, by Dr. Ewing and a intra uterine douche given. In this case the Mears, of Philadelphia, was read by title.

General for the use of the room; to the Cosmos Club acerbation of a tubercular trouble in one lung which for conressies extended, and to the officers of the kept the temperature high for some days.

came under observation October 19, 1885. Aneurism Association for the efficient manner in which the

The association then adjourned to meet at the call

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated Meeting, Thursday, April 7, 1887. THE PRESIDENT, THOMAS M. DRYSDALE, M.D., IN THE CHAIR.

D. B. C. Hirst read a paper on

THE ETIOLOGY AND TREATMENT OF CASES OF SO-CALLED TATE INTECTION IN THE PUERPERAL

The title of this paper is, I fear, too pretentious: Its object is merely the brief relation of four cases of so called late infection in the puerperal state, all, I believe, due to the same cause, all yielding to the same treatment and conveying therefore a lesson of some little interest and value.

The first case was young primapara delivered withand having manifested no unusual symptom: Two days afterward her cervix was exposed to view by means of a bivalve speculum and a slight laceration was discovered, healing by granulation. The following morning, the fourteenth day after delivery, the patient was unwell, her temperature was 102, large doses of quinine were given, but the temperature rose to 103 where it remained with slight morning remission for two days: A more careful examination being made, it was discovered that the uterus was unusually large, that the os was patulous, that there was a toul smelling discharge and considerable abdominal tenderness. The history of the case with these symptoms pointed to the retention of membranes, possibly a portion of the placenta and their subsequent decomposition originated by the admission of air to the vagina and uterus by the use of the speculum. Acting on this diagnosis, the uterine cavity was lightly scraped out with a dull curette and a large quantity of decomposing decidua removed This was followed by an intra-uterine injection of bi-chloride of mercury through a Bozeman's double catheter. The woman's temperature at the time was 103°. The following morning it had sunk to 99°, and within 24 hours was normal, and so remained.

The second case was also a primapara: The labor was terminated by the forceps. Upon the eleventh day the woman, although perfectly well until that The paper was a case in which removal of the time, had a morning temperature of 101° rising in spleen had been practiced with recovery of the the evening to 102°. The uterus was found larger than it should have been. The os was patulous and A paper entitled The Study of the Methods of there was a fetil discharge. Profiting by the expewomb almost at once contracted and the discharge A vote of thanks was then extended to the Surgeon-ceased; but the patient had, unfortunately, an ex-

In the third case, also a primapara, after an instrumental labor and an apparently normal lying-in, the temperature rose on the twelfth day to 99.8° and on the following to 100, at the same time a fetid mucopurulent discharge made its appearance. In this case a very large quantity of decidual membrane was removed and the scraping was repeated on the following day, whereupon the temperature fell to normal and the discharge ceased.

The fourth case was a primapara, who on the sixth day, after an easy labor, had a temperature of 100° although previously there had been no fever; the uterus here was very large, the os quite patulous. but in this case there was not much discharge. The same treatment was employed that had proved successful in the other cases, with the result of reducing the temperature within twenty-four hours to normal, where it remained.

Now this experience is entirely too limited to enable one to come to a definite conclusion as to the cause of late infection in the puerperal state, but pedantic details of modern treatment of wounds are these cases suggested to my mind the possibility at not fully carried out in practice. Carbolic acid is least that the retentive and subsequent decomposi tion of shreds of membrane or fragments of placental ing undoubtedly are responsible, in many instances, with this condition may lead to septicæmia and chanical treatment of injuries and after resections pytemia. Other causes of fever late in the puerperal consists in the use of complicated and ingenious state are of course well known. Partially healed splints which, in the hands of their inventors, answer torn apart and the fresh wounds thus produced may and comfort to the patient. Almost every hospital give entrance to the germs of septicæmia. Exposure to an atmosphere impregnated with emanations from sewers or water closets from bad sanitation out its advantages and the indications for its use. may give rise to febrile diseases at any time during the puerperium as proved in the cases related by Dr. Playfair in a recent English journal. There is a possibility that the pyogenic micro-organisms which may carry on their work in the uterine cavity without very serious consequences to the patient, may in the tubes manufacture their product, pus, in such quantities that it cannot be drained off, thus producing an abscess that may possibly open into the peritoneal cavity. There is a still more remote possibility that a travels westward, when he compares its lecture-rooms pyo-salpinx may be developed late in the puerperium' by other pathogenic micro organisms, by those of gonoriheea, of tuberculosis, or even those of actinomycosis. Finally any of the febrile diseases that may attack a woman at any time may fasten themselves upon her during the lying in period, but, as I have already said, it seems to me that the most common cause of late infection in the puerperal state is the decomposition of retained membrane or fragments of placenta, and that therefore the curette and the intra utcrine douche might be employed as a routine treatment in all cases where there occurs late in the upon the scientific career of distinguished profespuerperium, fever associated with a large uterus, a sional men. Sir Joseph Lister of to day is only the patulous os and a foul smelling discharge. This shadow of Mr. Joseph Lister of 1876. The dresstreatment can do no harm but may effect much good, ings which I was shown only corroborate this state-My own experience in this direction is, however, limited, and upon this point I would like to have the opinion of the Society, whose experience collectively is used to distinguish it from gauze not rendered asepand individually must be greater than my own.

(To be continued.)

FOREIGN CORRESPONDENCE

LETTER FROM LONDON.1

Charing Cross Hospital—King's College Hospital -Sir Joseph Lister—The Spray—Sir James Paget— St. Bartholomew's Hospital—Ovariotomy—Antisepsis -Tarsotomy as it should not be done—Museum of the College of Surgeons—Professor Stewart.

Dear Dr. Fenger:—My hospital visits in London began with Charing Cross Hospital. This institution is centrally located and was built in 1837. It contains nearly 200 beds, and affords a fair opportunity for studying accidental surgery, as the majority of cases treated here are recent injuries. Bloxam, Bellamy and Barwell are the surgeons in attendance. Although the spray is still in use and antiseptic dressings are applied, I found many of the wounds suppurating; the best possible proof that the essential and used as an antiseptic. Frequent changes of dresswill be found to be the most frequent cause of fever for the numerous failures in securing primary union late in the puerperal state, and that if not interfered of wounds. As in most English hospitals, the mewounds of the cervix, vagina and perineum may be an admirable purpose in securing rest for the parts surgeon has immortalized himself by the invention of some kind of a splint, and never tires in pointing Every London hospital has its own medical school. The building for the school of this hospital is quite small, smaller than any of the college buildings in Chicago, and the material used for illustrating the lectures is entirely inadequate. The class which expects to become proficient in the healing art in this temple of Esculapius numbers about 200. For a foreigner to visit such a school in the proud city of London it must become evident that science indeed with those of the medical colleges in Chicago.

> With such reflections 1 left this hospital and turned my way towards King's College Hospital, where I was to meet the father of antiseptic surgery. I was full of anticipations of what I should see and learn at the feet of the man whose teachings had revolutionized the practice of surgery throughout the entire civilized world. How great my disappointment! A walk through the wards of Sir Joseph Lister soon convinced me that prosperity and honors, even if well deserved, only too often exert an injurious effect ment. The only thing that was new to me in the way of dressing wounds was the colored gauze, which tic. Great importance is placed upon the disappear-

1 By permission of Drs. Fenger and Senn.

ance of color on the surface of the gauze, as an mean surgical cleanliness. Although advanced in indication that the secretions from the wound have years, his interest in the welfare of his profession re-reached the surface, an occurrence which is looked uains unabated and his habits of industry unchanged. upon as a necessity for a change of dressing. A He not only reads the literature pertaining to surgery number of lumbar abscesses were shown which had from every possible source, but is likewise perfectly been simply incised and drained, and where the familiar with the recent advancements in the collatwhole dressing was composed of a very thin and eral sciences. Through his kindness I found ready small compress of gauze and a layer of absorbent entrance into the museums, hospitals and educational cotton still smaller than the gauze compress. The institutions of London. tension suture, which has been in general use for a thing.

of satisfaction for Sir Joseph Lister to know that the accomplished, as no adhesions were found. method of practice he promulgated so strenuously the surgical world.

gentleman will not wonder any longer why he has by plish the desired object with safety. The pedicle universal consent been the leader among medical was transfixed with a long-handled needle armed men, not only in his own country, but almost the with a double ligature, tied on both sides, cut short entire world, for nearly half a century. It would be and dropped. The peritoneal cavity was sponged dom found in the same person.

to the belief that antiseptic surgery will eventually was carefully arrested with hiemostatic forceps and

At St. Bartholomew's Hospital I witnessed an more than ten years, was shown and explained as ovariotomy by Mr. Langton. This hospital contains though the hearers had never seen or heard of such about 600 beds, and is connected with a medical school attended by about 350 students. The oper-The German command, Fort mit dem Spray! has ation was performed in Martha ward, on the fourth been obeyed here. The antiseptic solution in use is floor, where a small amphitheatre, with room for about a combination of corrosive sublimate and muriate of twenty spectators, has been built. The room is ammonia, which is preferred to the simple solution of heated by an open grate fire, and the temperature sublimate. I am firmly convinced of the fact that had was not over 70° F. The spray is used during the Mr. Lister remained as such in Edinburgh, the scene operation. The patient was 70 years of age and the of his former active life, his scientific existence would tumor had been growing for three years. Examinanot have terminated so abruptly, and many addi-tion revealed a large cyst in the abdomen, and a tional discoveries and improvements would have been number of hard nodules in connection with the inscribed upon his tablet of fame. Although his sci- cyst could be felt in the pelvis. About fifteen stuentific career ended with his change of residence to dents were present. The usual antiseptic precautions London, Sir Joseph Lister must be considered as the were observed during the operation. The abdomen greatest of living surgeons. The seed that he has was opened by an incision through the linea alba sown has brought fruit which has been the means of about four inches in length, and the cyst tapped with saving thousands of lives. The principles of anti- the large trocar of Spencer Wells. The puncture was septic surgery as taught by him have found the most followed by a free escape of fluid along the sides of fertile soil in Germany, where the treatment of wounds the trocar, and some of it entered the abdominal has been simplified and improved to such a degree of cavity, and the wound was freely irrigated with the perfection that primary union is the rule, and the cyst contents. Sponges were used to remove the dreaded complications, septicamia and pyamia, are extravasated fluid, and as the cyst collapsed it was almost unknown. Indeed, it must be a great source drawn out of the wound, an act which was readily

It has always seemed to me that the use of a large for nearly a decade has been perfected by the most trocar with a truncated cutting edge in tapping a prominent surgeons on the Continent, and that tense cyst is attended invariably by extravasation of through it the principles and practice of surgery have fluid, and consequently increases the risk of peritonitis. undergone a complete revolution. It is not my in. When the cyst contents are fluid, the patient should tention to abstract from the greatness of Lister, but either be placed upon her side during the tapping, I cannot but deplore that for nearly ten years he has, and proper precautions adopted to prevent entrance been but little else than a spectator in the arena of of fluid into the abdominal cavity, or the cyst should be emptied sufficiently to bring it into the wound by Among the most pleasant and profitable hours the use of a small trocar or by aspiration. In case spent in London I must include a visit to Sir James the contents are colloid they will escape through no Paget. Around the breakfast-table we discussed for tube, and incision of the cyst with the patient upon nearly two hours matters pertaining to surgical in- her side, and traction upon the cyst wall so as to keep terests on both Continents. Any one who has had it in uninterrupted accurate contact with the abdomthe pleasure of a personal acquaintance with this inal wall, are the only measures which will accomdifficult to find a man possessed of so many admirable out and the abdominal wound closed in the customqualities in the same degree which fit him for such ary manner. The external wound was dusted with position. A ripe scholar, a clear writer, a model iodoform and a typical Lister dressing applied. The teacher, a successful surgeon, an eloquent speaker, a dressing proper was fastened upon the abdomen with perfect gentleman, are happy combinations but sel- broad strips of adhesive plaster; over this a cotton compress was applied, retained with a broad flannel He resigned his hospital positions twelve years bandage. The lower extremities of the patient were ago, and is now devoting his whole time to consult- covered with a flannel blanket, but no external heat ation practice and scientific studies. He is inclined applied. Hæmorrhage, wherever it was discovered,

otomy are turned over to Mr. Langton for operation. paupers will receive an additional increase.

formed by the house surgeon, Mr. Burd, no preten. College of Surgeons, under the kind guidance of sion is made to practise antiseptic surgery, and the Professor Stewart, a distinguished scholar and scienresident staff allude with pride to the fact that during tist. By stipulation a number of lectures must be the last eleven months only one case of pyaemia occurred, and that the majority of wounds heal without course is given by Prof. Stewart, "On the Comparsuppuration. Thorough cleanliness in the ordinary ative Anatomy of the Internal Ear." I had an sense of the word is enforced, and the wounds are opportunity to examine the specimens used for illusprotected with an oiled strip of cloth or covered trating these lectures, and it is safe to claim that no with a moist compress.

tion, ready to perform tarsotomy in a case of aggra- Hunter's collection. With this enormous collection vated clubfoot. An incision was made in each side as a nucleus, and the liberal donations which have of the tarsus, and after many difficulties and perplex-been made by the Fellows and members since its ities, a tunnel was made underneath the tendons foundation, this museum outranks anything of its from one incision to the other, and a chain saw kind in the amount of material it contains and the passed through with a probe. Now the difficult task way in which it is classified. The specimens are so commenced of sawing in the right direction. Two arranged that any subject in anatomy, physiology and assistants attempted to obey the directions of the pathology can be looked up and studied in a remarkoperator, but the chain failed to take the proper di- ably short time with the aid of a complete index, rection. Disgusted with the performance, the oper- which can be found in its proper place in each secator took his turn, but utterly failed to correct the tion. Almost every subject is illustrated by botaniinsane inclinations of that beastly but determined cal specimens and specimens of animals, from the chain to deviate from the erroneous path. After lowest to the highest form. Under the head of monsawing in multiple directions, the bystanders were strosities I examined a specimen of a fœtus in fœtu. assured that one of the incisions of the V had been. The feetus was found in the pelvis of a boy 15 years made, and the chain was slipped towards the ankle- of age, who died of accidental causes. The fœtus joint and was again set in motion, and after the exer- is perfect in every respect, and is surrounded by a tion of a good deal of muscular force, which brought thick and dense cyst. The indefatigable energy and the sweat upon the brows of all immediately congreat genius of the illustrious founder of this woncerned in the transaction, it was concluded that the derful collection become apparent by the many labels V was made. By this time the operator had become, which are marked with his name. very nervous, and with the forceps made a plunge for the superfluous piece of bone; and after numerous attempts he succeeded in removing a number of fragments.

When an attempt was made to straighten the foot, the disgusted operator convinced himself that more bone must be removed. Instead of using a fine straight saw, or the more modern chisel, he persisted strument a few more fragments were removed, and made with all possible care and particularity. forcible attempt made to bring the foot in proper

catgut ligatures. In this hospital all cases of ovari- will be required in the future, or London's army of

In Mr. Savory's wards in this hospital, I was insecond collection of this kind could be found. A In the operating theatre I found one of the atlarge and valuable library is accessible to all of the tending surgeons, whose name I do not care to menmembers of the college. The Museum contains John

DOMESTIC CORRESPONDENCE

ALBUMINURIA WITHOUT ALBUMIN.

Dear Sir:—I desire to present the following case in the use of that rebellious instrument that had all to the readers of THE JOURNAL, making no attempt ready caused so much trouble and anxiety—the chain to explain their apparently wondrous features. The saw. After another free use of this abominable in-tests and observations, as well as the records, were

Mrs. M., aged 51. American, mother of one child position. As this could not be accomplished, it was 20 years of age. She presents no special diathesis, decided that the tendo Achilles was at fault, and this but for several years has had a debilitated, and someoffending structure was handed over to the liberal what emaciated appearance resulting chiefly from use of the tenotome. Another forcible attempt to overwork and a disturbed climacteric. In May, 1886, straighten the foot converted the subcutaneous tract and during my absence from the city, Mrs. M., from into an open wound, and as all the resources had exposure to cold and damp, was attacked with chills been exhausted by this time, a typical Lister dress- and some febrile action, for which my friend, Dr. D. ing was applied. When Esmarch's constrictor was was called to prescribe. Upon my return, about two removed the dressings soon became saturated with weeks subsequent to her attack, I found her able to crimson blood, which called for more antiseptic ma- sit up, but presenting the typical pallor of countenterial and firmer compression. The surgeon, at this ance, with puffiness below the eyes characteristic of stage of proceedings, was covered with perspiration, albuminuria. Dizziness was also complained of, and and only revived after the patient was carried into loss of appetite, with emaciation. The pulse was small, the ward and out of sight. I am unable to say what feeble and rapid. The feet, ankles, and legs, nearly became of the case, but if foot and life were pre- to the knees, were tensely edematous, pitting upon served, it is safe to predict that another operation pressure, with the usual glistening of the distended

surface. Inquiry failed to prove any special variation in the color or quantity of the urine at any time since her attack. A specimen was obtained at my first visit, which upon standing threw down a turbid, THE PRINCIPLES AND PRACTICE OF OPERATIVE milky deposit of considerable quantity; color (above sediment) light straw, sp. gr. 1020, heat with and without nitric acid, and nitric acid alone, failed upon repeated trial, to show the presence in any quantity, of albumin.

The microscope more than compensated for this negative chemical testimony by producing sufficient evidence in support of the diagnosis of nephritis. The specimen was marked by the absence of crystals, the field crowded with fat globules and tube casts. The casts were mostly large and roughly fractured; and some contained red blood. Subsequently, up to this date, no less than fifteen careful tests for albumin have been made, and at intervals varying from one week to a month, in some of which I have been assisted by Dr. S. G. Wilson, of this city, the result being uniform in the failure to find albumin. As this report refers only to one, but the most important, characteristic of this condition, the details of treatment are omitted.

The remarkable fact, that we may have albuminuria without albuminous urine receives support in the experience of my friend Dr. Wilson, who has a patient with much anasarca, indeed, water logged, and whose urine, while loaded with tube casts, resists all attempts to display a trace of albumin, a fact seriously misleading, and actually defeating efforts to arrive at a satisfactory diagnosis or treatment until the tube casts disclosed the situation.

Very truly yours,

H. C. MARKHAM, M.D. Independence, Iowa, May, 1887.

MISSTATEMENTS OF THE MEDICAL RECORD.

Dear Sir:—One might be led to believe, after reading the following item in the New York Medical Record, of May 14, that the editor of that journal is the advisory angel of the American Medical Association:

"The coming meeting of the American Medical Association at Chicago will not, we trust, be 'hippodromed in the extraordinary and undignified way which characterized its session a year ago. It is not a question of codes, a climate or locality, but of selfrespect, the dignity and conservatism which ought to characterize a great representative body of physicians."

It would be well if the editor of the Record would attend the meetings of the Association, and learn from personal observation how that body conducts itself, instead of issuing his annual diatribe a thousand miles away, and thus making himself ridiculous by his gross misrepresentations of the conduct of the meetings of the Association and of the large number of physicians who make up that body,

Very truly yours,

J. F. JENKINS, M.D.

Tecumseh, Mich., May 25, 1887.

BOOK REVIEWS.

SURGERY. By STEPHEN SMITH, A.M., M.D., Professor of Clinical Surgery in the University of the City of New York, etc. New and thoroughly revised edition. Illustrated with 1005 woodcuts, 8vo., pp. xxxii—877. Philadelphia: Lea Brothers & Co. 1887. Chicago: A. C. McClurg & Co.

Since the publication of the germ of this work in 1879, there have been eight issues; but this book as it now appears is really the second, and only revised, edition. And one can form but little idea of the change made in the work without directly comparing the first issue with this last edition; the difference lies in the fact that the first edition was the exponent of the operative principles of the "old surgery," while this embodies the principles of the "new surgery."

The first chapter, on the "Civil Obligations of the Surgeon," may seem to be "matter out of place" in a work on operative surgery; but a moment's reflection will show that such is not the case, and it should be carefully read by every medical man. And certainly all must agree with him that "antisepsis imposes new obligations" upon the surgeon; in surgical cases he must apply antiseptic principles with reasonable care and diligence, or he may be justly held responsible for unfavorable results from conditions preventible by antisepsis.

It would be impossible to give an analysis of the book in the short space at our disposal; and, indeed, those familiar with surgical literature will not wish it. Dr. Smith's work does not need our commendation, and, except in a few particulars, it is beyond criticism. The treatment of stricture of the urethra is not mentioned, nor is the operation for shortening bones in extensive injuries to the soft

INTERNATIONAL CONGRESS.

SECTION IN PSYCHOLOGICAL MEDICINE AND NERVOUS DISEASES.

It is proposed to give one of the Sessions of the Section in Psychological Medicine and Nervous Diseases, during the meeting of the Medical Congress, to a discussion on Syphilis and its relations to Insanity.

The discussion will be opened by Dr. George H. Savage, Senior Physician Bethlem Royal Hospital, London, England, and will embrace the following divisions:

- 1. Iodicy, imbecility, moral perversions due to inherited Syphilis.
- 2. Insanity associated with acute Syphilis, (A) Physical, (B) Moral.
- 3. Syphilis producing Epilepsy, with or without Insanity.

4. Syphilis producing Mental Weakness, (A) with, (B) without Paralysis.

5. Syphilis as associated with general paralysis of the insane.

6. Pathology, as represented by coarse changes like gummata, or slighter ones as seen in Arterial

Several of our English confrères have already arranged to take part in the above.

Those who intend to engage in the discussion of one or more of the above "questions," should send notice to the Secretary. The time allowed for each paper in the discussion, is ten minutes. Tabular and bibliographical material can appear in the printed paper, but it is respectfully suggested that the matter prepared for reading be as illustrative and pointed as possible.

Clinical observations, post mortem appearances and conclusions will be specially applicable.

Papers relating to Syphilis and Nervous Diseases will also be read during the same session.

E. D. Ferguson, Sec'y.

Troy, New York.

ASSOCIATION ITEMS.

RAILWAY AND HOTEL RATES.

These rates have been fully published in THE JOURNAL for the past three weeks. The railways have agreed to return physicians attending the meeting, on presentation of a combined certificate and receipt, or simply a receipt from the railroad agent at starting-point, stating that full rate has been paid going to Chicago. Those who intend coming to the meeting should again read the letter of Dr. Montgomery in THE JOUR-NAL of May 21, page 5'6 before setting out.

Dr. Montgomery's instructions in brief are: He will furnish OFFICIAL persons starting from points in Trunk Line territory—which is East of Niagara Falls, Buffalo, Salamanea, Pittsburg, Bellaire and Wheeling, with blank forms, known as the "Trunk Line Certificate," upon application to him for same. Persons from the places just named and points West thereof, will be required to use the certificates of the Central Traffic Association, which will be furnished by the ticket agent at starting point when ticket is bought. One or the other of these forms of certificate should be obtained when the ticket is bought for Chicago, as persons living East and South must have their certificates endorsed by the Chairman of the Transportation Committee.

Southern Visitors.—Dr. Montgomery will supply delegates and members of their families, with the "Southern Passenger Association" blank certificate; and such delegates (Southern), will use this certificate upon any of the 42 lines of railway South of the Ohio and Potomac rivers. As regards those living along Trunk Lines or in the Southern Passenger Association territory, Dr. Montgomery's certificates will be honored within territory West of termini of the various trunk lines of roads, as the places named above indicate, as well as to North of the Ohio tiver—known as the "Central Traffic Association territory."

Tickets for return journey are to be sold in Chicago at onethird the Lowest Regular Limited Fare, to those coming from the East or South upon presentation of certificates properly endorsed at the meeting.

In all, there are some ten or twelve members, we believe, that constitute the Committee on Transportation here, whose earnest endeavor it will be, to permit no delay in assisting our professional brethren in the matter of their acquiring full and complete information upon the above topics, at time of arrival, during the stay with us, or before the hour of departure for the return journey. Therefore, we venture a safe prediction in saying, that all who come will be cordially welcomed by this Committee, as well as by the entire profession of this Garden City.

Telegrams for blank certificates will be immediately answered.

MISCELLANEOUS.

Milk as a Medium of Infection.—The spread of disease through the medium of milk has often been demonstrated, but seldom more strikingly than by an investigation lately pursued by the Massachusetts State Board of Health, for the purpose of discovering the cause of an outbreak of typhoid fever that occurred last autumn in a certain district in Cambridge. It was found that all the milk supplied to the district came from one farm in New Hampshire; that on the farm there was a well into which a privy vault drained, the water of the well being used to wash the milk cans; and, finally, that last summer a person lay sick with typhoid fever on the farm. The conclusion was unavoidable that the fever-germs were carried in the milk, and thus the disease disseminated among the people of Cambridge.—New York Medical Journal, March 10, 1887.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM MAY 21, 1887, TO MAY 27, 1887.

Major V. B. Hubbard, Surgeon, granted leave of absence for one month, to take effect on or about June 1, 1887. S. O. 119, A. G. O., May 24, 1887. Capt. F. W. Elbrey, Asst. Surgeon, found incapacitated for

active service by an Army Retiring Board; sick leave still further extended until further orders, on account of disability. S. O. 116, A. G. O., May 20, 1887.

Capt. II. G. Burton, Asst. Surgeon, granted two months' leave of absence, on surgeon's certificate of disability. S. O. 107, Div. Atlantic, May 25, 1887.

FICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U.S. NAVY, DURING THE WEEK ENDING MAY 28, 1887.

Deane, C. W., P. A. Surgeon, detached from "Dale," and to hospital, Mare Island.

Harvey, H. P., Surgeon, orders to "Iroquois," revoked, and wait orders.

Dickson, S. H., P. A. Surgeon, detached from Navy Vard, Washington, D. C., and to the "Dale."

Waggener, J. R., Surgeon, detached from the "Iroquois," and wait orders.

White, S. Stuart, Asst. Surgeon, ordered to receiving ship "St. Louis," Navy Yard, League Island.

Field, James G., M.D., of Gordonsville, Va., commissioned Asst. Surgeon in the Navy, May 23, 1887.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U.S. MARINE HOSPITAL SERVICE FOR THE WEEK ENDED MAY 21, 1887.

Goldsborough. C. B., Surgeon, leave of absence extended to June 1, on account of sickness. May 18, 1887.

Guitéras, John. P. A. Surgeon, granted leave of absence for

four days. May 21, 1887. Armstrong, S. T., P. A. Surgeon, to remain in charge of Service at Memphis, Tenn., until further orders. May 21, 18-7. Bevan, S. C., P. A. Surgeon, leave of absence extended thirty

days. May 19, 1887.
Carrington, P. M., Asst. Surgeon, ordered to U. S. Revenue Str. "Rush." May 18, 1857.

Norman, Seaton, Asst. Surgeon, to proceed to Marine Hospi-

tal, Baltimore, Md., for temporary duty. May 20, 1887. eath, F. C., Asst. Surgeon, granted leave of absence for Heath, F. C., Asst. Surge thirty days. May 18, 1887.

Woodward, R. M., Asst. Surgeon, appointed an Asst. Surgeon May 20, 1887. Assigned to temporary duty at the Marine Hospital, Balttmore, Md. May 21, 1887.

Journal of the American Medical Association.

EDITED FOR THE ASSOCIATION BY N. S. DAVIS.

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Chicago, June 11, 1887.

No. 24

PRESIDENT'S

CELL ANTAGONISM.

Delivered before the Thirty-Eighth Annual Meeting of the American Medical Association, June 7, 1887.

BY ELISHA IL GRIGORY, M.D.,

OF ST. LOUIS, MO.

mentous questions.

apeutics, this "vis mediatrix natura" will be always in solid phalanx to confront noxious agencies, and the the indispensable auxiliary of the physician, without combat is hotly contested till victory or discomfiture. which ally abandonment of the art would be inevitable. Inflammation, the keystone of medical science, the

the fixed cells, cells which occupy the fortifications theory of cell antagonism; it is practically a struggle within the inter-cellular substance; the other class between irritant bodies and white blood-corpuscles.

ADDRESS. provides for the formation of new tissue, and represents the standing army, sometimes called embryonal substance. Before Cohnheim, our knowledge of the mobile elements—the mobilized army—of the body, was nothing; now most of the literature relating to neoplasm is or has become obsolete. Now coagulable lymph is impossible without the white corpuscles. Organizable fluids have vanished. Through the ingenuity and industry of the great German pa-Obviously, force and matter "make up" the uni-thologist a revolution has been worked in medical verse. Force implies antagonism, antagonism per-thought. The study of the mobile elements of the petuates motion. The living cell is the embodiment body—the relatively independent elements—promof nature. Cell antagonism is life. Multicellular ises much. We can almost see daybreak in patholorganisms represent a community of vital unities, ogy, a dawn before the coming light which is to A model organism in equilibrium is health. Cell illuminate some of the dark places of this most instruggle is the gist of modern pathology. Every tricate subject. Already leucocytes substitute fibrin. organ and every element are vulnerable. The The latter is the product of the former. Wherever strength of resistance in elements and organs, rein-there is localized impairment of nutrition referable forced by the harmony and precision of coordina to irritation, or defective maintenance of nutrition, tion, and the vigor of counter agencies, are the mother result of inherent weakness, there the leucocytes concentrate, feast on the devitalized structures, and In seeking for a comprehensive title for my address, I fell upon the two simple words "cell antagonism," which form the foundation of symptom atology and pathology, conjoined with cell changes, the basis of pathological anatomy, embracing at once the basis of pathological anatomy at the basis of pathological anatomy at the pathological anatomy at the basis of pathological anatomy at the pathological anatomy at the basis of pathological anatomy at the pathological anatomy the universe of life and all the possibilities of life; expects the leucocytes to congregate and destroy the disease being but one of multitudinous phases of life. cyst, substituting a granulation tissue, which in time lluxley has likened the body to an army. "Of becomes scar tissue. Now an organizable fluid as this army, each cell is a soldier; an organ, a brigade; the essential product of inflammation, cells playing the central nervous system, headquarters and field a passive part, is a thing of the past. Now cell telegraph; the alimentary and circulatory system, potency, cell subtlety, and cell antagonism constitute the comissariat. Losses are made good by recruits the pith and marrow of medical science. There was born in the camp, and the life of the individual is a a period in the history of pathology when all the neocampaign, conducted successfully for a number of plasia sprang from the tissue cells; now the place and years, but with certain defeat in the long run." A destiny of the cell tissue is fixed. When the tissue elemodel organism assumes that every soldier is a stall ments yet contain some undifferentiated protoplasm, wart; every organ, a body of stalwarts with correspondiferation is possible, otherwise not probable. The ponding machinery of coordination and precision, mobile cells constitute the mobilized army; the great all alike concerted and vigorous to meet the myri-coordinating centres assemble them at any moment, ads of counter forces, many of which are too cunning ready to antagonize hurtful agencies. Irritation alfor our ken, but ever ready to take advantage of the ways provokes a concentration of the white cells. least failure of our strength, to penetrate our vitals. Irritation means injury. It may be simple or spe-This force of vital resistance forms the basis of ther- cific. Either way it is a signal for moving the army

The morphologist distinguishes two classes of ele-standard process by which all other pathological conments within the organism. One class represents ditions are measured, is only to be explained on the

Foreign bodies are invariably invaded by leucocytes, number and augmenting their strength, correspondtheir swarming having for its object to repel or ren- ing to the emergency. A recent authority, Mr. der inert the offending cause. Observations directed Sutton says: "If we summarize the story of inflamto the white cell have been followed by an inspiring mation as we read it zoologically, it should be likincrease in our knowledge of the vital properties of ened to a battle. The leucocytes are the defending cells in general. The quality of spontaneous motion army; their roads and lines of communication, the once accepted, the idea that the cell played a passive blood vessels. Every composite organism mainpart quickly disappeared, and in its stead came the tains a certain proportion of leucocytes as representconception of autonomy, the fact that the cell nour-ling its standing army. When the body is invaded ished itself, is not nourished, that the cell specialized by bacilli, bacteria, micrococci, chemical or other food for its own purposes, actually breaking up com-litritants, information of the aggression is telegraphed pounds and adapting the products to its own growth by means of the vaso motor nerves, and the leucoand development; strikingly illustrated by an inde-cytes rush to the attack, reinforcements and recruits pendent form of government, for example, the govarre quickly found to increase the standing army, ernment of the United States. A great statesman sometimes twenty, thirty or forty times the normal has said ours was a "government of the people, by standard. In the conflict cells die and often are the people and for the people." Cells live of themeaten by their companions; frequently the slaughter selves, by themselves and for the whole body. The is so great the tissues become burdened by the dead cells make the central government. The coordinating machinery is formed by the cells, and the cells of the cells being testified by the fact, that the are in their turn centralized and harmonized by this power. The tissue elements are in direct continuity with the centre, but it is otherwise with the floating, wandering cells; yet their behavior gives evidence of hurtful to the organism they in their lifetime were their concern for the well being of the entire organism. Again, the free cells take into their substance the most refractory substances, digesting solid bodies; sponges and green plants yielding to their digestive and assimilative processes. Observations the most patient and trustworthy on the lower vegetables have demonstrated the fact that bacteria have been seen in the substance of amœboid cells; others have been seen pursuing bacteria, ultimately capturing and destroying them. Throughout the whole animal kingdom mesoderm cells use their ingestive power for destroying micro-organisms. Further, this property seems to be utilized for the removal of larval organs. Colorless corpuscles present the same appearances and have similar properties and the same mode of origin in the entire range of living beings. When germs. The nutrient changes come into vigorous the irritant or harmful agency is particularly obdu rate, white cells exhibit a very strange habit of throwing out processes which unite with similar processes from neighboring cells, until a considerable mass of jury. The addition of new material is invisible in protoplasm is formed by their confluence, constituting a giant cell. Thus an army of giants may be ample, the substitution being atomic. When a improvised on occasions of extreme emergency; for example, when the tail and gills of the tadpole are to be swept off, this powerful division is ready for the Herculean task.

Apply these facts to the inflammatory process in mammals. Suppose a foreign body lodged, that moment leucocytes leave the blood-vessels and congregate for the purpose of opposing the intruder. In such diseases as tubercle, leprosy, etc., the giant cells appear, and in their centre—their substance the specific bacillus is found. Koch found the bacillus anthracis and the bacillus of septicæmia in the mouse, enclosed by white blood cells. We say, with these observations before us, inflammation excess of normal physiology; simply the free cells, the parts, involving bone, joints, the great cavities, etc.,

bodies of the soldiers in the form of pus, the activity protoplasm often contains bacilli, etc., in various stages of destruction. The dead cells, like the corpses of soldiers that fall in battle, later become anxious to protect from harm, for they are fertile sources of septicæmia and pyæmia, the pestilence and scourge so much dreaded by operative surgeons. The analogy may seem to some a little romantic, but it appears to be warranted by the facts."

Just here the question obtrudes, are the action which follows mechanical, chemical and thermal in juries, and the action caused by vital injuries alike inflammatory processes? In the one, that resulting from physical causes, the nutrient processes are not disturbed, simply increased. In the other, that resulting from vital causes, the cell processes are disturbed, thwarted and vitiated. It seems unfortunate that the action which succeeds to traumatism should be confounded with that which succeeds to specific play after an ordinary injury, altered in one particular only, viz: the presence of a palpable neoplasm, which substitutes the structures doomed by the inordinary nutrition, growth and maintenance for exstructure is destroyed bodily, as in traumatism, the substitution is corpuscular, therefore palpable. It is certainly perplexing to assume, as does Sir James Paget, that a visible neoplasm is produced by inflammation, but its development is impossible till after the withdrawal of the inflammation. To get rid of confusion, though we do not emerge from error, is to make a step towards truth. The full effect of traumatism is immediate and complete: it cannot increase itself, therefore its effects are always limited and within the possibility of estimation, for the reason that cause and effect are in precise correspondence; besides antiseptics do not influence the changes in any particular. On the other hand, hibits a new aspect; cells conquering cells as a pro- the most extensive and severe injuries of vascular white cells resisting injury, there being a provision are possible without producing inflammation, provided not only for concentration, but for increasing their antiseptic precautions be taken. When such complication ensues, it is a wound accident, not a wound touched. Pasteur's cell mechanisms exceed the

ordinary injury, physiological repair, the term in-cope with vital subtilties. Study of the conditions flammation is limited to the series of events refera in which infective agents arise, by ascertaining the ble to a vital agency, which until very recently has circumstances which limit or facilitate their diffusion, eluded detection. A specific agency determines a has already raised surgery to a proud preeminence. class of diseases as distinctive and definite as the With therapeutics it is otherwise, as it is doubtful living creatures studied in natural history. Cell an- whether the new facts have yielded the slightest intagonism after physical injury is simply a substitution, crease of power against the diseases of mankind. through the development of mobile cells, of the Let us not despair. Knowledge must come first, tissue which has been spoiled. The fixed elements then wisdom brings its practical application. The multiply and develop in the expansion and perfect study of cell possibilities, their readiness and energy tion of the several structures of which they are com- in rendering inert noxious agencies, whether introponents, but take no active part in the process of duced from without or arising from within, exhibiting repair after injury. After the perfection of the body, an antagonism at once potent and direct, rather the factors favoring proliferation and those which in- tends to dampen one's therapeutic enthusiasm. The ous agency. How strikingly different when the cell termines the physiological emergency, every cell or the destruction and elimination of the bacteria. is better than cure" is not yet worm-caten. apostles of modern practical thought.

Huxley has suggested that it may be possible to tamination. introduce into the economy a molecular mechanism

incident, and the result of infection. There is no conception of the great scientist, for they cunningly disturbing factor in the process incident to repair; change the vital qualities of the elements without no waste products. If pus is found, it is the result destroying them. May we not look forward for of the intrusion of some noxious agency, some con-isome great advance in therapeutics in the direction tagion, some pestilence; in short, a specific cause, to which Pasteur's genius points, by the study of If it be agreed to call the action inseparable from cell antagonism. Certainly vital subtilties may best habit it must be in a state of balance. In functional thoughtful student sees nothing abnormal in disease. hypertrophy, the balance is towards the side of To be sure there is a physiological emergency, but proliferation. On the other hand, in non-functional there is no disorder in the cell processes; rather the hypertrophy, the problem is not so simple; the balance perfection of order. If a physical or chemical cause is disturbed towards proliferation by some mysteri-intensifies the cell changes, in other words, deantagonism is with a vital injury; here cell mysteries movement is direct, purposive and efficient, ending The bacteria enter into conflict with the only when the intruder is ejected, encysted or acmobile and fixed cells, but it is not possible to know commodated. On the other hand, if the offense be how the conflict is carried on. Certainly a series of a vital one, a living cell, a microphite, the spectacle disturbances ensue in the normal metabolism of is that of one living creature preying upon another, the elements. The functional, formative and nutri- a declaration of the first law of nature, not an tive activities, which are the expressions of cell life, enemy, but an intruder struggling for self preservamust be altered; their vigor, perhaps, lessened; and tion, simply a physiological fight for life. Can we their susceptibilities modified. Exceptionally their hope an ideal tonic for cell antagonism, such as life is enfeebled or extinguished. The issue of a would innervate the cells on one side and enervate bacterial affection is either the death of the patient, them on the other, the "Old Chestnut" "prevention

It follows that this disturbance of cellular activities, Cell antagonism implies a struggle. The duration is always at the bottom of morbid symptomatology; of the struggle is determined by the quality of the and observations have shown that disease of this irritant and the strength and resources of the antagkind, successfully withstood, leaves the elements in onists. Acute inflammation is a sharp and decisive a peculiar insusceptible condition, insuring an imaction; chronic inflammation is slow and indefinite. There are two strikingly important chronic conditions, insuring an imaction in the strikingly important chronic conditions. vasion of the same or kindred bacteria. This modi- tions, viz: the interstitial inflammation and the infied susceptibility was practically understood by fective granulomata, interesting alike to the physician Jenner. Pasteur, resuming and systematizing the and the surgeon; both are alike disastrous, the one, great Englishman's work, successfully modified cell interstitial inflammation, destroying by cicatrical forces, rendering them harmless by cultivation, and contraction; the other, infective granulomata, by sending them on the important mission of destroying stopping at the fibro-blast stage, retrogression rethe natural proneness to the deadly assaults of the placing development. The quality of infection and uncultured cells. Whilst we may despair of ever the failure to develop beyond the stage of granulative understanding the essential nature of vitality, the tissue is the exact condition as illustrated by tuberstudy of the causes which regulate life, and their culosis, syphilis, hipus, etc., in contrast with which subordination to conditions which may be determ is fibrosis of the liver, cirrhosis, fibrosis of the kidney, ined, has lead the way to the grandest achievements. Bright's disease, fibrosis of the brain, sclerosis, inof recent times. Pasteur and Lister are the great terstitial inflammation, destroying the tissue elements by strangulation, and infective granulomata by con-

Again, the two varieties of inflammation referred which, like a cunningly contrived torpedo, shall find to declare that the quality of the irritant determines its way to some particular group of cells and cause the effect of the inflammation, the interstitial variety an explosion among them, leaving the rest un being caused by physical agency and the infective without losing any of their vital qualities. Not so inflammation, its destruction, transportation or capwhen cells antagonize vital causes. When cells are sulation, even parasites which resist the death dealing pitted against cells they may be despoiled of their assaults of the leucocytes, are at last imprisoned in highest quality, as in the infection granulomata they cases of fibrous tissue. have parted with formative activity. In short, the say alcohol, determines a sclerosis of the liver, or prolonged. and how? Every particle of alcohol being a results; if the medulla, bulbar paralysis, etc.

stood. The presence of a foreign body is at once are tolerated by the organism, remaining inactive till

by a vital one. Cells antagonize physical causes and directly resisted by the leucocytes; a zone of

There yet remains for our consideration a mysteriknowledge that pertains to the presence of a vital ous possibility relating to cell life, of great practical irritant, epitomizes all that has been taught of infect- moment, viz: that of entering upon a life of indeive disorders. The symptomatology and pathology pendence, separating from the central nervous system of this class of diseases is but the life history, the "headquarters," disregarding the "field telegraph," play of cell activities, metabolisms and catalysis of oblivious to the morning "drum-beat," and wholly antagonizing organisms, as likewise the knowledge ignoring the restraining and directing influence pertaining to the presence of a foreign body or of environing structures. We have learned that physical irritant, is the knowledge in brief of fibrin-however much irritation may affect the vital oses in general of that entire class of disorders qualities of cells, their fidelity is always preserved, known as interstitial inflammations. A persistent there being no sign of disaffection, the army ever irritant—injury—with its attendant concentration of intact, the fealty of the soldiers supreme. Physical leucocytes, their inevitable development and ulti- causes—traumatism—may crush or impair the tissues, mate transformation, the history of the capsulation but the cells come to the rescue with all vigor and of a foreign body, whether it be animate or inan-directness. The prolonged presence of bacteria imate, is the history of cirrhosis of the liver, fibrosis may impair the forces of the cells, enfeeble and of the lung, morbus Brightii, atrophy of the extinguish them, but as long as life lasts their efforts heart, atrophy of voluntary muscles in general, are in harmony with the purposes of the organism. selerosis of the brain and bones; in short, Thus it appears that alienation is not possible through diffuse capsulation. Some disseminated irritant, the agency of irritation, however intensified, modified

The question constantly obtrudes: is alienation foreign particle, having its capsule, it follows that possible to a mature element, to an element that has capsulation is as uniformly distributed as the cause, assimilated itself physiologically as well as anatom-An artisan inhales fine particles of steel or other ically, with the surrounding tissues; taking part in its foreign material and fibrinosis of the lung is the confunctions; concurring and co operating in all the sequence. The irritants of gout and rheumatism are processes of the economy? This question seems to lodged in the kidney, the interstitial tissue of the have confronted Cohnheim, when his ingenuity sugorgan increases, and in the end strangulates the gested the embryonal hypothesis, viz: that the tumor tubules and malpighian bodies, resulting in shrinking germ was congenital; that there were in the mature and total disorganization of the organ, constituting body embryonal elements and tissues not utilized in Bright's disease. Like changes occur in the heart; the elaboration of the normal structures—latent, co-incident with the development of the interstitial embryonal rudiments; small embryonal cells sofibrous tissue is atrophy of the muscular substance, diminutive as to elude observation, inactive perhaps. substituting a fibrous induration for its normal till some exciting cause awakens activity. Is not an structure. A similar change in the voluntary embryonic element in a mature organism an alien? muscles occurs in the curious disease known as Is it not already an independent element? Are not pseudo-hypertrophic paralysis, chiefly afflicting chil- patches in the skin, pigmented moles, islands of cardren. The connective tissue between the muscular tilage in mature bone, congenital angioma, etc., indefibres increases so much, that the muscles affected pendent structures, already tumor germs, congenital may exceed their normal size three times. Later, rudiments of tumors? Accept the hypothesis of the however, the new tissue shrinks, and the contractile great German pathologist, and the problem of tumor material of the muscles is spoiled. The condition etiology is almost solved; it remains only to find the of sclerosis in bones corresponds to cirrhosis of the exciting cause; the predisposition is inherited; irriliver, and Bright's disease of the kidney. In the tation, simple or otherwise, may be nearly allied to nerve centres the interstitial tissue—neuroglia—takes the awakening impulse. The difficulty is to reconcile on the same chronic over-growth, strangling the cell antagonism with the proposition, this doctrine nerve strands and cells, giving rise to the most sin includes: the idea that all discordant bodies are gular and complicated nervous phenomena. The treated as intruders, either ingested, transported, or changes thus induced are recognized by the general coveredup. We can conceive the possibility of the term sclerosis. If it involves the fascicules of Bur- existence of an inoffensive tissue or element, one dack and the column of Goll, locomotor ataxia that simply draws its nourishment from adjacent tissue, without any serious disturbance of their We have purposely avoided reference to diathesis, normal metabolism. We would gladly adopt the as also to the precise neurological relationship of theory of Cohnheim, which ascribes the origin of cells, not because we deny their influence, but because stumor neoplasms to persistent germinal rudiment. too little is definitely known. On the contrary, the Certainly it has much to recommend it. Countless behavior of cells relatively to irritants, is well under- latent embryonal structures, relatively independent,

favored by some concurrent event, the nature of in the author's opinion, make them worth reporting. there may be similar, relatively independent ele- and prognosis. ments, ready when stimulated to multiply independently? Congenital angiomata often grow without eyes of central origin—Recovery under specific treat-definite limit; pigmented moles, black, slightly ment—Fatal progress of the brain disease. raised patches in the skin, with which all are familiar, come independent, but indifferent, vicious, infective. formerly, and that at times he talks irrationally. Until ments of a parasite—a parasite so vigorous, corrupt he states that 18 years ago, before marriage, he conand wicked as to destroy its source.

The past year has had a very special grief for our during several months. association in the death of one of our ex Presidents, national Medical Congress, which meets at Washing- well. ton City this year, had named him as one of its

shall have with us, after a few weeks, the medical emmetropic. The right eye shows a moderate ciliary of friendship to those with whom we have heretofore and closed by iritic adhesions. There is no pain ready and that success is assured. Again, you will join dimly followed at one foot distance, which degree of me, I know, in the declaration, that a hearty Ameri- sight is less than would correspond to the optic concan welcome awaits their advent, and that the Ninth ditions. Moreover the field of vision as tested by Meeting of the Great Congress will be memorable throwing light into the eye with a mirror is considerin the history of its organization.

ORIGINAL ARTICLES.

SYPHILIS.

BY H. GRADLE, M.D.,

OF CHICAGO.

This paper is based upon the clinical records of a nized by the left eye number of syphilitic affections. They all present

which is incomprehensible, when they may grow The interest which such a record of cases can claim according to their bent. Is it not quite as possible is that of contributing to the certainty of diagnosis

CASE 1 .- Syphilitic Iritis -- Amaurosis of both

Mr. G., a farmer, 50 years of age, was brought to are composed of tissue exactly resembling sarcoma; my office practically blind. About two months ago always suspicious because of their disposition to prot the sight of the left eye began to fail gradually, while liferate independently. It is most difficult to believe since six weeks the right eye had become sore and in the infidelity of covenant cells, of sundering the weak. He has been in nearly total darkness for a compact which unifies the organism. Emancipation week. He is a person of low intelligence and hence seems almost out of the question. We must not difficult to examine. His wife claims that for the only believe that dependent benignant elements be- past week or so his mind has been less clear than In short, the elements of the host, become the ele- recently he was in good health. Questioned closely tracted a chancre followed by an eruption. But his history does not seem reliable. He is more positive, The painful part of the retrospect of a year is that however, that a year and a half ago he acquired a which recalls those who have been taken from us. venereal sore. This was followed by an eruption

Present condition, Dec. 29, 1885.—The patient is Dr. William Owen Baldwin, who died at his residence, somewhat emaciated and feeble. He has no motor and the place of his birth, Montgomery, Alabama, or sensory paralysis or other nervous disturbance, all May 30, 1886. He was among the early members of reflexes are normal. He is, however, of slow underthe American Medical Association, and its President standing and his memory seems unreliable. But in 1869, presiding at New Orleans. His address on while in the office he presented no unmistakable evithat occasion will be remembered as abounding in dence of mental derangement. The post-cervical Christian and patriotic sentiments, eminently befit glands are enlarged. There is a mixed pustular and ting the good and great physician. The Committee squamous syphilide on the face and on the trunk. charged with the organization of the Ninth Inter. He has no headache and never had any. He sleeps

The left eye is pale, the pupil of medium width Vice Presidents. Dr. Baldwin was remarkable for and immobile. Light thrown into the eye with a his culture, the eloquence of his speech and the mirror is not recognized with any certainty. beauty of his diction, and will be remembered as an Opthalmoscopically the media are found clear and imposing figure in the history of this great Associat he optic disc and retinal vessels normal. There is a narrow circular comus around the disc with ill-I need scarcely remind you, gentlemen, that we defined outline, but the refraction is practically men of all nations. Soon we shall extend the hand injection. The iris is discolored and the pupil narrow been united in interest and sympathy in the cause of only a feeling of soreness, in other words simple spescience. We know that everything is being made eitic iritis. The movements of the hand can be ably and uniformly restricted.

The patient received an eye-water of atropin (1 per cent.) and cocaine (2 per cent.) for the right eve. Mercurial ointment was to be rubbed into different parts of the skin twice daily, and one gram of iodide of potassium to be taken four times a day. The CONTRIBUTIONS TO THE CLINICAL HISTORY OF proper hygienic directions were of course given in

Two days later he returned improved. The right eye was less sore and the pupil a trifle larger. Light was more vividly perceived, and could even be recog-

Jan. 4, 1886, the patient walked in without guidone or more unusual or exceptional features, which, ance. Left eye had a vision of $\frac{20}{50}$. Its field was normal in extent. Of colors, red and green were although but 18 months had elapsed since the infecrecognized at once—blue with some hesitation, but tion syphilitic disease of the membranes of the brain yellow and orange were mistaken for blue. The has been known to occur at such an early period.1 pupillary reflex was normal. Ophthalmoscopically Whether the patient died through a relapse of this no change. The iritis of the right eye had ceased, lesion cannot be decided from want of data. though the pupil had not yielded any further to the mydriatic. He could follow the hand at eight feet cific treatment. Neuro-retinitis of the other eye, pre-The color perception was not as certain as with the after nearly two months of specific treatment. Ultileft eye, red being almost deficient. The patient had mate recovery. still the former dull mental condition, being somewhat dazed on trying to recollect, and his answers were for a sore eye troubling him since ten days, which not strictly to the point. But this may have been had been shamefully neglected by a general practihis normal state of intelligence. His wife states that tioner. Misguided by the Doctor's statements the he has talked more rationally at home.

corresponded sufficiently to the optic condition of married and has two healthy children. light. The patient did not return after this date, and pressure. The iris is slightly discolored, the pupil it was subsequently learned that his eyes had remained narrow and irregular, and its rim partially adherent to autopsy was made.

in the occurrence of the iritis or in the history of his visual field is normal. syphilis otherwise. Whether this was a re-infection, of the patient's low grade of intelligence. The blindness which had increased steadily since six to eight solution of atropine and cocaine every two hours. weeks until it had become absolute in the left eye creased intra-cranial pressure, like a gummatous ease in the iris, especially as the deposits on the postumor; for neither headache nor choked disc existed. It was more like a gummatous meningitis. For

CASE. 2.—Gummatous iritis; Recovery under spedistance, but the right visual field was still restricted. sumably of intra cranial origin, occurring immediately

Mr. St., 38 years of age, was seen March 26, 1886, has talked more rationally at home.

Jan. 7.—There was some further improvement. especially as the pain was but moderate. He had On account of slight fector of the breath, the mer-been in good health for many years with the excepcurial ointment was now dropped, but the other tion of a short spell of malaria the previous year. treatment continued. He did not return until Jan. Eighteen years ago he had had a chancre and was 21st when the left eye appeared normal in all its treated anti-syphilitically. He did not remember functions with V. $\frac{2}{3.5}$, while the sight of the right eye ever having had any secondary symptoms. He is

the partially closed pupil, the hand being seen about $Present\ Condition$.—The right eye is normal in 12 to 15 feet off. The right visual field was nearly nor every respect with V. $\frac{20}{40}$. The left eye which has mal in extent, being limited somewhat by the narrow become more painful in the past two days shows pupil. Colors were correctly named if seen in strong slight ciliary injection and is somewhat tender to the well until his death in June, 1886. His physician, the capsule. In the substance of the iris on the Dr. Doepp, attributed the death to brain disease on basal side of the pupil and close to the pupillary rim account of the progressive mental impairment, but not there is a greyish red prominent nodule of irregular surface, about two millimetres in diameter. The The peculiarity of this case consists in the double-ophthalmoscopic reflex is very faint on illuminating sided amaurosis. There is no special interest either the pupil. Fingers are counted at eight feet and the

He was ordered to take salicylate of sodium one after acquiring the disease some seventeen years gram every three to four hours, lodide of potassium previously. I could not decide definitely on account one gram four times per day, two daily inunctions with mercurial ointment, and to drop into the eye a

Under this treatment a progressive improvement and nearly so in the right eye, yielded so rapidly to began at once. The pain having ceased within a specific treatment that no doubt seemed to me proper few days, the salicylate of sodium was soon dropped. as to its syphilitic origin. The disease must have Within ten days the nodule in the iris had disapbeen intra cranial since the ophthalmoscope showed peared. The pupil enlarged moderately, especially no intra occular lesion in the left eye. There were on the temporal side, while on the nasal side, next no symptoms like paralysis of any of the cerebral to the former site of the nodule, the pupillary rim nerves which could aid in locating the syphilitic pro- had become fastened to the capsule of the lens by a cess. It must have been either very diffuse or have broad synechia. The ciliary injection and irritation involved the optic chiasm, since both eyes had suf-diminished steadily. But it was not until the 12th of fered to a nearly equal extent, and recovered at May that the eye could be said to be entirely free about the same rate. But had the syphilitic inflam- from inflammatory action. During the month of mation existed in the membranes next to the optic. May three minute spots of deposit were formed on chiasm ordinary clinical experience would lead us to the rear of surface of the cornea, although the inflamexpect a descending optic neuritis, which within six mation was steadily subsiding. Vision had by this weeks generally reaches the intra occular end of the time reached $\frac{2}{3}$. The fundus, now visible with the nerve. Since the left pupil did not respond to light oplithalmoscope, appeared normal, with the excepduring the height of the disease, the optic nerve fibres tion of slight indistinctness of the edges of the pamust have been affected somewhere peripherally from pilla, and veiling of the vessels as they pass from the the reflex centers—the corpora quadrigemina. At papilla on the retina. It seemed to me probable any rate the process was not of a kind causing in that some optic neuritis had accompanied the dis-

¹ Comp. Heubner, Syphilis of the Brain in Ziemsen's Cyclopædia.

terior surface of the cornea generally indicate some uted to the quinine, for the drug was only continued involvement of the entire uvea in the inflammatory through three days at that time. Subsequently quiprocess.

time until the end of May, the use of mercury hav- without exerting any further influence on the rate of ing been suspended whenever the mouth appeared recovery. It was not until July 20 that the disease suspicious, while acne pustules and iodine catarrh could be said to have terminated. had repeatedly forced the patient to leave off the iodide for several days. Altogether about sixty in central scotoma, and vision 30, while ophthalmounctions of two to three grams of mercurial ointment scopically the retina and vessels were clear except had been made. Under the use of pilocarpin once at the edge of the papilla, where some opacity rea day or once in two days in a dose of 2 to 25 cen-mained. The specific treatment had been pursued tigrams, the sight cleared towards the end of May steadily with the exception of some respites on acup to 30, at which level it has since remained sta- count of mercurial or iodine annoyance. During the tionary.

headache since about a week, coming on in short days, without any noticeable influence. Pilocarpin spells. It was limited to the front part of the head, did also not accelerate the rate of progress, but and generally one-sided, especially on the left side, steam baths seemed to hasten the clearing of the but sometimes changing to the right. The eyes had sight. The patient has remained well up to date, not suffered in any way. As the patient attributed and is able to use his eyes satisfactorily. the headache to his constipation, he was ordered to This case illustrates the long period of latency of take aloes and podophyllin, and to report at once constitutional syphilis. Eighteen years had elapsed unless relieved. Pressed by business, he stayed since the occurrence of the chancre, and secondary away until June 23d. The headache had only dissymptoms were not remembered, in fact denied defi-Dinished gradually in spite of the proper action of nitely. Perhaps this latency was the result of a vighis bowels. There was still a feeling of pressure in orons anti syphilitic treatment, which had been kept the head, which any excitement would intensify into up for some months at the time. Gumma of the iris a severe one sided headache. He felt at times dizzy, is not of very frequent occurrence. When the paand most of the time dazed. Since the previous day tient was first seen the diagnosis rested between tuthe sight of the right eye had failed to an alarming berculosis of the iris and gumma. The disappearextent, while both eyes felt heavy.

change. The right eye, however, had but a visual of salicylate of sodium in this case was based on my acuity of $\mathcal{L}_{0,0}^2$. The visual field and color sense were own experience with the drug. Inflummation of the normal, but the perception of brightness reduced, iris or ciliary body, whatever be its cause, reacts to There was no anomaly visible about the eye except salicylic acid in one of three ways. In less than half with the ophthalmoscope. The media were clear, of the cases I have seen there was no action at all. but the edge of the papilla was no longer recogniza. In about half of my patients with iritis and cyclidis, ble, there being an opaque infiltration extending the pain and intensity of the irritation was controlled from the disc into the retina in all directions through to a greater or less extent by the salicylate without a distance about equal to the papillary diameter, the disease being shortened in course. This is quite Within this zone the vessels were veiled, the arteries often true of iritis of syphilitic origin. A small numof normal size, the veins somewhat distended as compared with the other eye. On the temporal side of unmistakably and rapidly cured by this agent. the disc there were a few minute spots of hemor-. But with the absorption of the gumma the inflamrhage. The papilla was not cellematous. Towards matory symptoms did not cease. For nearly five the periphery the retina and its vessels were sharply weeks the eye was still reddened and sensitive to the defined. Active treatment was at once begun, con-light, and the optic media not perfectly clear. The sisting in the use of salicylate of sodium, iodide of deposits which appeared towards the end on the inpotassium and mercurial ointment. Nevertheless, ternal face of the cornea, indicated nutritive disturbvision had sunk to the recognition of fingers at three anee throughout the middle tunic of the eye, for in feet distance two days later. But the patient men simple plastic iritis such deposits are not formed. tioned that the periphery of the visual field appeared. There may have been during this time a slight optic clearer, and that the blur seemed to him more a neuritis, since the edge of the papilla has never preshadow over the objects he looked at. In other sented the sharply cut appearance which it has in words, there existed a positive central scotoma, the normal eye. It is well known that a mild neu No ophthalmoscopic change had occurred.

In view of the fact that the patient had previously

nine was again prescribed several times whenever The specific treatment had been continued all this the condition remained stationary for a few days, but

The final result was a perfect visual field without early part of July an iodoform ointment, made up Mr. St. returned June 8th, complaining of severe with lanolin, was rubbed into the forehead for a few

ance of the nodule under ten days of anti-syphilitic The left eye showed no objective or functional treatment decided this question definitely. The use

ritis does not necessarily reduce sight very much.

The neuro-retinitis of the other eye might have had malaria, and the possibility of some malarial been an independent non-specific disease. But the poison persisting, quinine, 0.3 three times per day, prodromic symptoms preceding it during three weeks, was now substituted for the salicylic acid. From viz: headache, dulness in the head, and dizziness, this time on an improvement both subjective and suggest a descending neuritis, starting from the craobjective began. But this could scarcely be attrib- nial cavity, with perhaps some involvement of the was of the nature of a gummatous inflammation is an ment of the womb, the latter not subsiding until the open question. The cerebral symptoms certainly proper treatment of the former. diminished in intensity before constitutional treatment was resumed, which fact speaks against specific granulating surface exists, but cicatrization has taken origin. On the other hand, it is contrary to usual place. Very many of these cases do not require experience to find a syphilitic inflammation originat- any treatment, as no symptoms are produced. Such ing at this late period of the disease immediately cases give the easy-going physician a chance to say after some six weeks or more of thorough specific that cervical lacerations are of frequent occurrence treatment. The neuro-retinitis improved steadily and do not amount to much, as every woman has a after the specific treatment was resumed, but not as tear if she has given birth to a child. Of course this promptly as I would have expected of a purely syph-is partly true; some women have lacerations which ilitic inflammation.

The conclusion seems to me not unreasonable, that the optic neuritis was a sympathetic affection thinks of treating or operating on cases of that kind. starting from the inflammation in the left eye, and the primary disease would in that light appear to me as a complication of a gummatous deposit in the iris with secondary irido-choriditis of non-specific nature. (To be concluded.)

LACERATION OF THE CERVIX UTERI. BY J. HENRY CARSTENS, M.D.,

PROFESSOR OF OBSTETRICS AND CLINICAL GYNECOLOGY, DETROIT COLLEGE OF MEDICINE.

When the granite monument which may be erected over the future grave of T. A. Emmet, or the marble to the complications which exist. The sympathetic urn which may hold his ashes, if his body should be symptoms and reflex disturbances produced by cercremated, have long yielded to the slow but certain, cical laceration are almost innumerable, and for that action of the atmosphere and disappeared from view, reason the real cause of a woman's illness is often then the name of Emmet will still be known, and overlooked, and she is treated for almost every disreverently mentioned in connection with laceration ease from acholia to zona. of the cervix. Until the last man and woman have disappeared there will be children born, and as long have called attention to the fact that uterine cancer as children are born, tears of the external os will generally commences at a point of laceration of the occur, as neither the art and science of the obstetri- cervix, and that we have a right to assume that a cian nor the vis medicatrix naturæ can prevent them long-continued ulcerating tear in the cervix may dein all cases. Laceration occurs in cases left entirely velop into a malignant growth. Therefore, all cases to nature, as well as in the hands of the most careful of cervical laceration which have not healed should and experienced accoucheur. We must start with be repaired, and those cases which have cicatrized, this idea clear in our minds, that the occurrence of and produce secondary effects and reflex symptoms, laceration is no proof of poor midwifery or meddle- should also be operated on. In my experience, some interference, although manual efforts to hasten many cases of repeated miscarriages are caused by dilation, or the use of the forceps before complete tears, especially if the latter are deep. Many women opening of the external os, are a fruitful cause of anxions to have children can be made happy by an tears. It is claimed that abortions are also etiological operation for laceration of the cervix. We often factors. It seems to be the opinion of the majority meet cases in which women have had a severe labor of the profession that immediate repair is of little during the first confinement. The child was born avail, as union seldom takes place, and is only indi-dead, laceration occurred, and no other child was cated to stop the hæmorrhage when large vessels have carried to full term, labor always occurring at the been torn.

The symptoms of laceration of the cervix are usu-be cured. ally those of some uterine disease: backache, headache, leucorrhoeal discharge, bearing down pains, etc. and sewing the raw surfaces carefully together. Con-The symptoms vary to some degree, whether the siderable discussion has lately taken place on the laceration has cicatrized or not; in the latter more necessity of removing all cicatricial tissne. Some or less purulent discharge takes place; in the former have even performed a second operation when the

membranes at the base of the brain. Whether this are a frequent cause of subinvolution and displace-

have cicatrized and produce no symptoms, but who wants to meddle with such cases? No one ever But when we find cases of flexions, versions, descent and enlargements, due to a subinvolution caused by a tear, no pessaries or support, no injection or application will cure the case; only an operation can.

The reflex symptoms produced by cervical laceration are many: such as headaches, spinal irritations, palpitation, neuralgia, disturbances of the stomach, liver and kidneys. These do not come on shortly after the tears occur, but some years later. I believe the cicatrix gradually contracts and compresses some nerve filaments. The cicatrix is often not sensitive to the touch. During the menstrual period the symptoms are generally more marked, varying according

We must also remember that nearly all observers third to sixth month. This variety of sterility can

The operation consists in simply paring the edges, this is not the case, and often misleads the patient and physicians in thinking there is no uterine disease.

The raw granulating surface has been called an uter, erosion, etc., until Emmet showed that it was a tear, and how it could be repaired. Lacerations though a knife and scissors can also be used, espetionistic assection operation when the cicatrical plug has not been thoroughly removed the first time. For the purpose of making a clean cut and getting away the cicatrix at the angle there is no better instrument than Skene's hawkbill scissors, altern, and how it could be repaired. Lacerations cially the latter. The sewing can be done with vari- be repaired, even if no severe symptoms are produced, ous kinds of needles which have been devised for as they might be the starting point of cancer. that purpose, and with silver wire, silk, catgut, or 2. All cases which have cicatrized and cause secorkscrew curve on a short handle. This enables all cicatricial tissues.

silkworm gut. As the uterine tissue is very firm and quelæ, such as subinvolution, displacements, with it is difficult to get a needle to pass through, I have the various reflex symptoms, should also be operated had Mr. Kuhlman, of Detroit, make a needle with a on, great care being taken in these cases to remove



one to put the sutures just where he likes, and fit the raw surfaces most accurately. I have tried the vari- a knife or scissors, the latter to be preferred. ous sutures. Silk prepared as proposed by Skene is very good, but requires removal after union has though silk or silver wire may be used. taken place. Silver wire is good, but difficult to remove unless the patient is again put under an anæsthetic. When silver wire is used, I find it the best plan to put four or five perforated shot on the wire, and compress the last one only. This enables one to remove the wire readily by simply cutting it be-



tween the last two shot, pulling all the shot off the wire and grasping the long ends of the latter, simply the sutures will stop the hæmorrhage.

in chloroform as an anæsthetic.

veloped, and then examined them in five or six days, days she felt so well as to be able to return to her and if union was perfect, allow them to sit up; in a household duties. In the other case of mitral disfew days they would follow their ordinary vocation, ease the symptoms were much the same, but not

subacute peritonitis or cellulitis exist, when no oper-effect was as satisfactory and rapid. ation should be attempted until after all symptoms have disappeared; and even then great care is needed, aged 60, who had for years been a martyr to chronic as the uterus must be very carefully handled, and not cough, palpitation, and the other symptoms attendant much traction made. In these cases, also, the after-upon stenosis of the aortic orifice, received great retreatment must be more strict; the patient must be lief from a one-minim dose of the drug. In this kept quiet and on a light diet; in ordinary cases I case palpitation was very violent, the pulse was allow a full diet.

My conclusions are:

3. The wedge shaped piece can be removed with

4. Silkworm gut or catgut is to be preferred, al-

21 Macomb St., Detroit, May 11, 1887.

MEDICAL PROGRESS.

STROPHANTHUS IN HEART-DISEASE, - DR. J. HUTCHINSON, Physician to Anderson's College Dispensary, Glasgow, says: I have administered the drug in twelve cases of heart disease; nine were functional and three organic, and I have much reason to be pleased with the success of the treatment, and with the amount of relief I gave my patients.

On looking over my notes I find two eases of pulling them out. Catgut is very good, and need mitral disease, in one of which there was a loud not be removed; which is a great advantage. Still, murmur, both obstructive and regurgitant. The pacatgut is often unreliable, and is very difficult to tie tient was a woman, aged 45, in whom the prominent so that it will hold. I have therefore lately tried silk-symptoms were harsh, hacking cough occurring in worm gut, and find it most excellent, if a large size be paroxysms, dyspnea, and even at times orthopnea, used and kept thoroughly aseptic. It need not be palpitation, and cedema of feet and legs. The pulse removed, although it takes a long time to become was intermittent, with a regular irregularity, and absorbed. If the circular artery be cut, it may be beating 90 to the minute. Strophanthus was given necessary in some cases to ligate it, but generally in half-drop doses at first, and was gradually increased until she was taking 2 minims three times a The operation for laceration of the cervix is there- day. Almost from the first dose taken an alteration fore very simple: Cut out a wedge-shaped piece, in the sufferings of the patient was observed. The and remove all cicatricial tissue; carefully adjust the heart-sounds were firmer and steadier; the pulseraw surfaces with silkworm gut sutures. I believe beats, though still irregular, were not so fast; cough was much less troublesome, and the palpitation was After the operation the patient is kept in bed for a neither so frequent nor so violent. Along with this week. Use carbolized douches twice a day; but this there was a copious increase in the renal secretion, is not necessary, as I have often paid no attention to which soon relieved both the visceral engorgement the patients except to see that no inflammation de- and the cedema in the feet and legs. In fourteen The operation is not dangerous unless chronic or nearly so severe. The same dose was given, and the

Another case of aortic stenosis in an old lady, rapid, and there was extensive passive congestion of both lungs. (Edema of the feet and legs was also 1. All lacerations which have not cicatrized should present in a marked degree. Under the influence

of strophanthus the pulse became slower and firmer, tion of the peripheral extremity of the nerve showed much relieved.

the drug I could find no trace of a murmur, and the was first observed, then the animal fell on its side, purpose for which the medicine was administered and remained in a state of narcosis for from three to was to allay in some measure the turbulent palpita- four hours, after which it quickly recovered. The tion of which these people complained. In seven lethal dose was 0.45 or 0.5 per cent. of the animal's doing.

with some bitter infusion, and I never failed to get 1 May 7, 1887. the physiological action, though Dr. Higham Hillremarks that it is important not to dilute it except. The Pulse in Morphinomania. — At a recent at the time of using. I have never seen sickness or meeting of the Academie des Sciences, MM. B. gastric irritation produced, such as we meet with BALL and O. JENNINGS described certain charactersometimes after digitalis. The preparation I used istics of the pulse in morphinomaniaes. The pulse Medical Journal, May 7, 1887.

vestigated from a physiological and therapeutical point | plains the sensation of weakness experienced by the of view by Personali, has since been experimented patient. The presence of this flat surface is useful upon by Nicot, and more recently by two Russian in the diagnosis of morphinomania. physicians-Professor V. K. Anrep and Dr. M. Motrokhin. The results obtained by the latter of British Medical Journal, May 7, 1887. these observers are described in a "preliminary communication" in the Vrach. In frogs hypodermic injections of from 0.2 per cent. to 0.3 per cent. of the animal's weight produced more or less profound an esthesia, which, however, quickly passed away. The lethal dose for frogs was found to be 0.8 gramme. Reflexes were weakened, and with large doses temporarily abolished. Thus, after giving a frog 0.3 gramme of methylal, irritation of the central end narcosis produced no effect, but when the animal nature of this reflex action is not explained]. was aroused some reflex activity returned. Irrita-

the congestion in the lungs lessened day by day, that the drug had produced no effect upon its reflex and a copious diuresis soon made an alteration in action. Warm-blooded animals are more susceptible the cedema. The palpitation was trifling compared to the effects of methylal than frogs, a quantity equal to what she previously suffered, and her cough was to 0.25 per cent, of a rabbit's weight throwing it into a deep sleep lasting from one to two hours; with In the other nine cases in which I administered larger doses, loss of coordination in the movements of these cases the palpitation seemed to be depend- weight the irritability of the cortex of the cerebral ent upon dyspepsia; remedies were given for that hemispheres was lowered both by hypodermic injeccondition. Strophanthus was also used in the hope tions and by the inhalation of the vapor. Convulof its exerting a calming and steadying influence sions due to strychnine and picrotoxine in animals upon the heart, which in all of them it succeeded in subjected to the action of a moderate dose of methylal were diminished in violence, but when the The remaining two were cases of disordered inner-strychnine or picrotoxine was given in lethal doses vation. The pulse was very rapid and irregular, the death was actually accelerated by methylal. Methylal heart's action turbulent—so much so that at times can be employed in the form of vapor for inhalation, the sounds could not be differentiated, but seemed or as a liquid for internal administration. When all merged in a confused rumble. Both of these pa- given hypodermically in an aqueous solution of the tients were much benefited, and though the symptoms strength of 1 in 3. it is very painful, and the skin is of which they complained the loudest—namely, pal very apt to slough near the puncture. Dr. Mo-pitation—is not banished, they find that it can be trokhin does not think methylal is likely to be of kept within reasonable bounds by a timely dose of use in poisoning by strychnine and picrotoxine, exstrophanthus. All the patients expressed the opinion cept when only small quantities of these poisons that the drug had a stimulating effect, which, how have been introduced into the system. Regarding ever, soon were off. Some of them professed to inhalations, 2 ounces may be inhaled, and orly profeel beneficial effects ten minutes after taking their duce in addition to anæsthesia slight headache and appointed dose. The effect of the medicine was dizziness. No experiments seem to have been made rapid, but did not remain long, and at the end of with a view to ascertaining the value of methylal as three or four hours required to be renewed. The a sungical anaesthetic, but it does not seem to affect system I tound quickly became used to the drug, and the heart's action perceptibly. Professor Amep to get the amount of benefit the dose required to be noticed especially that the anæsthesia was more gradually increased. In prescribing it I combined it marked on the upper part of the body.—Lancet,

was tincture of the strength of 1 in 8 prepared by is normal during the period of satisfaction, while the Messrs. Thos. Christie & Co., London,—British patient is still under the influence of a recent puncture. When he begins to feel renewed craving, the pulse presents a tlat elevated surface; this indi-METHYLAL - Methylal, which was last year in cates the diminution of cardiac impulse, and exshould be directed to the stimulation of the heart.—

COMMON SALT IN MIGRAINE.-DR. RABOW, of Berlin, finds that half a teaspoonful or more of common salt, taken as soon as the premonitory symptoms of an attack of migraine begin to show themselves, will frequently cut it short in about half an hour; similar treatment has also proved of service in epilepsy, as was remarked some years ago by Nothnagel: the explanation being probably in both cases that a vioof the sciatic nerve during the period of complete lent reflex action is set up, [though the reason and

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THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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SATURDAY, JUNE 11, 1887.

THE MEETING IN CHICAGO.

At one time it was thought that in view of the early meeting of the International Medical Congress there would be a comparatively small attendance at this thirty-eighth annual meeting. These fears, however, are now shown, as we go to press, to be ground-As early as Monday evening about two hundred delegates and members were registered, and it is now probable that the attendance will not fall short of fifteen hundred. The programme of the Sections shows that the number of papers and addresses is greater than ever before, being almost double the number last year. So far as can be seen at present all portions of the country are well represented except the extreme West. It will be seen that the President's Address, on "Cell Antagonism," is out of the usual line of such addresses. As a paper on the subject of which it treats it may be said to be complete, and no one can read it without instruction. The Association is to be congratulated that its Sectional work has been still further divided by the creation of a Section on Dermatology and Syphilography.

STRUATION AND AMENORRHŒA.

tion due to constitutional causes and from some ova- scribed for. We take pleasure in announcing that rian affections, there are many cases of amenorrhea, Dr. von Klein has received subscriptions for about or very scanty menstruation, in which the chief fault five hundred copies. We make this announcement

seems to be with the uterus. Practitioners know that many of these cases are attended with very distressing symptoms, and that relief is urgently required. The administration of emmenagogues and other drugs in such cases is usually attended by but little success; and that the means at our disposal for treating such cases are very inefficient is shown by the number of drugs and measures recommended.

Many years ago Dr. James Braithwaite, of Leeds, after reflecting upon the hæmorrhage caused by uterine polypi, introduced small foreign bodies into the uterine cavity, and left them, when he wished to bring on menstruation or increase its amount. Hot baths, iron, aloetic aperients, and alteration in the diet and habit of the patients, were used at the same time. The most convenient foreign body he found to be a small piece of hempen ligature, doubled several times, knotted, and impregnated with pitch. These were carried up to the fundus and left there. Some success was obtained, but they were generally expelled by the uterus before they had done their work. They were therefore abandoned for a Greenhalgh's rubber stem. This he has found very efficient in a considerable number of cases. The stem is earefully washed in carbolized water, introduced into the uterus a week before menstruation is due, or supposed to be due, and left in position. A harmorrhage will usually result in a few days; but whether it comes on or not the stem should be left in position. While Dr. Braithwaite has had many successes with this method, he has also met with failures. But the method, in his opinion, is the best and most certain means of bringing on absent menstruation, or for increasing a scanty flow. Wynn Williams' stem may also be used, and it has the advantage that it is not easily expelled from the uterus. Dr. Braithwaite has also made what he calls an artificial polypus, to remain in utero.

Dr. Braithwaite reports two interesting successful eases treated by the stem, the record of which may be found in the British Medical Journal, of April 30. This method is briefly referred to by a few writers, but it is probably unknown to the majority of the profession.

THE MEDICINE OF THE TALMUD.

Some time ago we published an announcement FOREIGN BODY TREATMENT OF SCANTY MEN. of DR. C. H. von Klein, of Dayton, Ohio, that he would translate and publish the medicine of the With the exception of cases of absent menstrua- Talmud, provided one thousand copies are sub-

with more pleasure since this translation is in a large tities of liquid can be taken, but the danger of exmeasure a labor of love. It does not seem to be citing bronchitis or pneumonia is so great that fluid generally known that the compilation of the Talmud began about twenty-five hundred years ago. The works of Hippocrates, which are generally thought to be the beginning of medical history, were written favorable cases, the swelling and false membrane only three hundred years before Christ. This book will, therefore, add three hundred years to the annals of medical science, if nothing more. While it is true there are within it many "childish and irreverent things" relating to medicine, nevertheless to recovery were the only ones in which the author had those who carry not creed prejudice it will give more than history. The hygienic portion will be of benefit to sanitary science. The laws regulating separation of women during their menstrual period will be a revelation to the greater part of the profession, and the medical jurisprudence will add much to modern medicine. Besides the medicine and its collateral branches contained in the Jerusalem and Babylonian, Talmuds with all their Tosephtos and Siphri Medrashim, much will be embodied from the Rambam (Maimonidis) Yorah-Deah, Shulchan Aruch, Aien-Jacob, Eben Ha-Ezeir, and from many other works of equal antiquity. Probably not less than three years of severe labor will be required to make the researches and translation; and we therefore appeal to literary men of the profession to subscribe, in order that the work may not be unnecessarily delayed.

SOCIETY PROCEEDINGS.

AMERICAN LARYNGOLOGICAL ASSOCIATION.

Ninth Annual Meeting, held in the Hall of the Academy of Medicine, New York, May 26, 27 and 28, 1887.

THURSDAY, MAY 26-FIRST DAY.

MORNING SESSION.

THE PRESIDENT, E. FLETCHER INGALS, M.D., of Chicago, called the Association to order, and read THE PRESIDENT'S ADDRESS.

the most useful operations of modern times. In the weight of the instrument and the formation of the after-treatment, while the tube is in position, no head. liquids should be allowed. Sometimes small quan-

should be entirely prohibited. The largest tube that can be introduced is the one most likely to be retained. The danger of the tube being forced into the trachea was referred to. In four or six days, in will have so much diminished that the tube will be coughed up finally and need not be withdrawn.

The speaker had performed intubation in twelve cases of diphtheritic laryngitis. In three cases recovery followed. By a coincidence, the cases of charge of the after-treatment. One case lived eight days and then died suddenly an hour after the tube had been removed. Another lived eight days and then died of pneumonia. Details of the cases treated were given. As a result of his experience, he concludes that the treatment after intubation should be: 1. Prohibition of fluids except by enemata. 2. Some preparation of mercury should be given in large and frequent doses. 3. In case of development of bronchitis or pneumonia, respiratory and cardiac stimulants should be given freely but cautiously.

By correspondence and study of the literature he had collected 514 cases with 134 recoveries. The percentage of recoveries will be greater when more care is exercised in the use of fluids. When medicines fail, no time should be lost in providing for the free entrance of air, either by intubation or tracheotomy. Intubation can be done more quickly, more safely, with less shock to the patient and less objection on the part of the parents. The operator should be prepared to open the trachea if loosened membrane should be forced down into the trachea. When the tube fails to relieve the dyspnæa tracheotomy should be performed, unless there is reason to believe that the latter operation will fail. When membrane is loose in the trachea, no time should be lost in the use of the forceps, which rarely succeed, but tracheotomy should be resorted to. The results obtained by intubation are about as good as tracheotomy at all ages, but apparently better in young children.

Dr. Charles E. Sajous, of Philadelphia, read a STUDY OF SOME OF THE OBJECTIONABLE FEATURES OF INTUBATION.

The principal objections to intubation, according to the degree of danger, are: 1. The tendency to the obstruction of the tube by fragments of membrane. 2. Crowding down of loose membrane during introduction of the tube. 3. Passage of food In referring to Intubation of the Larynx, the his- into the trachea. 4. Momentary arrest of respiratory of the operation and a description of the in- tion during introduction of tube. 5. Liability of the struments used in the operation were given. The tube to be coughed out; and 6, slipping of tube into method of operation was then referred to. In 1858 the trachea. The tendency to obstruction was atan attempt was made in Paris to treat stenosis tributed to the limited diameter of the tube; the by intubation. Seven cases were operated on, and crowding down of membrane to the length of the of these five died, and two cases recovered after tube; the passage of fluid to the weight of the tube; subsequent tracheotomy. In 1880 O'Dwyer introduced intubation, and gave to the profession one of eter of the tube; and the slipping of the tube to the

The author exhibited instruments on the principle

of the bivalve speculum which were intended to em- the respiratory tube, especially carcinomatous disbody the suggestions made above. This tube ob- ease, it fulfils every indication that prompted comstructs the larynx very little, leaving the breathing plete laryngectomy. The advantages claimed for space almost as great as normal. He also exhibited the operation were: 1. Rapidity, ease, and coman instrument intended to remove loose membrane parative safety for the patient. 2. The small size of an arrangement in the handle, the required distance, retention of important structures in their normal reand the membrane grasped.

Dr. F. H. Hooper, of Boston, said that while he application of any artificial apparatus. had no personal experience with the operation, he had watched certain cases in the Boston City Hospital. laryngectomy when not precluded by the extent of Since last October, ten cases of intubation had been the disease. operated on, with two recoveries. In one case, the attempt to introduce the tube caused spasm, and tracheotomy was performed. In every case there was immediate relief of dyspncea. In three cases apparatus for compressing air. the tube was coughed up and swallowed.

that feeding with a tube introduced into the cesophagus would overcome the difficulty. This plan can

also be used in cases of tracheotomy.

Dr. Morris J. Asch, of New York, remarked that there are a few objections which should be brought to the notice of the profession. One of these is that membrane may be crowded down which is very difficult to remove, even by tracheotomy. Another objection is the difficulty experienced by the ordinary practitioner in the removal of the tube.

Dr. B. F. Westerook, of Brooklyn, did not think that the weight of the tube is what causes the trouble in deglutition, for the muscles which elevate the larynx are quite strong. It seemed more likely that the difficulty was due to the rigid tube, which holds the larynx open. In normal deglutition the entrance of

the larvnx is closed.

DR. D. H. CHAPMAN, of New Haven, said that the most distressing symptom after the introduction of the tube seems to be thirst. It would be interesting to study the cause of this. Could it not be relieved by the use of enemata and by baths. may be occasioned by the use of the mercury, which might be introduced in some other way than by the mouth. The use of pilocarpin, which, even in small doses, causes salivation, might be of service.

THE PRESIDENT said that it is so rare that the tube becomes elogged that it is not necessary to have a skilled attendant. When the tube becomes clogged it is usually coughed up, and, as a rule, it is not necessary to replace it for two or three hours. The attempt to feed these patients through a tube introduced treated forty two cases. A study of these cases into the resophagus has been tried in Chicago, but he tended to confirm the opinions expressed in Februhad not heard any stress laid on this measure.

scription of a

MODIFIED LARYNGECTOMY.

from the larvnx. The instrument consisted of for- the wound. 3. The preservation of the attachment ceps which could be protruded into the larynx, by of various important muscles and ligaments. 4. The lation; and 5, a firm natural support is left for the

This operation should be performed for complete

PRESENTATION OF INSTRUMENTS.

Dr. T. A. DeBlois, of Boston, exhibited a portable

Dr. E. C. Morgan, of Washington, presented a DR. D. BRYSON DELAYAN, of New York, suggested universal powder blower, which could be used in abscesses of the nose, throat, vagina or rectum.

Dr. Allen, of New York, exhibited an improved form of snare which could be used with one hand.

The following were appointed as the Nominating Committee: Drs. Beverly Robinson, of New York, W. C. Glasgow, of St. Louis, and S. H. Chapman, of New Haven.

AFTERNOON SESSION.

Dr. John B. Mackenzie, of Baltimore, read a paper entitled

THE PATHOLOGICAL NASAL REFLEX-AN HISTORICAL STUDY.

The fact is established beyond doubt that a causal relation exists between diseases of the nasal mucous membrane and other portions of the respiratory tract and many conditions of distant parts of the body. Hay fever can be traced to the time of Galen. The fact that tickling of the nose would arrest hiecough is referred to by Plato. The irritating effects of the odor of flowers were recognized in very early times. Reference was made to the observations of various individuals in regard to reflex conditions due to nasal disease. During the eighteenth century much was written upon this subject.

Dr. John O. Roe, of Rochester, read a paper on

HAY FEVER. ANALYSIS OF CASES, WITH RESULT OF TREATMENT.

Up to the last hay fever season, the author had ary, 1883. Some of these views have been modified. Dr. J. Solis Cohen, of Philadelphia, gave a de- Of the forty-two cases, twenty-six were males and sixteen females. The attacks came on between May 1 and August 1. In all, the active symptoms subsided soon after the appearance of frost. In some cases The operation is applicable to those cases in which the hay fever dated from a severe attack of cold. the disease is not too extensive, and it has the ad- In every instance there was disease of the nasal vantage over complete laryngectomy of leaving the passages. The location of the sensitive areas is not greater portion of the thyroid cartilages undisturbed constant, but they are usually most marked over the while the respiratory portion of the larynx is removed. areas of greatest hypertrophy. The areas have not On the cadaver the operation can be performed in been confined to the posterior portion of the turbintwo minutes. In disease limited to the interior of ated bone, nor especially to the anterior portion of nine were distinctly phlegmatic.

terization had no marked effect. The condition of zinc, nux vomica, quinine and arsenic. the larynx, pharynx and bronchi must not be over- Dr. F. I. Knight, of Boston, asked if any of the looked. Not infrequently enlarged tonsils will keep members have had any experience with diversion of up irritation in the turbinated bones. A neglect to nervous influence in any of these cases? In one cure a bronchitis may account for a return of the case coming under his notice the attack was arrested

cured. Seventeen have remained exempt for periods 'cure. varying from one to nine years. Four were not re-

in a diseased condition of the nasal fossa.

2. All diseases of these tissues induce in the gan- tutional treatment is an important element in the case. glionic centres connected with them an abnormal activity, which is reflected to other organs.

in any particular portion of the cavity. Nor are there any zones which, when irritated, produce always the same manifestations.

one time and in another direction at another time.

become independent centres of irritation.

areas in the nose.

7. The affection is not per se neurotic, nor is the so-called neurotic condition of the person necessary to render a person susceptible to local irritation applied to the air passages. It is not necessarily associated with the nervous temperament.

8. The neurotic condition which is often regarded. as the cause of the hay fever, is often the result of the local irritation.

 By careful and thorough treatment of the disease of the nasal tissue, combined with that of other portions of the respiratory passages below, which have become secondary sources of irritation, we need not fail to cure hay fever.

Dr. C. E. Sajous stated that at the last meeting

DR. J. N. MACKENZIE regarded hay fever as a neurosis. That it is a disease of the nose producing re-

the turbinated bones. In the majority of cases the arises whether this is primary or secondary, or whether septum was as sensitive as the turbinated bones. it is only an accidental condition. There is, I think, Thirty-one patients suffered with asthma. But twelve always some more central cause than the affection of patients had a distinctly nervous temperament, while the nose. Where the disease is recent, it may possibly be arrested by local treatment, but where the The plan of treatment adopted is to restore the affection is of long standing, he did not believe that nasal passages to as near as possible a normal con-simple local treatment of the nose would overcome dition, and destroy the sensitive areas. These areas the difficulty. Last summer, in treating hay fever, are to be destroyed by cauterization. Deep cauter he made no application to the nose, and his results ization has been most effective, while superficial cau- were better than ever before. He gave in large doses

by the patient breaking his leg. Another patient had Thirty five of these cases have practically been the attack arrested after consulting a disciple of mind

Dr. W. C. Glasgow, of St. Louis, thought that lieved, owing to imperfect treatment, and four have the evidence shows that hay fever is not a local affecbeen lost sight of. The following conclusions were tion, but that it is a general nervous disturbance. It is difficult to judge of the influence of treatment, 1. All cases of hay fever have the initiatory lesion for in the same individual the severity of the attack varies from year to year. He believed that consti-

Dr. F. H. Hooper had regarded hay fever as a neurosis and had treated it in the manner spoken of 3. The sensitive areas in the nose are not found by Dr. Mackenzie. This accomplishes great good, especially in young children.

Dr. J. Solis-Cohen thought that the views of Dr. Mackenzie are very nearly correct. Many cases 4. The direction in which the irritation is reflected occur in those who are overworked and have resorted is always in the line of least resistance. Irritation in to stimulants. These patients are often benefited by the same region may be reflected in one direction at rest in the mountains or at the seashore. He had obtained benefit by tonic treatment, modifying the 5. The disease in the nose may produce disease in diet, and restricting the use of meat. The more we other portions of the respiratory tract, which may look upon this as a constitutional affection and the less as a local condition the sooner will we get at the 6. The affection recognized as hay fever is due to truth. A large number of these sufferers have oblocal irritatives brought in contact with the sensitive struction in the nasal cavities, but many have no such obstruction.

> Dr. J. O. Roe considered hay fever as the reflection of some irritation from the nasal chambers, which irritation is produced by some foreign substance coming in contact with the mucous membrane of the nose. Irritation reflected from other situations to the nasal chambers is not hay fever. He thought that Dr. Mackenzie includes some such cases. He had never seen any evidence to show that this was a neurosis.

Dr. D. Bryson Delavan read a paper on

THE TREATMENT OF ATROPHIC RHINITIS BY APPLICA-TIONS OF THE GALVANIC CURRENT.

Some years ago Dr. E. L. Shurley, of Detroit, reche had reported some cases in which the use of the ommended the use of the galvanic current in the cautery had been only of temporary benefit. He treatment of dry catarrh of the pharynx, and related now believed that the failure was due to the fact that cases in which benefit had followed its use. He also the cauterization was only superficial. Since he had advocated the same treatment in atrophic rhinitis. employed deep cauterization he had cured the disease. There is no disease which is more discouraging to the physician and patient than this of atrophic rhinitis. rosis. That it is a disease of the nose producing re-flex symptoms he held was not the fact. Where, in certain cases. The positive pole of a constant curhay fever, disease of the nose is found, the question rent battery was applied to the nape of the neck,

while the negative pole was applied directly to the larynx as the earliest symptom of phthisis, as had mucous membrane by an electrode consisting of a been claimed by some observers. The prognosis in copper wire around which absorbent cotton is wrapped. most cases of paraesthesia is good if a careful treat-The strength of current employed varied from 4 to 7 ment be carried out. The treatment of the neurosis milliampères. In more recent cases of the affection of sensation must be aimed to cure the constitutional the effect is marked, but even in the older cases the vice. method is not without benefit. The author has found this measure useful in these cases, and reported illus- man complaining of pain on either side of the tongue trations. The objection to the method is the amount which had existed for the past two years. He was of time which it requires.

treatment in two cases, one of atrophic and the other and pains in other parts of the body. of hypertrophic rhinitis. In the first cases there was almost complete loss of smell and taste. The appli- one there was follicular pharyngitis, and although the cations were made three times a week for six months. | pathological condition was cured, the pain remained. Both cases were improved.

most distressing symptoms. One side of the nose is its nature. thoroughly stopped with a piece of absorbent cotafternoon.

solution of nitrate of silver, 5 or 10 grains to the some cases appear to have a tendency to the induc-ounce, the parts having previously been cleaned. tion of melancholia. This, applied every other day, almost entirely relieved the symptoms.

Dr. Sajous had used in two cases, with absolute relief of the symptoms, the application of chromic acid in a solution made by simply allowing the acid to absorb moisture from the air.

Dr. S. H. Chapman, of New Haven, read a paper

MYALGIA OF THE PHARYNX AND LARYNX.

He called attention to certain peculiar conditions of the muscles of the upper air passages which occur oftentimes in malarial disorders, and which, on account of their severity, are brought to the notice of the specialist. The muscles most likely to be affected are the pectoral, the muscles of deglutition, in hospital practice: and those of the voice.

Dr. F. I. Knight, of Boston, read a paper on

SENSORY AFFECTIONS OF THE THROAT.

sations. He had never met with paræsthesia of the side of the tumor and in the right iliac fossa, tender-

Dr. W. C. Jarvis, of New York, recently saw a suffering from the effects of syphilis, and with the Dr. T. A. DeBlots, of Boston, had applied this neuralgia of the tongue there was frontal neuralgia

Dr. Sajots had seen two or three such cases. In The pain seemed worse in damp weather, and the Dr. Knight asked what experience the members gentleman had the habit of bathing every morning had with plugging of the cavity of the nose? He in cold water. The history of the case seemed to had used this measure, and produced relief of the indicate a rheumatic trouble, and such may have been

Dr. W. C. Glasgow: Many of these cases he ton, which is allowed to remain three hours during thought were due to malaria, and some to the gouty the morning. It is then removed and the other side | diathesis. Sometimes the trouble is kept up by a is stopped in the same way for three hours in the single hyperasthetic follicle. A reduction of the inflammation will be followed by a subsidence of the Dr. Roe had used the plugs of cotton, but with neuralgia. Sometimes the source of irritation is no other effect than to set up irritation. He had found with difficulty. In the rheumatic cases there used with marked benefit the application of a weak is usually exacerbation at night. These affections in

(To be concluded.)

SUFFOLK DISTRICT MEDICAL SOCIETY.

SECTION FOR CLINICAL MEDICINE, PATHOLOGY AND Hygiene.

> Stated Meeting, April 31, 1887. DR. F. L. KNIGHT, CHAIRMAN.

Albert N. Blodgett, M.D., Secretary.

Dr. F. C. Shattuck reported four cases occurring

TUBERCULAR PERITONITIS; SLOUGHING OF THE UM-BILICUS AND FISTULA.

P., æt. 24, entered the hospital June 21. A sister The principal experience of the author had been died of phthisis. About a year before entrance the with hyperæsthesia and paræsthesia. In hyperæs patient began to suffer from attacks of abdominal thesia the general condition of the patient is, as a pain, distension and tenderness, lasting five to ten rule, not sufficiently considered. The worst cases hours, and relieved by bilious vomiting. These atare alcoholic subjects and those with digestive distacks recurred at intervals of about a month. The orders. These will often yield to withdrawal of the last was four weeks before entrance; he did not alcohol or regulation of the diet. Astringents are rally from it but felt poorly, lost flesh and strength, frequently of service. In the cases of paræsthesia and had moderate diarrhoea much of the time. He which he had seen there had been a feeling of ful had no cough or other pulmonary symptoms. Pulse ness, pressure, burning, globus hystericus, or the 100. Physical examination showed slight consolidasensation of a foreign body in the throat. In these tion at the right apex without softening. In the umcases there is impairment of the general nervous bilical region a rounded cake-like tumor with irregusystem. The exciting cause may be some disease of lar surface, four inches in diameter, and apparently the throat. Fatigue usually exaggerates these sen-covered over by intestine, was felt. On the right

was examined for bacilli with a negative result.

this fluid was ejected with force.

patient was transferred to the surgical side.

place July 28, from exhaustion.

small gray tubercles, and some pigmented fibrous.tissue were seen. Throughout both lungs there was occasional cheesy patches, a half inch or more in Ziii of fluid blood with fæces. diameter, some of them partially softened, surrounded cles. A fistulous opening through the umbilicus concavity extended upwards beneath the right lobe of hamorrhages of any kind. the liver, and downward on the right to the pelvis, The pathological diagnosis was then as follows: six days after entrance, she died. Chronic pulmonary tuberculosis, acute bronchitis, umbilieus being completely destroyed.

CIRRHOSIS OF THE LIVER; ASCITES ABSENT UNTIL A TEW DAYS BEFORE DEATH.

A widow, set. 49, entered my service October 9, of overstrain had been more frequent. About three gressed suggests the possibility of its dependence on months before entrance she had an attack of "dysentery" with pain, bloody discharges, and tenesmus. The blood in the stools was quite abundant and perhad existed for some months, and it also seems pos-

ness was marked. Diagnosis; tubercular peritonitis. sisted for three weeks; during the first week of her July 3. The patient was evidently weaker. Mod- illness she vomited blood several times in consideraerate fever was constant with evening exacerbations. ble quantities; she was six weeks in bed. Since she The abdomen was more distended, peritoneal crepiligot up there had been no recurrence of hæmorrhage; tus could be felt; night sweats, occasional vomiting, but the blood loss was not made up and she steadily and abdominal pain were noted. The scanty sputum lost in flesh and strength, and was entirely unfit for any work; nausea and vomiting after taking even July 14. Several days before this date it was small quantities of food, unattended by any pain, noticed that the skin about the navel was getting had been prominent symptoms. The two days bered and cedematous. On this date a small perfora- fore entrance vomiting was still more frequent, and tion took place through which with each inspira- she again passed blood from the bowels, but this time tion was emitted offensive gas, on deep inspiration without pain and the blood in clots. The patient offensive greenish fluid; during the act of vomiting was very anamic, very slightly jaundiced, and the skin over the neck, arms, and body contained capil-July 18. The fistula gradually enlarged, and the lary dilatations. The hepatic dulness was increased in width both upwards and downwards, and the edge July 19, and again on the 22d, dejections of of the liver was distinctly felt an inch and a half benormal consistency passed the rectum, the only dis- low the ribs; its surface was lacking in smoothness. charges of any kind through that outlet between the The abdomen was distended with gas, but no ascites appearance of the perforation and death, which took could be positively made out. The spleen was not enlarged. The urine contained a small trace of Autopsy.—The right pleural cavity was obliterated albumen and a few casts. A very loud systolic by old adhesions, a few of which were also found on souffle was heard over the heart, loudest in the pulthe left side. The apex of the right lung was thick- monic area; over the apex a thrill could be felt, but ened, shriveled and dense; on section, numerous there seemed to be no enlargement of the organ. Diagnosis: cirrhosis.

October 10. Passed a large blood clot and about

October 11. There was now unmistakable ascites, by deeply injected borders containing miliary tuber- the liver could no longer be felt, the diaphragm was pushed up, and there was slight cedema of the abtained a drainage tube entering the peritoneal cavity dominal wall and feet. The vomiting continued partially obliterated by old adhesions. This encysted from time to time, but there was no recurrence of

October 14. The aseites had increased rapidly, containing masses of necrotic fat tissue (omentum), and caused so much distress that she was tapped. and several ounces of offensive fluid; it communi- After the withdrawal of the fluid the roughness of cated with the rectum above the internal sphincter the liver surface was distinct, and the contour of the by an opening in the anterior wall one-half inch in lower edge of the organ could be well made out. diameter. The intestine contained tubercular nod- | Considerable relief followed the tapping, but the paules and ulcerations, chiefly in Peyer's patches. tient gradually failed in strength, and October 16,

A full autopsy could not be secured, but my efficitubercular peri bronchitis, chronic tubercular peri- ent house-officer, Mr. L. T. Stevens, succeeded in tonitis and enteritis, umbilical fistula, perforating extracting the liver, in two portions, and some of the ulcer of rectum. The special reason for reporting other organs through the rectum. The heart was the case is the comparative rarity of spontaneous normal and showed no anatomical explanation for perforation of the abdominal wall in tubercular peri- the very loud murmur heard during life. The lower tonitis. The seat of the perforation was also some-portion of the ileum and upper part of the colon what remarkable, the strong fibrous structures of the were full of black, tarry material. The liver was not materially altered in size and was eminently cirrhotic. The spleen was increased in density, though not in size. The kidneys showed moderate chronic interstitial changes. It is a matter for regret that it was impossible to make the autopsy in 1886; she was the mother of nine children, the the usual way. To remove the liver through the youngest 13 years old. She had never had any rectum it was necessary to cut it in half, and the prespecial illness, but had overworked herself from time cise condition of the portal vein and its main to time, and been obliged to go to bed several days branches was thus impossible to make out. The exto rest. The past two or three years these periods treme rapidity with which ascites appeared and pro-

sible that in the occurrence of free bleeding is to be was 99.4. By the time the house officer reached found an explanation of the late advent of ascites, him the attack had nearly passed, and his condition the hæmorrhage relieving the stasis.

H.EMOPHILIA.

H., a clergyman, tet. 52, entered the hospital, July 12, 1886, for tonsillar abscess, of which he had had several previous attacks. The first was treated by incision, which was followed by hemorrhage that did not finally cease until six weeks had elapsed. In a day or two after entrance the abscess broke, and the day after this he began to pass bloody and smoky urine, the source of which the microscope showed to be the kidneys. He reported that hæmaturia had followed each previous attack of parenchymatous tonsillitis, and was also brought on by unusual mental excitement or exertion. In all, he thought he had had as many as 150 attacks. If he kept quiet, and drank large quantities of water, the bleeding generally ceased in five or six days, but if he worked it lasted from twenty to thirty. When a child, slight knocks produced large, black-and-blue, painful swellings, which were slow to subside. When 21 years of age he had an epistaxis which threatened life, but bleeding from this source has never recurred. The tendency to bleed has, he thinks, diminished as he has grown older, but slight cuts are still followed by free and persistent hæmorrhage. No history of hæmophilia in either parent or grandparent could be obtained; all were long lived. Of his seven brothers and sisters, one brother shows this tendency, and a sister's son exhibited the hæmorrhagic diathesis to a marked degree, finally dying of persistent hæmaturia.

Hæmophilia, like color-blindness and pseudohypertrophic paralysis, is transmitted through the females of a family, the females themselves generally The tendency can thus oftentimes be followed through many generations. My patient is an unusually intelligent man, and the fact that he can not trace the diathesis behind his own generation is one reason for reporting the case.

A CASE OF TETANY(?).

A stable-boy, 19 years of age, of good family and hysteria, and tetany. previous personal history, entered the hospital September 30, 1886. He was muscular, well built, and of tetanus is the stiffness of the jaw, but this had ruddy. He said that for the past year there had been present for a year; this fact, with the absence been slight, but constant, stiffness of the jaw, which of rigidity of the neck and back muscles, and the had not hindered speech or mastication, but had transitory character of the attacks, with entire free-been sufficient to give him a constant desire of mov- dom from symptoms in the interval, warrant us in ing the jaw from side to side, and this had now be-excluding tetanus. Hysteria is not so easily, and I come a habit. The day before entrance, without do not feel that it can be positively excluded, especiany assignable cause or any warning, the stiffness ally as Dr. Weir Mitchell to whom I very briefly of the jaw increased very much, the hands and stated the case, thought it probably of that nature. forearms became numb and rigid; also the legs, to a But, apart from the attacks, there was nothing whatless degree. This was soon followed by general ever about the boy to suggest hysteria. He dreaded tremor. The whole attack lasted some ten minutes. the attack, as indeed, do hysterical women often-During the attack he had a dull feeling in the back times, for that matter. During the attacks he was of his head, whence the numbness and stiffness perfectly reasonable, and he was glad to be disseemed to start. There was no loss of conscious-charged from the hospital. In the diagnosis of hysness or disturbance of vision. He had three such teria, the impression which the individual makes attacks yesterday, and two to-day. In the intervals upon the observer counts for something, and this between the attacks he felt perfectly well. On en- impression was, in the case before us, opposed to trance, the patient was in the midst of an attack, and such a diagnosis. Moreover, the diagnosis tetany, was reported as having a chill. The temperature in a mild form, explains very well the symptoms.

was as follows: He was much excited, free from pain, but complained of a disagreeable, indescribable. sensation over the whole body. The pulse was rapid and strong, the breathing quickened. The expression of the face was peculiar, suggesting the visus sardonicus. The masseter muscles were hard to the touch; speech was difficult; there was marked stiffness of the arms and hands, the fingers being semiflexed. Efforts to strengthen the fingers encountered resistance, and caused slight pain. The legs were also somewhat rigid.

October 1. I saw him for the first time. During the night he had had an abortive attack. Examination of the internal organs gave entirely negative results. As I finished testing the reflexes, which were not remarkable, an attack came on, preceded, for a few moments, by discomfort slight mental excitement, and forced respiration. Stiffness then came on in the hands, arms, and fingers, which were all semiflexed: the thumbs were held firmly between the first two fingers. The spasm was tonic, with slight tremor at times, and forcible attempts to counteract it caused pain. The mind was perfectly clear, and the patient was positive that he had no real pain, though decided discomfort was caused by the rigidity of the muscles. After fifteen or twenty minutes the stiffness disappeared entirely. Whether this result was furthered in any way by the inhalation of a little ether, I cannot say. He was put on a full dose of bromide and chloral, every three hours, for several days. Slept nearly all the time, and had no more attacks, either spontaneously, on testing the reflexes and the electrical reactions, or during pressure on the brachial artery and nerve. There was no increased electrical reaction of the muscles, the current being passed through the nerve.

October 9. The patient was discharged, apparently well in every respect, except that slight stiffness in the jaw persisted. The diagnosis seemed to involve the consideration of only three affections: tetanus,

The feature of the case, which is chiefly suggestive

Tetany is a disease which is so rare with us—I can find no mention of it in Pepper's "System of Medi- it remarkable that the now well-known spontaneous cine"—that I may be pardoned for the following kemorrhage of new-born children (umbilical hamorbrief description of it: First described by Dr. Dance, rhage), which is to all intents and purposes the same who called it "intermittent tetanus," the term "tetany" disease, although fatal in eighty-four per cent. of the was first applied to it by Corvisart, and later adopted cases, yet in the few cases which recover does not by Trousseau, who also called attention to its com- recur, the hamorrhagic tendency being as it were, parative frequency in nursing women. It is classed extinguished, as I have seen in several instances. as a neurosis, affects young adults by preference, and is characterized by intermittent, tonic contractions, rarely of the trunk and face, most frequently of these attacks, and cannot recall the case very of the upper extremities, and chiefly of the flexor accurately, but it certainly did not suggest itself to muscles, the intellect always remaining clear. It is me at that time as a case of tetany. The only case somewhat ill defined prodromata, and recur at varia- more than a year old. In adults I have never seen it. ble intervals during periods of a few days to months. I have seen a large number of nervous diseases at the brought on at will by pressure on the nervous and kind. arterial trunks, the spasm ceasing as soon as the stress.

Dr. Minor said that Dr. Shattuck's case corresponds closely with the description of the disease in a may be justified in citing a case which resembles some paper read by Dr. Lyman, of Chicago, at the annual of those spoken of to night. The patient was a neumeeting of the Association of American Physicians, rotic, poorly nourished boy of fourteen, who had been in June last, and printed in the Transactions of the at some charitable school, where his food and hygienic time by Dr. Carpenter, of Pottsville, Penn. I should ing to his story, he was not very well treated. A say that the disease is not extremely rare in children week before he came to the City Hospital, he held his under four or five years of age. We see the thumbs breath for some time in order to avoid a disagreeable bent toward the palm of the hand, the other fingers smell, and after this he began to have cramps, numb partially flexed, and the toes strongly flexed. There spells, and "pins and needles" sensation in his hands is usually some swelling of the hands and feet. These and feet. The cramps affected the whole body, and children are always feeble, insufficiently nourished, the pain was so severe as to make him cry out. These and often bottle fed, perhaps undergoing the process came on quite frequently. During the cramps he found of dentition. In one case, that of a child, three it difficult to speak or move. They lasted from half a months old, under my care, which was artificially fed, minute to a minute. He had occasional sick headimmediate improvement took place when a wet- aches and was rather costive. He was not strong, nurse was procured for the patient, who is now fifteen and was rather deficient mentally, and, as I said, was years old, and in good health. I have never seen a poorly-nourished, and rather emaciated. While in case in an adult which I recognized at the time, but the out-patient room he had an attack which I was possibly that of a physician who consulted me, and able to observe. He seemed nervous and agitated as also Dr. J. Putnam, might come under this cate- it came on. He said that the attack began in his feet gory. The movements were very striking, and cor- and went up, the muscles of his abdomen being most responded to those in one of Dr. Lyman's cases, affected. He stood up, his limbs were rigid, his arms which were communicated to him by another were by his side with the fingers much extended and physician.

With regard to the subject of hæmophilia, I think

DR. PUTNAM: I will merely speak of the case bilateral. The attacks are generally preceded by that I have seen occurred in an under fed child of not In the intervals between attacks, patients appear hospital, probably five hundred a year for a number well. Trousseau first showed that attacks may be of years, and I have never seen a single case of this

Dr. Webber: I remember two cases of tetany; I pressure is relieved. Erb has shown that the muscles was asked to see a patient several years ago, the musare stimulated with undue ease by means of electicles of the legs and trunks were affected, the arms less trical currents through the peripheral nerves. As so. When the attack came on the patient suffered long as these two phenomena are present, there is a very severely from a strong muscular contraction liability to the recurrence of the attacks. Attempts which could not be overcome by manual force. Ether to elicit the phenomena in my case failed, but the had been used to some extent for relief. The drug patient was already under the influence of chloral which gave the most relief was fluid extract of conium, and bromide when the attempts were made—a fact lafter some doses had been taken at intervals of two which may or may not be of importance. The affect hours, the attacks ceased; the man got well. He had tion nearly always passes off without leaving any had the affection for a number of days before I saw trace behind it. After carefully considering all the him. The other was a case in which the arms were facts in my case, I repeat that I am inclined to con-chiefly affected, the trunk was not affected. The sider it as one of tetany of a fairly mild form, and spasms had continued for several weeks, several atvery short course—three days. At the same time, I tacks each day, but nothing I could do gave him any am far from wishing to suppress the points opposed relief. I tried conium, electricity, etc. The attacks to this diagnosis, namely, the trismus of a year's dur- were quite painful. The man came to see me several ation, and the failure to bring out the signs of Trous-times but obtaining no relief, became discouraged seau and Erb, on which the books lay considerable and I saw no more of him. The attacks were very similar to those described by Dr. Shattuck.

Dr. Knapp: Tetany is so rare an affection that I Association. Other cases were reported at the same surroundings were not of the best, and where, accord-

somewhat abducted, his face was drawn with an ex- about eight or ten years old. He has never had pression of pain-whether from spasm or voluntarily any disposition to bleed. These cases are almost from pain, I could not say,—he made no movement, always hereditary. The remarkable point was that except a slight general tremor, and he made no answer when the patient recovered, she recovered comto my questions, because he could not move his lips pletely and permanently and never had another attack. and tongue he told me afterwards. He understood. Dr. Blodgert had had an opportunity of learning perfectly what was said during the spasm. Motion the history of one case similar to that reported by relieved the spasm. After recovery from the spasm I Dr. Shattuck, of a certain family of which I have conexamined him, finding nothing abnormal in the chest. siderable knowledge. This patient, a male, was one Pressure was made over the median nerve and brachial of several children of the same father and same artery, and soon after a second spasm came on. Furmother. He is the only one who showed a disposither pressure, after this, did not excite another spasm, tion to bleed. On several occasions he bled alarmso I am disposed to regard this as merely a coin- ingly from the nose, the surface was blanched, he cidence. I then examined him with electricity. The became unconscious, and was evidently in the last muscles and nerves of the arms responded to a very extremity. He has not had other forms of hiemormild faradic current. With the galvanic current rhage, and the nose-bleed was the only accident he KaSZ=AnSZ with $\frac{2}{10}$ to $\frac{3}{10}$ Ma. in the various mus—dreaded and from which he expected to lose his life. cles of the arm. The median nerve responded to $\frac{1}{10}$. He is now lifty or sixty years old. Certainly the Ma. The boy was sent into the hospital, but I am greater part of his life has been passed in imminent unable to give any further account of him except peril from loss of blood, and he has been at death's that a diagnosis of payor Mocturnus was made, door from this cause a number of times. I do not which was only a part of his trouble. I am still un-know that I am warranted in calling this a case of willing to call this case tetany. The spasm involved hamophilia, though the hamorrhage was very severe the muscles of the trunk, which is rare except in the in its character. severest forms of tetany; the fingers were extended and abducted, instead of being flexed and abducted as in the hand when it is about to be introduced intothe vagina; there was no undue excitability of muscle or nerve to electricity, and the attacks were not provoked by pressure on the nerve or artery. Such a case. The above diagnosis, made by elimination e mbination of symptoms, therefore, is not like the during life, by Professor Kussmaul, was sustained by symptom complex of tetany, as given in the books, the result of the autopsy performed by Professor yet the condition was certainly curious.

Dr. Weeks: I have met one family of bleeders, who did not seem to feel the law of transition laid: down by the authorities. Some five or six years ago two healthy children; lives in a district apparently I was called to a little child about two years of age, healthy; no one else sick in the house. Was never who was teething, and had a slight abrasion of the sick before so far as she knows. Six weeks ago first gum from which a persistent humorrhage had been felt sick (unwohl). Malaise, inability to work; had going on for some time. I applied styptics, and after a red, papular eruption on the face, pain in the neck, a time the bleeding ceased and has never recurred, pain in swallowing. She was treated for a sore I learned that the elder boy, some ten or twelve years throat. The eruption disappeared in a week's time of age, was troubled in the same way when he was and treatment. After the disappearance of the an infant, and had since ourgrown the diathesis. The eruption, first noticed swelling, accompanied by family were of German extraction on the mother's pain in the shoulders, legs and sacral region; the side, the father was an American I believe. The swelling in legs soon passed off, appearing in the mother seemed quite an intelligent woman, and said arms. Last two week's pain in the neck, swelling that her father was a physician, and that the case of less marked. The pain, which was first sharp, has the elder boy troubled him somewhat; he said he become dull (dumpf). Pain has always been in the knew of no cases of the kind in his family or his muscles and not in the joints. Throughout the sick. father's family. This same boy I was called to treat, ness appetite fair, thirst marked, sweating, moderate some two years afterward. I went to Melrose where fever, constipation, no vomiting, urine scanty and the family had moved, and got there perhaps an hour after being notified, as 1 was out when called, and when I got there he had died of epistaxis.

hæmophilia was ever transferred to the offspring? Paresis of soft palate, electrical reaction in general Whether their children showed it?

DR. WEEKS had never seen a case of direct transthis patient, either a sister of hers; the sister of the monie). first one who died, was a victim of this disease. His

Dr. Henry Jackson read a paper on

MYOSITIS UNIVERSALIS ACUTA INFECTIOSA, WITH

I saw last spring in Strassburg the following rare von Recklinghausen. The case entered the hospital May 18. and was demonstrated in the clinic May 22:

Woman, aged 36; family history good; she has high-colored.

On entrance, May 10, slight fever, mind clear, slight cedema of face and extremities, muscles of ex-DR. BAKER asked whether a tendency to umbilical tremities flexed and rigid; extension caused pain. diminished, reflexes absent (aufgehoben). Examination of chest and abdomen negative. During last mission. The case he mentioned was that of a young few days high fever, rapid respiration, pulse 140. lady now married; he went to attend a relative of Several small patches of pneumonia (Schluck pneu-

Professor Kussmaul considered the diminished impression was that she was married and left a son electrical reaction as due, in part, at least, to the ultimate cause, broncho-pneumonia.

The fever, the widespread muscular pain and cedema septic diseases, especially typhoid." pointed to a diffused myositis without any discovera-

at the entrance of the pelvis of right kidney into the infection. ureter, which had caused hydronephrosis of right kidney with almost total disappearance of the substance of the right kidney. Left kidney much enlarged, otherwise not abnormal. Heart pale. In both lungs several small patches of pneumonia. The muscles throughout the body, especially in the exin color and moist; many small hæmorrhages in sheaths of the muscles; rupture of left rectus abdominis, with hæmorrhage.

Under the microscope the muscles showed waxy and granular edges; fibres broken; small-cell infileye. Nuclei of the muscles increased markedly, vagina after labor. showing a real proliferation of muscular tissue, as inflammation.

cedema, the abolition of the reflexes as of peripheral, German or English. In the fourth volume of "Virnot central origin; he considered the pneumonia as chow's Archives," (1852), is an article by Virchow very probably due to particles of food which get into on myositis. Anatomically, he divides myositis into: the lung on account of the difficulty in swallowing. (a) Interstitial. (b) Parenchymatous. (c) A com-Mind clear to the last; no symptoms pointing to dis-bination of (a) and (b). Etiologically divided ease of the abdominal organs. Death on May 24; into: (a) Traumatic. (b) So called muscular rheumatism. (c) Syphilitic. (d) Septic. Then goes Trichinosis was first thought of; eliminated by the on to say: (e) if One sees finally abscesses occur in history (her husband did not allow her to eat raw muscles under conditions as yet not made out, under sausages), by the absence of the gastro-intestinal conditions spoken of by the Vienna school as 'sponsymptoms as prodromata in this disease, by the fever taneous pyremia.' General symptoms are chill, high in present case. Professor Kussmaul said the case fever, disturbance of heart, severe widespread pains; reminded him clinically of one in which thousands death in a few days. Such processes may be of of miliary aneurisms were found all over the body, spontaneous origin, more commonly due to other

A similar allusion I find in Förster. In Lobstein ble local cause, hence the diagnosis was as stated. a case of death where the only lesion was a myositis Autopsy, May 25. Brain and spinal cord presented (general?) and local patches of pneumonia. In nothing abnormal. Veins of abdominal cavity very none of the more recent works on pathology do I full of blood. Spleen soft, enlarged. Stomach and find any mention of a myositis, widespread in area intestines presented nothing abnormal. Stricture and independent of some preexisting centre of

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated Meeting, Thursday, April 7, 1887. tremities, the trunk and the face (orbicularis), pale The President, Thomas M. Drysdale, M.D., IN THE CHAIR.

> (Continued from page 640.) THE ANTISEPTIC PAD.

Dr. Hirst exhibited the antiseptic pad used by tration in the interstitial tissue, in no place amount- Richardson, of Boston, and Garrigues, of New York, ing to the formation of abscesses visible to the naked to prevent the entrance of pathogenic germs to the

DR. PARVIN was not impressed with the necessity well as a degeneration. I heard no report of a bac- for the antiseptic pad, believing that as good results teriological examination, but reasoning by analogy could be had from antiseptic napkins. The oiled with diseases which have been studied, we may say silk or muslin used in making it, it seemed to him, that bacteria were most probably associated with the might hinder the ready escape of the lochia. After labor the vagina is practically a closed canal, open Professor von Recklinghausen told me that when only for the egress of uterine discharge, and disease he was an assistant to Virchow he had seen two germs cannot enter unless that canal be opened by similar cases, but I have been unable to find a resome manipulation of the nurse or the physician, as port of them. We have here some acute disease of in giving a vaginal injection, or in making an exama febrile nature, rapidly ending in death. At the ination. It seems to me needless to completely autopsy a widespread myositis is found, otherwise no close the vulva, and it also seems possible that such pathological lesions which can be considered as a closure hinders the escape of the lochia. But be primary cause of the severe symptoms existing durthis as it may; if the vulva is carefully washed twice a day with an antiseptic solution, and if napkins, that Dr. Blodgett kindly called my attention to a simi- have been wrung out of a 1 to 2000 corrosive sublilar case published lately in the British Medical mate solution, are applied over it, changing them Transactions (December 18, 1886, p. 1215): Acute more or less frequently according to the amount of myositis (Mr. Treves). After exposure to severe the flow, he thinks as good results can be had as by cold, the following symptoms were manifested; chill, using the antiseptic pad. Moreover, it seemed to malaise, fever, loss of power in arms, cramp like him doubtful whether antiseptic pads, though they pain. Similar pains in legs. Gradual recovery in have proved very useful in maternities, will be readsix weeks. Mr. Treves divides myositis into; (1) ily accepted in private practice, especially in the Simple, due to injury. (2) Myositis from cold. (3) country. In regard to the results in hospital prac-Infectious boil or osteo-myelitis. (4) Attending tice from the use of antiseptics, he has no doubt of various infectious diseases. (5) Trichinosis. This their value, and should insist upon their employment. is the only case I find in the recent medical journals. So, too, in private practice he has used them, and

and especially that of the late Albert H. Smith, and tion easy and safe. they will be found too large for use in some cases where injections are required. Then, too, the liabelieved the theory that the atmosphere is constantly bility of glass to break is to him a conclusive arguimpregnated with germs which poison whenever they ment against the introduction of an instrument made come in contact with open vessels, I would certainly of this material into the uterus or into the vagina, advocate the use of an impervious covering for the The best instrument, he believes, is Bozeman's cath- vaginal orifice. For the theory teaches that where of septic infection, until the flow was offensive, and sis. But he does not believe this fully. Therefore then at first to endeavor to correct the condition by he thinks it safer to place the napkin under, and not vaginal, before resorting to uterine injections. He over, the vulva, so as to permit as perfect drainage now knows that is wrong, for the patient may perish as possible, thereby giving free exit to the lochia by or have a protracted illness and then make but par- making of the vagina a drainage tube, its natural tial recovery without the lochia at any time having function after parturition. an offensive odor. Within a year he has seen in hospital practice and in consultation eight cases of by Dr. Richardson, and moist by Garrigues. septic infection where the happiest results were promptly had from antiseptic solutions injected into the uterus. Most, if not all, of these patients would and properly carried out.

plied dry or moist.

they were not then known.

great utility of intra uterine post partum medication, waiting two hours he found the head had been he, Dr. Longaker, has the greatest confidence: iodo- put resting on one side and the neck and shoulders form, as used by Ehrendorfer, of Vienna, in the form on the other, and determined to ascertain the difficase to another.

has for some years, but it is only comparatively re- said in favor of Bozeman's tube for intra-utering irricently that he has learned how they should be used. gation, and against the glass tube. The return cur-Dr. Parvin objects to the glass tubes for intra-uterine injections. Take for example Chamberlain's, compared with the glass tube, renders the introduc-

Regarding the pad exhibited by Dr. Hirst, if he Formerly it was his custom to wait, in cases there is no contact with the air there can be no sep-

Dr. Hirst remarked that the pads were used dry

LABOR COMPLICATED BY LARGE HARD HEADS.

Dr. M. Price was called to this patient three probably have recovered without these injections, weeks before her delivery. She informed him that but their recovery, judging from similar cases, pre- she was in labor and that her time had expired. Exviously observed by him, would have been slow, pos-1 amination showed the cervix but little dilated, the os sibly imperfect, and after a more or less prolonged not being larger than a silver quarter. There was period of suffering upon their part, and of anxiety quite a discharge from the vagina. The pains were on the part of the practitioner. We have in anti- at short intervals and were unquestionably labor septic uterine injections the essential, and the all pains. The woman was in good condition and he most invariably successful, treatment of puerperal had no doubt that labor would go on. He left, givsepticæmia, if this treatment be begun soon enough ing instructions to send for him if the pains increased, and if not sent for he would call next day. He had Dr. Barron inquired if the antiseptic pad was ap- attended this woman in two previous pregnancies, both children being large and the labors tedious, so Dr. T. M. Drysdale, while conceding the im- he anticipated that this one would be a slow labor. portance of antiseptic precautions in hospital, thought. The next day the pains were less than on the previthe advantage of these methods in private practice ous day, and there was no change in the cervix. He more difficult to prove. Until he relinquished ob-did not hear again from her for three weeks, when stetric practice, in 1874, he had met with but five the husband called and stated that his wife had been cases of puerperal fever in over two thousand de- in labor all night and all day. He now found the liveries, and in none of these women were any anti- cervix wide open, but the presenting part so high up septic precautions used, other than cleanliness, as that he was not able to say what part was presenting. Passing the entire hand into the vagina, he found a DR. LONGAKER believes, with Dr. Hirst, in the vertex 2nd, but the head would not engage. After Dr. Hirst has neglected to notice an agent in which pushed to the side of the pelvic inlet, with the occiof 100 grain pencils. One of these is introduced into culty. He pushed his hand up into the womb, and the cavity of the womb after irrigation; it dissolves had no difficulty in bringing the head back to its very slowly and continues to medicate the entire first position, but found that it was completely utero-vaginal canal for forty-eight or seventy two ossified. There was no pulsation in the cord hours. In removing shreds of membrane, after labor that he could detect, and he at once decided at term or after an incomplete abortion, he uses the to deliver by turning, as he thought he could finger and prefers it to any form of curette he has deliver the child in that way sooner than in any used. Theoretically he would prefer a glass tube other. He at once secured the feet and soon had for intra uterine irrigation, chiefly for the reason that the body and arms delivered. The forceps were apit is more easily cleansed and kept clean. Hitherto plied to the after-coming head, and it was delivered he has always used the Bozeman canula, the only after quite a pull at the superior strait, but with ease objection to which is the difficulty of cleansing, and through the soft parts without the instruments. There hence a possible danger of carrying sepsis from one was no injury to the mother and she made a rapid recovery. The child was still-born. Its head meas-DR. BAER emphatically endorses what has been ured sixteen inches in occipito frontal circumference. inches.

Dr. Joseph Price read a paper on

ABDOMINAL SECTIONS.

and chief advocate, I desire to make brief reference posure. to Dr. T. Gaillard Thomas's article on "Laparatomy as a Diagnostic Resource," published in the Medical, and practice of surgery of the abdomen. This is News, Dec. 11, 1886. Therein Dr. Thomas expresses illustrated by the statement of an abdominal surgeon: in full Mr. Tait's views. They are simply without the "I do not count my first thirteen cases, because I mention of Mr. Tait's name, an embodiment of the was learning how to do it." In this there was considviews given vent to by Mr. Tait while on a visit to erable Rip Van Winkle arithmetic: "We won't count America in the autumn of 1884. Dr. Thomas would this one." The present good results in the hands of select the text of Mr. Tait's law, his own axiom, as young surgeons must not be attributed to the taking a motto for the walls of a hospital devoted to ab advantage of all the so called "latest antiseptic imdominal surgery. "When a doubt, as to the diag- provements." In this relation I will make brief alnosis of an abdominal neoplasm of a serious char- lusion to an experience with well trained young suracter, or of certain obscure pathological conditions geons, six in number, doing nine pelvic operations of the abdominal cavity which threaten life, exists, due to inflammatory trouble, suppurating, adherent, give the patient the benefit of explorative incision." and matted together pelvic viscera. The operations Mr. Tait, in like clean and terse English, expressed were all completed, with but one death, notwiththe same view in a clinical lecture at the Hospital of standing they were all bad cases. the Jefferson Medical College, Sept. 15, 1884, when In illustration I present a specimen of Pyosalpinx he said "My experience teaches me that it is a sur-removed by Dr. Thomas G. Morton. This patient gical crime to allow a patient to go to her grave had an enormously enlarged abdomen. She had without operation where it offers a possibility of respect been seen by a prominent gynecologist who had lief." Dr. Thomas, with great frankness, reports five plainly stated that there was no ovarian trouble and cases as examples of the class in which he had to recommended tapping, which was done. It is my regret non-interference on his part; cases in which impression that by the first tapping the large cyst "we" or "1" decided againt operation—the patients was ruptured, the dropsical accumulation followed died. Further he says: "I regret to say that I could Dr. Morton found upon examination, after repeating more than double the cases illustrating this part of the tapping, (the patient refusing any other operamy paper. Few such cases occur to me now for the tion) a small tumor or collapsed cyst. He refused very reason that I am a strong advocate for explora to repeat the tapping and urged section. He kindly tive incision as a diagnostic resource." As to another asked me to see the patient. Upon examination I class of cases in which Dr. Thomas meets with happy was fully satisfied of the correctness of Dr. Morton's results, he reports as follows: "There is a class of diagnosis and agreed with him in urging section. It cases in which, in my hands, explorative incision has was immediately done. Extensive adhesions had yielded such bridiant results that I shall devote full developed from the tappings, free hæmorthage folconsideration to it; I allude to cases of ascites in the lowed. He removed a large collapsed cyst, and by female." Mr. Tur, in the address I have referred to, irrigation large quantities of old clot. An interesting gave as as example in point a case operated upon feature of the ease was the existence of two pedicles, four years previous. "The patient, a young lady, the pelvic, and a fan shaped one over the diaphragm had an enormously enlarged abdomen due to ascites, and stomach. The case presented very interesting a fact I had recognized. Topened it by incision and instructive features.—Result: cure. for exploration and drainage: by this means the fluid is evacuated just as well as with the trocar, but you cannot feel anything with a trocar; but with a clean cut of two or three inches you can 1883, presented herself at the Philadelphia Dispenintroduce one or two fingers and find out the actual sary complaining of attacks of free bleeding and of condition of the pelvic organs as you can in no other pain in the left groin and left sub mammary region, way." The pioneer work done by Mr. Tait, his in-intensified by locomotion. On examination the fluence in exploratory work and treatment of diseased uterus was found low down and retroverted, the left conditions of the tubes, is referred to by Mr. Greig ovary was tender. On June 16, 1885, vulvo vaginal Smith in a very fair and generous spirit. "Tait's gland enlarged and tender: abscess incised and name is mainly connected with inflammatory diseases packed. On July 1, 1885, she complained of pain in

There can be no doubt that the mother's pelvis is of the tubes, and his influence has been strongly feltmuch above the average size, as a head perfectly os- in the substitution of operation for actual disease as. sified could not have passed through a pelvis of less against vague nerve symptoms." I am strongly of than sixteen and one-half inches, as the soft parts the opinion that an incision which admits only two would take up at least one-half inch. Standard au- fingers and not the whole hand is a sufficient incision. thorities give the circumference of the female pelvis. Dependence upon lingers skilled in manipulation will at the inlet at from thirteen to thirteen and one half serve best, and effectively guard against danger in any pelvic operations. Herein I differ from Dr. Thomas, who urges: "Make an incision which will admit the whole hand; one which will admit two fingers only is hardly warrantable." There is great In reporting a mixed group of cases treated by danger in multitude of fingers of irritating the bowels those methods of which Mr. Tait has been the first with the hand and further running great risk by ex-

Many fatal results attend men beginning the study

PYOSALPINX.

Ella DeLacy, white, act. 18 years, on October 31,

was put on general treatment. Menstruation was the night. normal Nov. 9, 1885. Examination showed the uterus retroverted and the ovaries tender, vulvo- about half-a-pint of cloudy serous fluid in the perivaginal glands enlarged; abscess incised and packed. toneal cavity: abdominal contents matted every-Nov. 25, 1885. The uterus had been treated for its where with very recent lymph; no blood or clots; displacement and at this time was found in good kidneys somewhat granular, but not nearly so much position. Both ovaries were enlarged and tender. so as might have been expected from her dissipated Feb. 24, 1886. Complained of pain on coition, manner of living; other organs practically normal, January 25, 1887. Pain in right inguinal region. On examination there were found tortuous, cystic, boggy masses, filling up the whole right side of the pelvis. January 26, 1887. Dr. Price opened the abdomen in the median line, the incision being enlarged to three and a half inches on account of deep adhesions all by the first husband; no miscarriages, labors all to all of the pelvic viscera. The right tube charged with pus and the right ovary with a parovarian cyst as large as a cricket-ball, were removed, the pedicle ligated with silk and dropped. Free irrigation was employed; the wound was closed with silk.

PYOSALPINX.

Reported for T. S. K. Morton, M.D.

Mrs. S., white, æt. 36, complains of pain in right illiac region and extending down the right thigh increased by locomotion. General condition bad. Dissipated. Examination. Uterus in good position; to the right of cervix is a firm pedunculated tumor filling up the pelvic cavity on that side, firm, nodular and adherent. Operation, Jan. 25, 1887. A two inch incision was made two inches above the pubis, two fingers were introduced and everything found practically normal except the right ovary and fallopian tube. The ovary was as large as a pigeon's egg and firmly bound down in every direction and apparently more cystic than normal. The tube was likewise bound down, extremely thickened and contained fluid. After carefully examining all around the adherent mass, a point more friable than the other adhesions was found and torn up. This done the enucleation became a matter of patience and application of judicious force until the whole mass had been shelled from its inflammatory bed. When thus freed, the ovary and tube were brought out of the wound and the pedicle doubly ligated as near the ABDOMINAL SECTION FOR INTESTINAL PERFORATION. uterine cornu as possible and divided with scissors. Previous to dropping back the pedicle the remainder of the fallopian canal in it was thoroughly swabbed out with strong bichloride solution, 18 grs. to 3j. Scarcely any oozing took place and after thoroughly irrigating with water that had been boiled, and care-seized with severe abdominal pain, which shortly befully sponging the peritoneal cavity was found to be came intense in a spot two inches to the right of the perfectly dry. The incision was closed without a median line and three inches above Poupart's ligadrain. Time, 55 minutes. *Progress*. Occasional ment. The temperature varied from 100 to 104; slight nausea was the only untoward symptom fol- pulse from 120 to 140. Vomiting and purging and lowing the operation; evening temperature, 99 4°; slight balooning were other symptoms. The attendnext morning, 100°. After that it did not rise until ing physicians, R. and F. L. Haynes, diagnosticated the evening of the fourth day, when it mounted to perionitis from intestinal perforation. As the patient 102° and she complained of considerable abdominal gradually became worse, Dr. Jas. Price made abpain with much vomiting. This set-back had come dominal section on March 14. The intestines were on as a result of getting up and walking about the found matted together. They were washed and room some hours before during the absence of her wiped with sponges. Two pieces of fecal matter, nurse. The fifth day found her with marked symp- each about the size of a pea, together with some toms of peritonitis, vomiting, and towards evening serum were removed from the cavity. The abdom-

the back, left shoulder and left inguinal region. She shock and evidently dying. Death occurred during

Autopsy.—Parietal wound in good condition;

OVARIAN CYST SIMULATING ECTOPIC GESTATION.

Reported for Dr. F. A. PACKARD.

Kate Taggaronni, white, let. 29, married the second time about two years ago. Had five children, easy and natural, made good recoveries and nursed all her children. Menstruation regular in time and quantity until November, 1886, when they were absent in November and December.

For the past month she had been bleeding freely, the hæmorrhages appearing in clots mixed with what seemed to be shreds of decidua. The breasts tingle but are not apparently enlarged; face blotchy; no abdominal enlargement noticed. She has had nothing like labor pains. The discharge is of bad odor. She has had no fever or chills. Examination showed a cystic tumor, in the pelvis to right of the uterus, about the size of gravid uterus of second month. Operation. On January 10, the patient being etherized, an incision three inches in length was made in the median line of the abdomen just above the pubis. Hæmorrhage from the abdominal wound was slight. A small cyst of the right ovary was found consisting of two chambers, one being filled with clear serous, the other with darker blood stained fluid. There was no adhesions. The cyst was removed unruptured; the pedicle ligated with silk and returned. The cyst was about the size of a small orange and sprang from the right ovary. The patient's condition after the operation was excellent. She had no rise of temperature or pulse, and no pain. Four stitches were removed on the fifth day and the remainder on the seventh day. There has been no return of the bleeding.

Reported for Dr. Francis L. Havnes.

Mrs. M., aet. 20, nullipara, had suffered for nearly a year from diarrhoea, cough with purulent expectoration, and symptoms produced by uterine disease and general weakness. March 9, 1887, she was suddenly inal pain and swelling now diminished and by the neum, drained and a dressing of iodoform gauze and third day after the section had entirely disappeared. The temperature gradually sank to normal. On the seventh day the patient became delirous, collapsed and died on the morning of the eighth day after the ing the school connected with this institution. section. No autopsy was allowed. It was thought that general tuberculosis was the cause of death.

(To be concluded.)

FOREIGN CORRESPONDENCE

SURGEONS AND SURGERY IN LONDON.1

St. Thomas's Hospital—Strangulated Hernia—Mr. Malcolm Morris-Mr. Pearce Gould-Mr. Timothy Holmes—Suppurative Inflammation of Shoulder Joint —Destructive Inflammation of Foot in Diabetes; amputation—Sir William MacCormac—Guy's Hospital; Its Museum—Congenital Hydrocele of the Cord— Mr. Thomas Bryant—Epithelioma of the Hands.

Dear Dr. Fenger:—A visit to St. Thomas's Hospital afforded me an opportunity to witness an operation for strangulated inguinal hernia by Mr. Sidney Jones, Senior Surgeon of the Hospital and Professor of Surgery in the school in affiliation with this institution. Full antiseptic precautions were observed, including the now almost obsolete spray. The patient, a man about 40 years of age, claimed that he was never aware that he had a hernia until the evening before, when a swelling formed rapidly in the right groin, followed by symptoms indicative of a strangulated hernia. When admitted into the hospital the lesion was readily recognized as a strangulated hernia and several gentle attempts were made to reduce it by taxis, but without success. tumor was nearly as large as a fist and very tense. A long incision was made down to the sac and all hæmorrhage carefully arrested before the peritoneal covering was laid open. On opening the sac a large mass of omentum came into view, underneath which a loop of intestine intensely congested was found. The omentum was divided into four parts just below external ring, tied with catgut, and the portion below the ligatures cut off and the stump returned. internal ring was divided in the usual manner, the loop of intestine drawn torward, examined and returned. At this stage of the operation it was evident that internal hemorrhage was taking place as arterial blood escaped from the empty canal. A search for the omentum through the opening proved fruitless and it became necessary to lay open the entire inguinal canal, but even this extensive enlargement of the wound did not afford access to the retracted. omentum, and the abdominal wall was incised for at least three inches more, when the omental stump was found and brought into the wound. One of the ligatures had slipped and caused free arterial hæmorrhage. The hiemorrhage was arrested by the application of another catgut ligature and the stump again reduced. The neck of the sac was tied and stitched into the wound. The extensive wound was closed with deep sutures including the perito-

cotton applied. This hospital is one of the best in London, contains 600 beds, which furnish the material for clinical instruction for the students attend-

A visit to the residence of Mr. Morris afforded me an opportunity to examine an excellent collection of renal calculi removed by nephro-lithotomy. Mr. Morris is a young surgeon of great promise, who has had an unusually large number of cases of renal surgery. He is one of the surgeons to the Middlesex hospital and enjoys a good reputation at home and abroad.

A call upon Mr. Pearce Gould, who lives in the same part of the city, was remunerated by a profitable conversation touching upon recent topics in surgery. Mr. Gould is a thorough scholar and an able surgeon, and has done excellent work in the Middlesex hospital.

At St. George's hospital, I made the acquaintance of Mr. Timothy Holmes, the author of a voluminous, and I might say the best, English text-book on surgery. Although advanced in years he still retains his youthful energies and continues his work of giving regular clinical instruction. A female, 20 years of age, suffering from a suppurative inflammation of the shoulder joint, furnished the subject of his clinical lecture on this occasion. A contracted, fistulous tract commencing at the lower margin of the pectoralis major communicated with the shoulder joint. The joint was laid open by a straight anterior incision, and after severing numerous adhesions the upper extremity of the humerus was brought into the wound and the bone divided with an amputation saw just below the tuberosities. Parts of the capsule were removed with curved scissors and a drain introduced through the fistulous tract which had been previously scraped out and dilated. The dressing consisted of a thick compress of antiseptic guaze. He said nothing about the pathology of the case but made the assertion that in such instances it is superfluous to make the operation subperitoneal as such a procedure would be of doubtful advantage, but in case it became necessary to divide the bone at a lower level the periosteum should be preserved. The best functional results he has seen after excision of the shoulder joint were patients who could raise the arm to a horizontal position.

When Mr. Holmes finished his remarks Mr. Hayward took his place and presented a diabetic patient who had recently become the subject of a destructive inflammation of one of his feet, which had terminated in extensive sloughing which had opened the ankle joint. Amoutation was performed at the junction of the middle with the upper third of the leg, by making a long anterior and short posterior flap. The periosteal flap was made, and the flaps were sutured in the ordinary manner and a transverse drain introduced. A gauze dressing was applied. In this connection I will give you the result of a conversation with Professor Koenig a few days ago, concerning the propriety of resorting to amputation in diabetic patients suffering from gangrenous inflammation of an extremity. He stated that while

¹ By permission of Drs. Fenger and Sens.

paratory treatment prior to amputation, with a view—cavity was a small opening.—During the delicate disof diminishing the sugar in the urine, he had during section made with a view of extirpating the sac, it the last year operated upon several cases where the was found very difficult to isolate the cord, and the patients had high temperature and the urine con-tunica vaginalis was opened at a small point correstained large quantities of sugar, with the result that ponding to the upper surface of the testicle. The almost immediately after the operation the temperance was ligated, and subsequent examinture became normal and the specific gravity of the ation of the specimen proved the correctness of the urine less. The result of these observations has diagnosis. The operation was performed under a convinced him of the fact that it is dangerous to de-spray and a Lister dressing was applied. lay the operation whenever the local symptoms indicate the necessity for such a procedure in diabetic ance of Mr. Thomas Bryant, the author of the fapatients. In corroboration of this statement it may miliar text-book on surgery, and at this time I had an be said that quite recently a French chemist has opportunity to hear him lecture and see him use the shown that the introduction of septic material into knife. From a practical point of view his clinic was the blood produces an artificial diabetes which dis-junimportant, but exceedingly interesting from a paappears as soon as the septic condition subsides.

The case had been diagnosticated as lipoma, but the dorsum of one of his hands for twenty years. For during the dissection the cyst ruptured and the es- the last two years the tumor increased quite rapidly cape of other omatous material showed the fallacy in size and the surface ulcerated, features which led of the diagnosis and proved that the swelling was Mr. Bryant to the belief that the benign papilloma not a tumor but a retention cyst. I have every had undergone transformation into a sarcoma. To reason to believe that in many of these large metro- me it appeared that the transformation had taken politan hospitals the diagnostic resources are not place in the epithelial covering, and that the tumor always exhausted prior to the operations, and that was not a sarcoma, but a squamous epithelioma; an often the true nature of the case is only revealed opinion in which I was confirmed in my own mind during the course of the operation. most prominent surgeons are not exempt from this tumor, where the cylindrical cords from the surface fault. The greatness of a surgeon should never be of the tumor towards its centre could be distinctly measured by the brilliancy of his operations but by recognized. Mr. Bryant's favorite antiseptic soluthe knowledge and care he exercises in rendering a tion is a weak watery solution of iodine, which he correct diagnosis upon an anatomico pathological prefers to any other antiseptic, and with which he basis.

maximum at a dinner with Sir William MacCormac, from the two most noted European laparotomists, at the Reform Club. On this occasion I met the Tait and Péan. house surgeons of St. Thomas's hospital, and Mr. Trimmer, Secretary of the College of Surgeons. 1 shall always cherish the recollections of that evening DOMESTIC CORRESPONDENCE as a bright and verdant oasis of a laborious professional life. The last day of the week I spent in London I devoted to a visit to Guy's hospital. One of the great attractions of this institution is the anatomical and pathological specimens, modeled in only have I been the subject of criticism for my adwax by the skillful hands of Mr. Thomas Town, who vocacy of strong currents of electricity in the treatspent nearly half a century of his useful life in their ment of fibroid tumors of the uterus, but the technias life itself, can be found here illustrating questioned. In regard to the first I think I will be normal anatomy and pathological specimens, able to justify myself, while the latter simply requires know of no better anatomical school an explanation. than the museum of Guy's Hospital, where, upon! In order for one uninitiated to understand how it long tables under glass covers, the most beautiful is possible to employ, without disastrous results, a models, taken from actual dissection, illustrate every current of electricity of as great intensity as that organ and every region. The students appear to take recommended by Dr. Apostoli, or as recommended advantage of this opportunity to master their anat- in my article in The Journal of April 4, it is necomy, as quite a number were seated in front of the essary that he be made familiar with the following upon a case of congenital hydrocele of the cord in a electro-motor force of the current. boy 8 years of age. The testicle could be distinctly The maximum strength of current recommended isolated from the swelling, and there was reason to in ordinary cases (from 200 milliampères upwards),

it had been customary heretofore to resort to pre-believe that the communication with the peritoneal

On a previous occasion I had made the acquaintthological standpoint. The patient was an old gen-A third operation was performed by Mr. Dent, tlemen who had been suffering from a papilloma upon Many of the by a macroscopical examination of a section of the has had most excellent results. In my next letter I The pleasure of my visit in London reached its hope to give an account of my observations gathered N. Senn.

GALVANIC MEASUREMENT.

Dear Sir: In a few of your recent numbers, not Hundreds of specimens, as natural cal correctness of some of my statements has been

specimens with Gray's Anatomy in their hands. The points: 1. The toleration of the particular tissues models illustrating pathological specimens show the traversed by the current; 2, the end sought by the tissue changes much better than the original speci- operation; 3, the principles of the electrodes; 4, mens. In the afternoon Mr. Davies-Colley operated kind of current and method of appliance; 5, the

is only employed in the needle operation and for the purpose of checking alarming hæmorrhage from the the size and character of the electrodes, the pain cavity of the uterus. As the latter constitutes one produced in conducting a current through a tissue is of the most alarming, and very often the only grave also dependent, to a great extent, upon their characsymptom of this distressing malady, we are frequently ter and position. With a small active electrode, inconsulted for that difficulty alone. The end sought ternally applied, where the tissues are not sensitive, in the treatment of such a case is to seal up the and a dense and high-tensioned current is not only blood-vessels that are discharging their contents tolerated, but necessary, the external abdominal or into the uterine cavity. This effect is accomplished surface electrode must be of such a character that it not only as may sometimes be temporarily done by an actual or galvano cautery, or strong acid, or causpossess the maximum conductivity consistent with tic alkali, or the curette, but also because it produces little pain. The electrodes by which I make this a similar though less destructive effect upon the possible were described in an article in The Jourdeeper tissues as the current passes through them. NAL of April 23, 1887. The internal electrode that is employed in a case in It is not a difficult matter to understand that a which this result is sought is of platinum, and has an painful and disastrous result would ensue if, instead active surface in contact with the tissues to be af- of the large surface electrode externally applied, a fected of from 4 to 8 square centimetres. From this | small, highly conducting electrode should be substismall surface the current radiates, as from the centre tuted. In such a case, of course, the same effect of a sphere, to a large portion of its circumference, would be produced upon the sensitive external tissue which is represented by a large, concave, abdominal that we expect internally (cauterization and coaguelectrode, which is arranged to conduct equally from lation), because of the condensation of a strong curits entire surface. This external electrode may have rent, that was just tolerated when diffused over a a conducting surface varying from 400 to 800 square surface of from 400 to 800 sq. cm., to a surface of The portion of the patient, then, that the very much smaller dimensions. base would be composed of the most sensitive tissues same tissues, is often received without a complaint. of the mass—the abdominal wall and its integument.

The effect which is necessary for us to accomplish in strength a cell at a time than if the full force of the this cone of tissue in order to effectually check ham- battery is switched on at once. orrhage from its apex, or the internal surface of the action; and when the more sensitive tissues of the ferred to shortly. surface are reached, the current is so thoroughly dif-

While the density of the current is dependent upon

electricity traverses might be represented by an Again, while it is necessary to have proper elecinverted cone, the apex of which is at the internal trodes to prevent destructive and painful effects, it is electrode, with a surface of from 4 to 8 sq. cm., the also necessary to have a steady and uninterrupted base corresponding to the external electrode, with current. If it is even and continuous, a much a surface of 400 to 800 sq. cm. If we should remove stronger current will be tolerated than when it is unthis cone of tissue and analyze it in many cases of even and interrupted. The mechanical effect of an fibroid tumors of a hæmorrhagic nature operated interrupted current of 25 milliampères strength upon, we would find about one fourth of the cone through the abdominal walls could not be tolerated from its apex toward its base composed of hard, un- for a moment without the most excruciating pain, sensitive muscular tissue of the uterus, two thirds of while a smooth and uninterrupted current of 300the remainder of unimpressionable myoma, while the milliampère strength, properly applied through the

For the same reason, the greatest precaution must The enormous current of electricity that this cone be exercised in turning on the current, to see that it of tissue will tolerate, without injury to innocent is done gradually. A much stronger current will be parts, is what I have been criticised for advocating, tolerated without discomfort if it is increased in

In estimating, then, the effect of a strong current uterus, is as follows: At the apex, where the power- of electricity upon a body, it is of the greatest imful current is concentrated on a surface of from 4 to portance to take into consideration: 1, the toleration 8 sq. cm., we seek mild cauterization; as the current of the particular tissues traversed by the current; reaches the tissues immediately beneath the surface, 2, the end sought by the operation; 3, the density of and is not quite so concentrated, we want strong co- the current and the principles of the electrode; 4, agulation without positive destruction; as the current kind of current and method of appliance; 5, the still further radiates we get milder coagulation, then electro-motive force of the enrrent. The bearing strong electrolytic action, then milder electrolytic the electro motive force has in the case will be re-

If the above points are thoroughly borne in mind, fused that nothing more than a smart burning sensa, it seems to me even the most uninitiated can appretion is produced, and a temporary reddening of the ciate how utterly void of value the example cited by skin. The strength of current in milliampères that Dr. Engelmann in his last letter, in support of his will accomplish this effect is directly proportionate opinion in regard to the point at issue between us, is. to the conducting surface of the internal electrode. "Ten ampères," he says, "is the current used in the For instance, if the conducting surface of the inter-large electric lamps upon our streets. If an nal electrode is 1 sq. cm., and a definite effect is ob- unfortunate fireman comes in contact with such a tained, with a 100-milliampère current it will require current for a moment he is struck dead! The fatal just double that strength of current to produce the shock is caused by about one-tenth of an ampère, same effect if that surface is increased to 2 sq. cm. 100 milliamperes, through the high resistance of the human body." If this is a conclusive argument, or with fairness to demonstrate that 100 milliamperes is any argument at all, why 10 ampères cannot be used unsafe, where the resistance is so small that only 26 in the method I have described, why is it not as con- volts are necessary to give the same current? clusive an argument against the use of 280 milliampères, which Dr. Engelmann maintained in his letter-should be considered of any value—and I think that of April 11 that he himself had used? The argue I have demonstrated why it should not—his conclument is still further confused by the following state- sion that death necessarily follows such a shock is ment: "The current used for the Brush Electric not well grounded. While, occasionally, a death is Light is about to amperes; if this is sent through the reported from severing electric light wire, a number human body (the part of the body is not mentioned) of well authenticated cases can be cited to each one which, with the dry skin, represents a resistance of of these, where the shock from the same cause pro-30,000 ohms, roughly estimated, one-tenth of an duced but temporary inconvenience. ampère (100 milliampères), strange as it may seem, would be the actual current passing through and 1.4 on this line, after figuring the power of my battery causing the fatal stroke!" If we analyze the above to a maximum current of 40 or 50 milliampères, says: statement we will not only see that it is without value as an argument against strong currents properly used, because it is in no way a parallel case; but we will also find that the conclusions are not necessarily single point within the tissue." That is just where correct.

the body through which the current passes, in the case of the "unfortunate fireman," cannot possibly the tissues with which the active pole comes in conhave the toleration that is possessed by the cone of tact. If he realizes this, he must appreciate that tissue I have described. Presumably, in the case of this cannot be accomplished, in the majority of cases, the fireman, the current traverses the body from hand by a 40 or 50 milliampère current. to hand. Here, instead of a solid section of tissue, two thirds of which is made up of pathological tissue made in his letter of May 14, and the criticism, in the and involuntary muscular fibres, the combined resistance of which may be as low as 50 ohms, we have the sensitive voluntary muscles of the arms and with which I do most of my office work consists of shoulders, with their sensory nerves, the lower cervical and upper dorsal spinal cord, the accompanying this accomplishes all that I require. However, convaso motor ganglia of the region, the vagus and other important nerves, and the enormous resistance of manufactured by McIntosh & Co., of this city, called 30,000 ohms.

of the peculiar electrodes I have adopted, it is possible to use a much more powerful current, because it my office battery 174 volts. Besides this power, which is widely diffused where it comes in contact with the I find ample for all except extraordinary purmore sensitive tissues, while, in the case of "the un- poses, I have been indebted to Dr. McIntosh for adfortunate fireman," the current enters the body in ditional apparatus whenever I have, for experimental the most concentrated form, from the small section purposes, found it necessary. I made this explanaof a highly conducting metal wire.

it is for us to have a steady and uninterrupted current, the necessity of increasing its strength very rent of from 300 to 600 milliampères. The internal gradually, so as to produce no shock. In the case resistance of the battery is 230 ohms, instead of 1,150, of "the unfortunate fireman," as he severs the wire, the whole force of an electric light system with an sues and electrodes is not more than 150 ohms. The electro motor force of from 1,000 to 40,000 volts, is electro-motive force of the battery is about 130 volts. instantly flashed through the most sensitive part of By Ohm's Law we get $\frac{R}{R} = \frac{1380}{1380} = C = .342 \pm 0.07$, or 342 his body.

and fibroid tumor by the method I have described, volts, I increase the current to 400 or 800 milliamif we allow that the resistance of the tissue between peres. the electrodes is 60 ohms, the resistance of electrodes, conducting wires, galvanometer and battery am using a current, at any time, that cannot be readat 200 ohms, will be not more than 26 volts; while ily borne by a patient unanæsthetized. The current the electro-motive force of the current that passes is turned on a cell at a time, with great care, until through "the unfortunate fireman," at the lowest esti the required strength is reached. If the electrodes mate, if it overcomes 30,000 ohms, is 10,000 volts. become painful before the required current is ob-Surely, can a current of 10,000 volt force be used tained, it must be carefully turned off and the elec-

5. Then, after all, if Dr. Engelmann's illustration

Dr. Massey, of Philadelphia, in his letter of May "But even 40 or 50 milliampères really used by Dr. Martin are strong doses, when applied to the delicate lining membrane of the uterus, or concentrated at a we are misjudged. If Dr. Massey had read my It is not a parallel case because, first, the part of paper carefully he would have noticed that we seek to coagulate or liquefy (as the indications demand)

Finally, in answering the criticisms of Dr. Massey same line, of Mr. H. L. Bailey in his letter of May 28, I wish first to make an explanation: The battery 115 gravity cells. Under ordinary circumstances, nected with the same switch board I have 36 cells, "improved gravity cells." Each one of these cells 2. In the operation I have described, by the use has an electro-motive force of 1.5 volt; these cells added make the combined electro-motive force of tion, as I have no desire to mislead my readers, or to 3. I have endeavored to point out how necessary pose as a violator of Ohm's Law. However, from my 115 gravity cells I am able to get, and do get, a curas figured by Dr. Massey; the resistance of the tismilliampères. If the resistance is less, as is often 4. The volt-force necessary to get a current of the case, the current will be correspondingly higher. 100 milliampères through the tissues of the abdomen. By switching in my additional cells, representing 54

I wish to correct any impression, however, that I

rent. Yours truly,

Franklin H. Martin, M.D. 163 State St., Chicago, May 30, 1887.

BOOK REVIEWS.

MEDICAL ELECTRICITY. A Practical Treatise on the Applications of Electricity to Medicine and Surgery. By Roberts Bartholow, A.M., M.D., LL.D., etc. Third Edition, Enlarged and Improved. With Illustrations. Svo, pp. 304. Philadelphia: Lea Brothers & Co. Chicago: A. C. McClurg & Co.

This book, in its preceding editions, has been before the public long enough to be well known. the works written by Professor Bartholow are deservedly popular, for they are clearly and well written. The present volume covers the usual ground gone over by treatises on this subject. Electricity, its nature and modes of manifestation, are first considered; then the means of generating it; later electro physiology, or its physiological action; and finally its use as a diagnostic and therapeutic agent. The additions to this edition have been chiefly to the sections on therapeutics. The portions devoted to electric illumination and galvano-cautery have been enlarged. Galvano-faradization and electric baths are also described." Without doubt this edition will maintain the popularity of the work.

MISCELLANEOUS.

NEW HAMPSHIRE STATE MEDICAL SOCIETY.—The ninety-seventh annual meeting of this Society will convene in the Opera House, North Main Street, Concord. N. II., Tuesday, June 21, 1887, at 11 o'clock A.M. The Councillors will meet in the office of Dr. Conn at 8:30 P.M. of the previous evening. June 20. Prof. Carlton P. Frost, Hanover, President; Dr. G. P. Conn, Secretary.

STATISTICS OF TYPHOID FEVER.—In an Amsterdam! graduation thesis, by Dr. M. Niemeijer, on the Statistics of Typhoid Fever, out of fifty cases in which complete observations were recorded, prodromata occurred in twenty five, rigors in sixteen, "cold shivering in one, pain in the left side in seven, diarrheea in forty two, splenic enlargement in forty-eight, rash in forty seven, ileo caecal gurgling in nineteen, and Tryon, Rufus J., Surgeon, detached from the U. S. Str. "Quinpain in the same region in twenty, bronchial catarrh in forty three, albuminuria in twelve, in three of which eystitis followed. In sixty-three cases, relapses occurred six times. With regard to complications, out of seventy-three cases, intestinal hæmor-rhage occurred in five; peritonitis in three, perfora-list converge in two of these. Other complications tion occurring in two of these. Other complications

trodes changed or rearranged, so that the required were: pharyngitis, one; acute follicular sore-throat, current may be obtained without pain. The greatest one; parotitis, one; epistaxis, three; laryngeal care must always be observed in the selection of perichondritis, one; pulmonary infiltration, thirteen; electrodes and the proper manipulation of the cur- pleurisy with effusion, three; thrombus of the crural vein, one; acute nephritis, one, in a somewhat doubtful case; nephrolithiasis, two; herpes labialis, three; cutaneous hæmorrhage, three; periostitis of the tibia, one; joint-affections, three; meningitis, one; neuralgia of the sole, one; profuse perspiration, two; polyuria, one; mental disturbance, four; deafness, five; bleeding from the ear one. The total number of patients on whom observations were made was 194. Of these, twenty, or 10.3 per cent., died, the male mortality being decidedly higher than that occurring amongst female patients—12.5 per cent., as compared with 6 per cent.—British Medical Journal, May 7, 1887.

> GASEOUS TREATMENT OF CONSUMPTION. - Dr. Henry Leffmann, Editor of The Polyclinic, (P. O. Box 791, Philadelphia), desires to obtain results of the new treatment of Pulmonary Consumption and Phthisis by gaseous enemata, for publication in The Polyelinic. The correct therapeutic value of this method can only be arrived at by the collection of statistics, and he therefore requests any one who has administered the gas to communicate the result to him, the formula used, and any special information that may be useful.

> ABDOMINAL SECTIONS.—Professor Joseph Eastman, of Indianapolis, Ind., recently reported the results of twenty four cases of abdominal section with twenty recoveries. Four were operated on in the City Hospital, ten in his private hospital, and ten in private residences. In twenty-two of the cases the operations consisted in removal of one or both ovaries, and in fifteen of these, the tubes were included. The operation was exploratory only in one case, revealing encephaloid disease of the left ovarium and adjacent parts; and in the remaining case a fibroid tumor of the uterus was removed, weighing six pounds.

> OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM MAY 28, 1887, TO JUNE 3, 1887

> Capt. 11. O. Perley, Asst. Surgeon, relieved from duty at Ft. Maginnis, M. T., and ordered for temporary duty at Ft. Snelling, Minn. S. O. 40, Dept. Dakota, May 23, 1887. First Lieut. Wm. N. Suter, Asst. Surgeon (recently appointed), ordered for temporary duty at Washington Bks., D. C. S.

O. 122, A. G. O., May 27, 1887.

OFFICIAL LIST OF CHANGES IN THE MEDICAL CORPS OF THE U.S. NAVY, DURING THE WEEK ENDING JUNE 4, 1887.

Bransford, John F., Surgeon, ordered to the Smithsonian Institution, at Washington, D. C.

nebaug," and ordered home. Siegfried, Chas. A., Surgeon, ordered to the U. S. Str. "Quin-

nebaug." Martin, Win., Asst. Surgeon, detached from the U. S. Sir.

" Pinta," and ordered home.

"Vermont."

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ADDRESS IN MEDICINE.

Delivered before the Section of Practice of Medicine, Materia Medica, and Physiology, at the Thirty-Eighth Annual Meeting of the American Medical Association, at Chicago, June 8, 1887.

BY JOHN S. LYNCH, M. D.,

OF BALTIMORS, MD.

In searching the records of this Association to find how my predecessors have discharged the duties of the position which the partiality of my fellows in the Section on Practice of Medicine, Materia Medica and Physiology has assigned to me, in order that I might profit by their illustrious examples, I find that with rare exceptions, these addresses have not been (what the Association originally intended they should be) a review of the advances and discoveries made during the past year in the branches of medicine in this section; but have consisted of discussions of a single topic which has recently most prominently occupied the attention of the profession. If I should there are really so many subjects of transcendent of which so much could be said, that I should finally neither satisfy myself nor the audience I address by the selection I should make. Moreover, as most of these topics would necessarily have to be discussed in a manner more or less speculati e, it occurs to me that few would take any interest in my speculations upon any of them. I shall, therefore, as briefly as I can, glance at some of the discoveries, or pretended departments of medical science, not of this year alone, but during the past few years. For while the time of the announcement of a discovery or advance, may constitute an important epoch long enough to be remembered afterwards, it is only after long trial during which the real value of the discovery is to be tested, value.

ANTIPYRETICS.

keeping down morbidly high temperatures constitute ers to produce final exhaustion and death. What we the most powerful weapons we possess in combatting wanted then was something more certain and effective a large majority of the diseases to which mankind is than quinine, less disagreeable to the stomach, and heir to. As I grow older and my experience enlarges less injurious to the nervous system, and free from I become more and more convinced that fever is the any poisonous effect, that would put out the fire by lethal agent which destroys life in almost every dis stopping combustion—an antipyretic.

ease in which that functional derangement is present. Whether in specific diseases or common inflammations it is most frequently the morbid high temperature by its wasting destruction of tissue, the arrest of nutrition and the associated derangements of function that determine the fatal result. Of course in the so called specific fevers it is the sole destructive agency. In consumption (which in temperate climates destroys nearly one-sixth of the population) it is the accompanying fever and its grade which determines the duration of the disease. Ninety cases in a hundred of pulmonary consumption die from asthenia long before the destructive processes going on in the lungs have deprived the patient of a sufficient amount of his respiratory apparatus to destroy his life. He dies not of apnœa but of asthenia. Even in ordinary inflammations it is usually the fever that kills and not the destruction of the organ inflamed; while the fever, although perhaps at first directly caused by the inflammation, reacts upon it, continues and intensifies it.

Until a very few years ago we had but a single follow the example thus set me I would be greatly agent that could be used successfully as an antipypuzzled in making the selection of such a topic; for retic, and this was so uncertain and so irritating to the gastric mucous membrane that it often failed us, importance crowding upon our notice, of either one and still more frequently could not be tolerated in doses sufficiently large to do its work. Indirect antipyretics of great activity we possessed in veratrum viride, aconite and digitalis, but these were too energetically poisonous to be safely used on all occasions. Apyretics—that is medicines which increased heat loss—we had in abundance; but these could not be continued long, for although the nervous system may be protected from the directly injurious effects discoveries, advances, or hoped for advances, in our of heat, by them, they did not arrest the too active combustion going on and the patient died of exhaustion almost as soon as if left alone. We may heap ice on our steam boiler and thus prevent the formation of steam, or perhaps cause its recondensation as soon as formed, but we do not stop the consumption of coal in the furnace underneath. And so, too, we that we can accept it as of proven and established may by bathing, sponging or sweating keep down the temperature of the body externally, but the combustion is still going on internally, not quite so rapidly Unquestionably the means of safely reducing and perhaps, but still at a sufficient rate in protracted fev-

This most desirable agent has been found in a expended in stamping out the pestilence. Yet this ber, 1884. I began its use in all diseases attended with against its ravages. a single person die of enteric fever, scarlatina or sputa of tuberculous patients, and by experiment on late), and that the duration of cases of phthisis seems tablished an etiological relation between this microbe combined with other alkalies.

latter, which is unfortunately a patented article; but more difficult of administration.

CARDIAC STIMULANTS.

During the past year two new cardiac stimulants have been brought to our attention, for one of which the valuable claim was made, that it energized the heart without increasing arterial tension. I have used the substance, which has been called strophan tin, but have not been able to realize the valuable properties claimed for it. Spartein sulphate I have used in a single case only, but it produced in my patient such an intense, agonizing headache that I have not ventured to prescribe it a second time. hardly possible that we shall ever find a better remedy for all cardiac lesions than digitalis, which combines the two valuable powers of energizing the heart and stimulating the action of the kidneys at the same time.

PHTHISIS.

The etiology, prevention and cure of pulmonary phthisis must always be to us as well as to the people at large a subject of paramount interest. As already stated it is the cause of death throughout the tem perate zones of our planet of nearly one sixth of the population. It destroys more people probably than war, pestilence and famine combined. All the so called zymotic diseases together, including cholera, yellow fever, malarial fever, small pox, diphtheria, scarlatina and measles, do not destroy so many of our race as this deadly foe to human life. If an epiyour city and produce an annual mortality one half cilli. of that produced by consumption alone, public indig. | showed virtually the same thing. nation would be aroused against the inefficiency of

substance discovered by Knorr, of Erlangen, Ger- terrible pest is silently doing its deadly work but many, which he named antipyrin. Early in Novem- excites no public attention-no public protest

fever, and my own estimate of its value may be in- "It was sincerely hoped that when Koch announced ferred when $\hat{\mathbf{I}}$ say that since that date $\hat{\mathbf{I}}$ have not seen—his discovery of a peculiar microbe in the lungs and measles, only one of croupous pneumonia (seen too some of the lower animals had, as he supposed, esto be very nearly doubled. In acute inflammatory and tuberculosis, that one step had been made in rheumatism it seems to be scarcely less efficient than advance towards preventing at least, if not curing, sodium salicylate. The dose should be about one this dreadful disease. His discovery was hailed with gramme, repeated at first every hour until three doses delight, and his conclusions were accepted without have been taken, and afterwards every three or four question (and I might add, almost without reason) hours. It is very soluble in water, has a slightly by a large majority of the ablest and oldest members pungent and bitterish taste and rarely excites nausea. For the profession. For a long time we heard of If it should do so it may be given in lime water or scarcely anything but the bacillus tuberculosus and the contagiousness of phthisis. In order to make Another substance belonging to this class of facts conform to theories, even the able and rational remedies has recently been brought to our attention views of Virchow and Niemeyer in regard to the under the name of acetanilid, and has been sold in nature of tubercle were discarded, and the older and some of the shops as antifebrin. From a few ob-|cruder doctrines of Laennec were revived, that servations it has been found to be even more power- everything is tubercle that has or can undergo the ful in antipyretic action than antipyrin. It has the caseous transformation or degeneration. The idea advantage of being very much cheaper than the that the bacillus tuberculosis might be the special agent which attacks and destroys dead cellular it has the disadvantage of being entirely insoluble in masses that have undergone the caseous degenerawater and alkaline solutions; and for children, there-tion, whatever may have been their origin; just as fore, who cannot swallow pills or capsules it is much the vibrio and its congeners attack pus; the yeast plant saccharine solutions, which in turn, when fermentation ends, is attacked by the bacterium of active fermentation; the ordium albirans particles of putrefying milk in the mouth of an infant; and the micrococcus the plastic exudations of croup and diphtheria, was scouted by the followers of Koch asabsolutely absurd. And yet, more recent and careful experiments seem to show that this is probably the truth, and that the bacillus tuberculosus is only pathogenic when previous pathological changes have produced the conditions favorable for the growth of the microbe, or the animal is placed under such conditions as to invite and cause those pathological

The recent experiments of Dr. Truesdale, of New York, related in a paper read before the Climatological Society at its last meeting in Baltimore, show this, we think, with tolerable clearness. This gentleman took fifteen rabbits, which he divided in three equal groups. Five were inoculated with Koch's bacilli and placed in a damp, dark cellar and insufficiently fed on unwholesome food. They all became sick and died with tubercles. Five others were placed in a damp pit and badly fed, but were not inoculated with tubercle. One of these died and all became sickly. When killed no tubercle bacilli were found, and, as far as he could see, no tubercles. The last five were moculated with tubercle bacilli and turned out on a rich pasture, with plenty of air and abundant, wholesome food. They remained perfectly demic of cholera or small pox should break out in healthy, and when killed showed no tubercles or ba-Sternberg's experiment several years ago

changes.

Now, what is the rational deduction to be drawn your health boards, and millions of dollars would be from these facts? That tuberculosis is a contagious this infection is the bacillus tuberculosis? Surely complete induration of the lower lobe of his left not, because even rabbits, who are more prone to lung, but still remained in sufficiently good health to tuberculosis than any other animal, except, perhaps, follow that laborious occupation. At last, however, their congener, the guinea pig, cannot be infected by the mass began suddenly to break down, and he died inoculation when placed in good hygienic conditions, in about four months from pulmonary phthisis. The and sufficiently supplied with wholesome food. But case of this man was particularly interesting and init may be said that other animals not reckoned among structive, as showing that the danger from bad hygithose liable to tuberculosis, as the dog and cat, have enic surroundings, and especially from bad air, is been infected with inoculations of bacilli. This is even greater than the danger of direct contagion. true, but in order to accomplish this the microbes. He married a young woman who was then in good must be introduced into a serous membrane, where health and remained so for six years. At the end of they excite pain, fever and inflammations, usually at that time she was attacked with uterine hemorrhages tended with cellular exudations, which in turn under- which made serious inroads upon her health, and fingo caseation; so that here, too, they find the condi- ally culminated in an attack of true mihary tubercutions favorable to their growth. If tuberculosis is a losis of the lungs which destroyed her life in about contagious and infectious disease, it must differ from four months. Notwithstanding he occupied the same all other diseases of this class. Every one will take room and bed with his wife during her illness, he revariola, or measles, or scarlatina, when sufficiently mained in his ordinary health for two and a half exposed, unless protected by vaccination in the one years afterwards, when, his business becoming dull, case or previous attacks in the others. Yet compar- he obtained an appointment in the Maryland oyster atively few take the tubercular disease, even in those navy as common seaman. Two months of sleeping regions where it is most abounding; and an occa- in the fetid atmosphere of the dark, damp forecastle sional case occurs in regions where it does not of his vessel brought on the rapid consumption which abound, and where infection would seem to be phy- ended his life. While, then, it cannot be denied that sically impossible. And yet, man is preeminently a infection may, and probably does set up consumption tuberculous animal, and far more human creatures in those who have suffered either of the accidents I left in their natural conditions.

culosis is the sole, or even a frequent etiological fac- lesions which constitute the basis of fully 90 per cent. tor in initiating tuberculosis, I do not assert that it of all the cases of consumption we meet with, and has no pathogenic significance. I have already ex- invites the injurious action of the pathogenic microbe pressed my belief that this microbe is the agent which which brings to a fatal termination lesions which destroys and breaks down matter that has undergone might otherwise remain quiescent for many years, caseation, converting it into a semi-purulent, putrid and even be not inconsistent with a fair degree of mass, whose contact with the living tissues around it longevity. is sure to set up inflammatory and ulcerative processes, and whose absorption into the blood, with or good of our common humanity. Let us try to teach sis is a most frequent result, and cellular exudation but into which will infallibly gravitate the deadly carwhich has undergone the same process, the introduction of the bacillus of Koch will be fraught with the must end in some form of the pneumonic process. most terrible consequences. That one may carry a caseous mass in his lungs for years, and yet enjoy fairly good health, is well known to all practitioners up pulmonary phthisis. The other was a ship car- a consumptive. It is not surprising, therefore, that

and infections disease solely, and that the agent of penter in Baltimore, who for nineteen years had a die of the disease than of any other animals when have mentioned (viz.: catarrho-pneumonia and scrofulosis), we must remember, after all, that it is bad But while denying, as I do, that the bacillus tuber- hygienic surroundings which cause the pathological

Here, then, is a field in which we can work for the without the bacillus, will lead to that general degrad- our people, in building our cities and towns, to avoid ation and depravation of the circulatory fluid which the construction of narrow alleys into which the sunis sure eventually to lead to certain quasi-inflamma- light never comes; that living in damp cellars and tory processes elsewhere of which miliary tuberculo- basements, where not only is ventilation impossible, an invariable one. To a person, therefore, who has bonic dioxides exhaled by men and animals in the had the misfortune to contract a catarrho pneumonia neighboring streets, which not only directly poison which has left behind it a cellular exudation into the the nerve centres and produce deficient functional alveoli of the lungs which has undergone the caseous activity of all the glandular organs, but diminish the degeneration; or even a so-called scrofulous gland amount of oxygen inhaled, impairing the aeration of

BERGEON'S TREATMENT.

Acting upon the theory of Koch and his followers, of long experience. I recall two such cases: In that consumption is caused by a microbe in the alve-February, 1862, a soldier in the Confederate Army oli of the lungs, numerous plans of treatment which contracted a catarrho pneumonia from which he re- have for their object the destruction of these microbes covered with a permanent consolidation of the upper have been devised. All of these promise some suclobe of his left lung. Two years ago I had an oppor- cess in the beginning, because it gives the unfortutunity to examine this man, and found the induration nate a new hope to cling to, and places them in a still there, but his health was fairly good. I have no state of pleased expectancy which for a time buoys doubt in the world that the introduction of the bacil-them up, and even reacts upon their morbid physiolus tuberculosis in this man's blood would at once set logical processes. For no sick person is so hopeful as

Bergeon, of France, who, in the latter part of 1886, soliciting contributions. The result has been that we announced that he was curing consumption by in- have more papers than the Section can possibly read jecting into the lower bowel a mixed gas consisting and discuss, and which have the advantage of being of sulphuretted hydrogen and carbon dioxide. The entirely spontaneous, and inspired only by the entheory upon which this treatment is based is that this thusiasm and energy of their authors. gas is absorbed through the intestinal mucous membrane and exhaled through the pulmonary surfaces, and, coming in contact with the pathogenic microbes there, destroys them. Dr. Bergeon must have forgotten that these microbes are not found in the alveoli free from disease, and where, if at all, the gas must be exhaled, but in the solid tubercular masses occupying these air sacs, into which the gas can hardly penetrate, and from which no exhalations take place. Even then, admitting that his mixed gases can destroy the microbes, which seems highly improbable, in view of the fact that they are continually exposed to an atmosphere so highly charged with carbonic dioxide that its retention in the lungs for five minutes will produce unconsciousness, it is not clear how they are to reach the objects intended to be tient, but seemed to be inevitable. destroyed. Accordingly, we find that in other hands eral cases, and I can report nothing in favor of the some other cerebral nerves. treatment. One case was, I thought, injuriously affected by it, and died apparently a little sooner than been in good health, with the exception of malaria in if he had been left alone. While the antiseptic, 1878 and a short relapse in 1879. He denies syphior rather the aseptic, treatment may have a certain litic infection strenuously, but admits of having run value in surgery and obstetrics, in medicine it must the chances of it during his youth. He has two always remain an impossibility. For, admitting all healthy children. He has never smoked or drank to that is claimed as to the agency of microbes in set- excess. Eight months ago he was attacked by severe ting up and keeping up disease processes, it must be frontal headache lasting almost steadily, and always remembered that they are biologically as high in the worse at night. About five weeks ago this became plane of life, and if all experiments can be believed, more limited to the left side, and has since diminhave a higher resisting power than the cells which ished gradually. He has suffered from sleeplessness, inevitably also destroy the other.

consider to be a vicious custom that has grown up easionally. Two months ago, while at work, his among the chairmen of our Sections. When elected sight failed him almost completely. He had to grope papers, possibly, but from gentlemen who, wishing to the right to the left side. please, would write something under stress, and not up in the thousands, these solicitations ought to be is also true of the right side. The retinal arteries, unnecessary. There must always be, among the four | however, appear a trifle narrower in the right eye

these several plans of treatment should be precipi- thousand odd members, a sufficient number who have, tately heralded to the world as most pronounced or think they have, something which they wish to tell and which is worth hearing. I have therefore ignored The latest of these plans is that proposed by Dr. the old custom, and have not written a single letter

ORIGINAL ARTICLES.

CONTRIBUTIONS TO THE CLINICAL HISTORY OF SYPHILIS.

BY H. GRADLE, M.D.,

OF CHICAGO.

(Concluded from page 652.)

The following case has but an incomplete record, but the past history and the array of symptoms presented by the patient give it some clinical interest-The diagnosis of syphilis was disputed by the pa-

Case 3.—Persistent headache for months, with nocthe plan has proved to be a wretched failure. As turnal exacerbations. Repeated transient attacks of physician to Bayview Asylum (the Baltimore city hemi-paresis. Sudden blindness receding spontanealmshouse) I have given the plan a fair trial in sev- ously. Paralysis of branches of the oculo-motor, and

History.—A. W., a laborer. at. 32, had always compose the living elements of our tissues. Any but is better now. Four months ago he felt a sudgermicide, therefore, which can destroy the one, must den weakness of the left side of the body, which passed off soon, but recurred four times the same In conclusion, I desire to call attention to what I day. Since that time he has had some dizziness octo this position last year at St. Louis, I was surprised his way, but did manage to get home without guidto be told that 1 and the Secretary of the Section ance. The left eye recovered in three or four days, were expected to write letters to prominent members. The sight of the right eye improved likewise, but is of the profession throughout the country requesting even yet not quite normal. As his sight returned, and urging them to write papers to be read before objects appeared to him double, for which annoythe Section; and that it is a common practice pur- ance, principally, he consulted me. At first the right sued by all the chairmen. It occurred to me that eye could not be opened fully on account of weakby this course I might secure a large number of ness of the lid. This trouble has now passed from

Present Condition.—October 19, 1886. The eyes because they had anything which they really wished appear normal externally and the pupils respond to to communicate to the profession. Years ago, when light. The left eye has a V. $\frac{2.0}{3.0}$, normal field, color the membership of our Association was small, this and light sense. Ophthalmoscopically, the only practice of inviting contributions may have been peculiarity is tortuosity of the retinal arteries. Othnecessary; but now, when our membership runs high erwise the disc, retina and vessels are normal, which convergence.

There is no sensory anomaly.

cipitate, which consists microscopically of fragments separated from each other. of structureless pliable membrane, to which the of this deposit I have not been able to learn.

four times a day, and one dose of calomel was given after unusual mildness or absence of earlier symptoms. for the bowels. Two days later there was no change. Hence their diagnostic value. beyond slight increase of the ptosis of the left lid. Mercurial inunctions were now begun twice daily, S., et. 32, had noticed for some two months some and quinine ordered three times per day, in the dose irritation of the lower part of the throat, lately of 0.3 grams. To keep the bowels regular, sulphate amounting to pain on swallowing, with radiation of Four days later he showed a decided improvement in health. On December 12, 1885, I found his ears that day.

Although the patient did not remember any syphic Moreover, his wife and child were healthy. litic infection or symptoms, and no characteristic

than in the left. The refraction in both eyes is that Jesions could be found externally, I believe that the of very slight hypermetropic astigmatism. Field and continuous headache, worse at night, the apoplectilight-sense are normal in the right eye, but colors form attacks without loss of consciousness at the age appear dimmer than with the left eye; they are, how- of 32 years, the exaggerated knee jerk, and the mulever, correctly seen. V. is $\frac{20}{60}$, undoubtedly on actiplicity and changeability of the pareses of the ocucount of a faint corneal opacity dating back to child-lar nerves, admit of no other diagnosis but guinmatous hood. Yet the visual power is not normal in either meningitis, probably with extensive syphilitic disease eye, for the patient cannot read more than a few of the cerebral arteries. He was markedly benefited, lines with either eye, the other being covered, before as far as comfort and subjective feeling were coneverything becomes misty, even with convex glasses. cerned, by the antisyphilitic treatment, though no Especially is this true of the right eye. On the left objective change occurred. But, whatever way the side there is incomplete prosis and paralysis of the various nerve-paralyses of the ocular and facial nerves superior rectus muscle; the right superior rectus is were produced, they had probably led to partial demerely paretic, but still obeys some. But the right generation by the time I saw the patient. The re-external rectus is entirely paralyzed. Although the covery, if at all possible, could hence not be expected right eye can turn towards the left side on looking to within any short period of time. According to the the left, it does not move at all during efforts at patient's statement he had probably had some iodide of potassium from another physician before I saw The patient is a muscular man who has, however, him. But of this I am not certain. The data do lost in strength and in weight to the extent of not seem to me sufficient to determine accurately some twenty five lbs, since the disease began. Be- which particular lesion caused the sudden transient sides the paralysis of the ocular nerves he presents blindness. There was nothing visible in the eye to slight paresis of the labial and nasal branches of the indicate its character. The tortuosity of the retinal right facial nerve. The tongue deviates to the left arteries may have preexisted. The veins were cerside. The palate is normal in its movements. Apart tainly normal. Of special interest is the dissociation from the general weakness there exists no other mus- of the two nerve paths controlling the internal reccular disturbance. The knee-jerk is, if anything, ex- tus muscle of the right eve. Although the patient aggerated on both sides. His sexual power and de- could turn the right eye freely towards the left, he sire have gradually failed, and are now gone entirely. was not able to perform the same movement on attempting to converge the two eyes for an object ap-The heart and, as far as could be learned, all other proaching in the median line. The symptom suggests visceral organs, are normal. He is somewhat consti- an encroachment of the disease upon the nuclei of pated, but seems to feel no direct effects from it. the ocular nerves beneath the third ventricle, for it His urine, of a sp. gravity of 1023, is chemically is there only where the nerve tracks of convergence normal, but has an abundant but very delicate pre- and of independent action of the internal rectus are

The following two cases would not present any stained amorphous urates cling. The significance features of special interest had the syphilis followed its ordinary clinical course. They illustrate, how-The patient was put upon iodide of potassium, 1.3 ever, the occurrence of very late tertiary symptoms

Case 4.-Gumma at the Root of the Tongue. Mr. of sodium was to be taken in hot water on rising, pain towards the ears. He had always enjoyed good his malaise, headache, sleeplessness and general con normal. There was slight hypertrophic catarrh of dition, but objectively there was no change. For the the pharynx, but on looking down with the laryngoquinine, strychnia was now substituted to the extent scope there was seen a flat nodule, about the size of of 3 milligrams twice a day. He was seen the last an almond, at the root of the tongue just in front of time on November 4. i. e., after 16 days of treatment, the epiglottis. It had about the color of the mucous when he felt better in every way subjectively, but membrane in that region, but its centre was ulcerwas anxious to have his diplopia cured. He was told ated, with steep edges. It felt hard to the finger. that this could not be promised with certainty, as the No enlarged glands could be detected under the jaw. lesion might possibly be irreparable on account of Was it epithelioma, gumma, or, less likely, tubercular the duration of the disease, but that he could go to infiltration? The patient, perfectly honest and thorwork if he felt strong enough. He was ordered to oughly frightened, knew nothing of previous syphilis, continue the iodide of potassium and strychnia, and and he seemed to be sufficiently self observing to ento suspend the mercury. But he did not return after title his judgment to credit. He had had a gonorrhæa during his youth, but never anything else.

Dr. Fenger was asked in consultation, but he, too,

was unable to decide the diagnosis absolutely. He increased. On Nov. 11, he began the specific treatadvised, however, antisyphilitic treatment, until he ment and within three days its influence was noticecould examine microscopically a bit of the nodule able. About one month later the parts were practi-which he snipped off at the time. Mercurial inunction and the use of iodide of potassium to the extent, tinued two to three times per week and had no doubt of 1.5 four times per day were at once begun. Within caused the nasal and pharyngeal catarrh to disappear three days the diagnosis was assured by the subjective at the same rate as the gumma, since its omission durimprovement of the patient, the report of Dr. Fenger ing several days was always noticeable to the patient, of finding the tumor to be a granuloma and the When did these two patients acquire syphilis? recollection of Mr. S. that some years ago he had For I fully believe their ignorance of the disease. had persistent pains in the bone of the leg. How-There was not the least indication of congenital disever no nodes could be found on the tibia. The ease on the skin, teeth or eye, and nothing suggeststeady improvement now continued until the gumma ing this view in their own or their family histories.

since childhood and has a healthy wife and child.

pecially the right one, show the effect of closure of appearance, viz., indurated base, indolent ulceration the Eustachian tube. The use of the catheter re- not progressive in extent, and a long period of inculieves subjectively and improves the hearing, and I bation after suspicious intercourse. These cases may as well add at once that daily catheterization can be briefly detailed. rendered the ears perfect in a fortnight. The nasal but the livid color indic ited venous stasis rather than and two children are healthy. arterial hyperaemia. There was no tenderness in-

palate, probably of syphilitic nature, with consecu-syphilis. He has remained free to date. tive irritation of pharynx and nose. But the patient had absolutely no syphilitic history. Both from toms? personal acquaintance, and his evident anxiety, I of the disease. I concluded to wait a few days, using of syphilis by excision of the initial lesion. nasal syringe, an insurfation of nitrate of silver fol- were followed by unqualified success. tion of crusts. He improved in comfort but during sutures where the edges of the small wound gaped. the next week the infiltration of the soft palate induring which time the ulceration and infiltration of appeared.

entirely disappeared in the course of three weeks. Perhaps infection occurred accidentally during child-Case 5.—Gummatous Infiltration of the Soft Palate. hood, followed by a very benign syphilis as it is often Mr. B. has complained for several months of ob- observed in children. Possibly they may have had struction of the nose, loss of smell, discomfort in chancres too insignificant to be noticed, and not folthe palate and throat, sometimes slight pain and lowed by secondary symptoms. I have seen two cases lately obstruction of the right ear and diminished of typical hard chancres not followed by secondary hearing. He is 32 years old, has never been sick consequences. Believing fully in the dual nature of venereal sores, I would not speak of these as hard Present Condition.—Nov. 1, 1886. The ears, es chances had they not presented all the characteristic

Case 6.—Gonorrhwa one week after intercourse. mucous membrane was reddened, the passage nar- Typical hard chancre in the uretha one inch behind the rowed by enlargement of the cavernous tissue. The orifice occurring during the second week of the gonorrear part of the inferior meati was filled with crusts, rhwa and lasting about two weeks under rodoform innot however presenting the smell of oz.ena. The suiflation. Painless induration of the inguinal glands. rear of the nose could not be examined very fully No Syphilis. This happened to a young man in on account of the narrow configuration. There was 1881. I have since seen him socially and professionsome hypertrophic catarrh of the pharyny. The soft ally very often, and can vouch for his present health, palate was swollen in its central part and congested. He married one and a half years later and his wife

Case 7 .- Typical hard chancre behind the glans dicative of an abscess. At the juncture of the front about twelve days after intercourse, Slight induration and rear pillars of the palate on the right side there of the inguinal glands. No Syphilis. The patient was a small ulcer. The patient was so sensitive and had been circumcised and there was no chance for a inclined to vomit, that the rhinoscopic mirror could clean excision of the chancre. It lasted about not be used then and even later on it was so disagree-twenty-five days. As he is a married man I explained able to him that I did not make any further attempts, to him the great responsibility. This happened in I could but diagnosticate an infiltration of the soft Feb., 1885, and I have since watched him in vain for

Will these two patients ever present tertiary symp-

Although I see but rarely any patients with syphfeel confident of the correctness of his statements, ilis except it involves the eye or ear, it may be of in-Moreover, there were no other objective evidences, terest to detail my limited experience in the abortion in the meantime the Eustachian catheter, the post-done this five times. One case was a failure. Four lowed by jodoform, and directing him to wear ab-tion is simple enough when anatomically feasible. sorbent cotton in the nostrils to prevent the forma. I have operated of course antiseptically and used

Excision of Chancres.—Case 1.—Dispensary pacreased, the ulcer over the right tonsil deepened tient of whom no full record was kept. Man 23 into a fistula about 1.5 centimeter deep and two years of age. Typical hard chancre on the rather other small ulcers, appeared on the oral surface of short prepute near the frenulum which was excised in the palate. I now ordered inunctions of mercury September, 1877. No (?) buboes. Union by first and four grammes of iodide of potassium per day, intention. Seen of and on during the next three The patient delayed this order a couple of days, months during which time no secondary symptoms

Case 2.—Mr. B., circumcised, contracted a hard but did not become hardened or unhealthy in appearweeks to heal. Three days after excision a bubo ap- had any indications of constitutional syphilis. peared in the left groin. Six weeks after the operasyphilis.

Case 3.-Mr. S., a married man of 48 years of age, observed a pimple on the prepuce three weeks after an illegitimate intercourse. On the sixth day of the disease I found a that nodule of the size of half a peawith funnel shaped ulcerated centre and well marked induration. No buboes. Excision. (July 19, 1880.) Wound became ulcerated and assumed appearance Read in the Section on Surgery and Anatomy, at the Thirty-of a large hard chance which healed slowly by the Eighth Annual Meeting of the American Medical middle of August under the use of iodoform, but not until it had been cauterized with nitric acid. A soft chancre was excluded by the hardness of the base and the absence of any progressive ulceration. No closely and came often for examination during the syphilis.

Case. 4.—Mr. M. had had a gonorrhoea since six dulgence. weeks. He was about well when he exposed himself or nine days of incubation) he detected a pimdeveloped into a typical hard chancre. In the left wound, and he was put to bed. groin four or five very small but hard glands could be stayed five weeks, and again in October the same tion, he was discharged, recovered, on March 1.4. year, without finding any evidence of syphilis.

foreskin over the glans, applied pellets of cotton control of the muscles of the right leg and arm. moistened with cocaine solution to the mucous

chancre on the scrotum two weeks after exposure, ance. It was closed by Jan. 30. The patient fully Excised on the fourth day (July 3, 1880). The warned as to the significance of syphilis should any wound reopened in spite of stitches and changed symptoms occur, did not return to my office until into a characteristic chancre, which required five April, 1887, for some other complaint. He had not

Typical hard chancres not followed by constitution roseola and sore throat indicated constitutional tional syphilis, as in cases 6 and 7, occur too rarely to explain the success of this small series of excisions.

TREPHINING IN A CASE OF INTER-MENINGEAL HÆMATOMA, WITH HEMIPLEGIA. RECOVERY.

Association.

BY S. T. ARMSTRONG, M.D., PH.D., PASSED ASSISTANT SURGEON U. S. MARINE HOSPITAL SERVICE.

In presenting to this Section the history of a single buboes formed. The patient observed himself case, it is hoped that the interest attached to the subject of cerebral localization from a surgical standnext three months. I have seen him a number of point, as well as the comparative rarity of recorded times since and have never found any evidence of operations for the conditions herein reported, will prove to be sufficient excuse for soliciting your in-

Case.—George Jones, negro, aged 53 years, a again two weeks ago. This rekindled the urethal dis native of Virginia, shoemaker by occupation, on charge and produced an inflamed and tender February 27, 1887, was struck on the left forehead bubo on the right side. Since six days (about eight by a brick, the edge of the missile producing an irregular, lacerated wound, about one half an inch ple on the left side of the frenulum on the above the external edge of the eyebrow. He was foreskin (which had been circumcised at birth). At unconscious for a short time; cold water dressit gs the time I saw him (Feb. 8, 1884,) this pimple had were applied to staunch the hemorrhage from the

I was called to see the patient on the morning of felt which he thought had always been there. Ex- February 28, and found his general condition good, cision. The wound did not close entirely by first but the wound unpromising on account of being intention, but remained healthy and aseptic under filled with dirt particles acquired from the brickiodoform. Within a week it was healed. But the Probing detected no denudation of, or other injury bubo on the right side began to trouble him so that he to, the skull. The wound was cleansed as much as, went to a hospital, where it was opened. This sup- possible, and dressed antiseptically. There was no purating gland being on the other side of the median subsequent malaise, though slight annoyance from line, could not have been started by the hard chancre, roaring in the left side of the head; he walked half but must be attributed to the gonorrheea. I saw the a mile to my office, when subsequent dressings were patient various times while in the hospital, where he required; and the wound having healed by granula-

He consulted me again on April 24, stating that Case 5.—Mr. T. complained of discomfort and an the roaring in the head had continued, and that on oozing from the penis two weeks after intercourse, April 18, while walking, he suddenly noticed a and called on me about three days later. The pre-tendency of the right foot to drag slightly. On the puce was long and tight and could be stripped back 19th, while eating breakfast, his head fell forward on only with difficulty. On its inner surface near the edge the table, and his right arm and leg seemed parathere was an ulcer with hard base and all appear lyzed; that morning he had a slight chill followed by ances of a hard chancre. After washing with corro-fever. Since the 19th, the right foot dragged a little sive sublimate solution ($\frac{1}{10}$ per cent.) I returned the more, and he would notice an occasional loss of

At this examination the presence of arcus senilis surface, and without much pain to the patient was noticed; the pupils were small, but responded removed the chancre by performing ordinary cir- well to light. The right ear heard the watch at six cumcision, closing the wound with a few stitches, inches; the left at three. The tongue was protruded There were no buboes at the time (Jan. 13, 1885). straight, and the facial muscles were not involved. The wound did not heal entirely by first intention, The heart's action was regular; pulse 90, tense, and arteries rigid. Muscular power of hands (tested by ton loosely covered it, and bandage applied. of slight anæsthesia, no satisfactory results were obconvolution (which lay beneath the site of the orig- had returned. Morph. sulph. gr. 13 at bed time. inal injury) and extending upward and backward have been aphasic symptoms present.

the septic character of the wound, and the slow but ished muscular control. No untoward symptom late development of the hemiplegia, it seemed proba- subsequently presented, the man being now as well ble that septic matter had been absorbed, and an in- as ever, A microscopical examination of the blood ternal purulent inflammation developed. The con- withdrawn by the syringe showed it to consist of a dition was carefully explained to him, and an opera- brown colored serum and colorless red blood corpustion advised as a dernier ressort. On April 29, Dr. cles. Nalle, of Memphis, was called in consultation, and not coagulate. he agreed in the necessity for an operation. Dr. J. nerve red, border indistinct, prominent from ædema- impossible." tous infiltration, veins large and tortuous—diagnosis, optic neuritis."

bathed, bowels vacuated, scalp shaved, etc., chloro- plains the condition as "a vascular paralysis so modform anæsthesia was produced, and a curved incision ifying the vital properties of the walls of the bloodnecessary, it could be continued to a point over the bility of the blood-and had the hæmorrhage been have to be repeated higher up. Some time was identical symptoms, as in the case of Professor spent in controlling the free hæmorrhage resulting Grainger Stewart referred to below. from the incision; the periosteum was eventually re-

almost evacuated. horsehair were passed through the dural incision in century, in a case of contusion of the head without order to secure drainage, boracic acid applied to the wound, the flaps replaced, a layer of absorbent cot- v11, p. 25, ct seq

my own, no dynamometer at hand) the same operation had lasted an hour, and several times Either from dulness of the patient, or the existence hypodermatic injections of brandy were given. The patient seemed to be quite weak at the completained from the æsthesiometer. In walking he drags tion, and he was ordered brandy every half hour. the right foot slightly. On April 26, the paralysis of At 7:30 o'clock in the evening he was visited: the the lower extremity was more marked, and on the dressings were stained with dark blood discharged 28th the right arm was found to be less powerful than from the meningeal space. He was feeling perfectly the left. The symptoms, as presented, had evidenced comfortable, his pulse was 72, temperature 98.6° F., a cortical cerebral lesion, affecting the middle frontal and his muscular control of the right arm and leg

May 2. He reported having rested well during gradually involving the ascending frontal convolution. the night. No pain in the wound. Pulse 78, tem-The lesion seemed thus circumscribed because if it perature 98.4°. Had eaten a light breakfast. He involved the inferior frontal convolution there would was kept quiet-in bed-for a week; the wound was dressed every third day; and on May 8, he sat up, In view of the chilly sensations every morning, and was able to walk about the house with undimin-It seemed devoid of fibrin ferment, as it did

In regard to finding blood, instead of pus, this 1. Minor made an ophthalmoscopic examination, corroborated the dictum of Nancrede (International and found: "the right eye, optic nerve red, border Cyclopædia of Surgery, Vol. V, p. 50): "A differindistinct, vein large and slightly tortnous-diag- ential diagnosis can, under the most favorable cirnosis, low grade of optic neuritis; left eye, optic cumstances, be only probable, and in most instances

Pathologically the case is still obscure, and the comprehensive term of inter-meningeal hæmatoma On May 1, assisted by Drs. J. L. Minor and R. was adopted as most closely covering the condition M. Pate, of Memphis, the patient having been as evidenced. Agnew (Surgery, Vol. I, p. 287) exmade, the convexity towards the eyebrow, and the vessels of the brain, as to favor the free escape of incision extending upwards on the scalp so that, if their liquid contents." Considering the non-coagulaupper portion of the ascending frontal convolution; from a ruptured vein or artery, clot would have been if the operation demonstrated no lesion over the present—this explanation is worthy of consideration. middle frontal convolution, and trephining would Pachymeningitis would have presented somewhat

The literature of this subject is scanty, though the flected, Galt's trephine applied, and the button of surgical popularity of trephining from most ancient bone removed. A small branch of the meningeal times is well-known, and it is scarcely improbable artery presented on the dura-mater, and hæmorrhage that similar cases have presented earlier symptoms from it was controlled by applications of hot water. of compression and have been successfully operated No intra cranial fracture of the bone was found, upon. Indeed, Kurt Sprengel, in the elaborate The dura-mater was dark colored, and had no com-history of the operation, refers to Meekren (circ. municated pulsation from the brain. The long 1519), Binninger (circ. 1673), Jean Murat (1711), needle of a large sized hypodermic syringe, was Jean Jacques Wepfer (1717), Jean Maurice Hoffman passed through the dura mater, and on withdrawing (1719), and Laurant Heister (1758), having trethe piston the chamber of the syringe was filled with phined for the relief of effusion in cases of injury to dark brown blood. Removing the needle similarly the head without fracture of the skull. Nancrede colored blood was ejected from the puncture in the (op. cit.) refers to successful operations by Morand dura mater, and with a bistoury the hole was slightly (Opusculi de Chir., Paris, 1768. T. 1. p. 171), enlarged, permitting the pulsations of the brain to Ogle (Brodie, Med.chir. Trans., Vol. XIV, p. 391), throw out the fluid in larger quantities, until it was and Bruns (Handbuch der prehtisch. Chir. Ab. I, Four strands of disinfected S. 931). Dr. Physick, in the latter part of the last

¹Histoire de la Médecine, Traduite par Jourdan. Paris, 1815. T

evident fracture, trephined for the relief of cerebral symptoms, extracted a blood clot, and the patient

In contemporary literature Jones, (Lancet, 1881, II, p. 40), in a male, aged 19, in whom insensibility, AND EPILEPSY.—In a paper on this subject Dr. convulsions, and paralysis of the right side, followed Allen McLane Hamhton says: In January last a fall on the head, trephined over the middle men- Ungar related his experience with antipyrin in the ingeal artery. Death followed. Necropsy showed treatment of hemicrania, and in March Dr. C. B. tear of longitudinal sinus.

phining for intra-crantal hemorrhage. And Weir and supra-orbital or mixed varieties, with more or (Gross' Surgery, Vol. II, p. 44), trephined for relief less benefit. The first of these observers experiof coma and slight hemiplegia, removed a clot be mented with it as a successor to the salicylates,

day from purulent meningitis and brain abscess.

peared and the patient recovered.

Surgeon Major J. Ewart (Ind. Ann. Med. Sci., Calcutta, 1873-4, XVI, p. 165), trephined to relieve which seemed to be dependent upon continued symptoms of extravasation of blood in a case of states of cerebral ischiemia, cerebral instability, etc. injury to brain caused by a fall from a horse. Partial

relief of symptoms; death of patient.

of scalp wound followed by brain symptoms, tre- antipyrin and antifebrin would quickly abort the phined on the thirteenth day affording temporary relief, but the patient died on the twenty-fourth day after the accident, from meningitis and broncho- rin or antifebrin was used there was some improvepneumonia.

Grainger Stewart (British Med. Jour., Vol. 1, 1887, p. 877), in the case of a man who fell, striking the head, slightly wounding the scalp, but suffering no inconvenience for two weeks, when severe headache commenced, and later feebleness of legs and staggering walk succeeded by right hemiplegia, trephined two months after injury over posterior part of third left frontal convolution. Incising the dura-mater a hæmorrhagic effusion was evacuated. Motor power returned after operation. The patient died on the sixth day of leptomeningitis.

This list is possibly incomplete, including only reports of such cases as were accessible. However, they demonstrate that in cases of injury to the head, without injury to the skull, in which late symptoms of cortical brain complications appear, the locality of the trouble may be ascertained by the rules of cerebral localization, and operative interference will offer hope of improvement if not of complete re- in headaches or cerebral states attended by anæmia,

covery.

MEDICAL PROGRESS.

Antipyrin and Antifebrin in Headache Lyman, who had been induced to try the remedy N. Weljaminow (St. Petersburg med. Wochen., after the publication of Ungar's success, administered 1881, VI, p. 455–7) reports a successful case of tree it in several cases of neuralgia of the cervical, facial, tween the brain and dura. Death in a few days, which have proved to be of great value in his hands Sylvestrini (Bull. de l' Acad. de Med., Paris, 1883, in several varieties of headache, and he witnessed no p. 439), reported a case of kick from a horse over evil results from doses of even 23 grains. Lyman the right temporo-frontal region of a boy aged 15. used an initial dose of 15 grains, repeated two or Two months after the injury, temporary right hemitother three times if necessary, and relieved the paroxysms, plegia. Five months later, paralysis of right arm but did not prevent their recurrence. In March and leg and lower part of right side of the face, last I began a trial of this drug, and afterward its complete aphasia, incontinence of urine and fieces, successor, antifebrin, in a variety of headaches, in right hemi-epilepsy. He trephined over the centres insomnia, and in epilepsy. Some of these cases had for the upper and lower extremities, extracted piece-been treated with more or less success with the salicymeal a hard organized clot. Patient died on fourth late of sodium, and the usual remedies, and the cases of epilepsy were under modified bromide or Hulke (Lancet, 1883, Vol. II, p. 814), in a case of other treatment. The cases of headache selected blow over the right temple followed by right hemi were those of migraine of angeio spastic and angeioplegia and coma, and later spastic rigidity of the paretic varieties, as well as ordinary facial or subleft arm, trephined and evacuated inflammatory fluid occipital neuralgias; and the cases of epilepsy which by dural incision. The cerebral symptoms disap- were chosen were those of the symptomatic form complicated with objective and subjective indication of cerebral disease, as well as the simpler forms

In angeio spastic migraine with evidences of cutaneous anæmia, dilated pupils, and coldness, the Bryant (Lancet, 1884, Vol. II, p. 823), in a case headache commencing in the morning, I found both paroxysms after the first dose.

In four cases of epilepsy in which either antipyment in three of the cases, in each of which there was post epileptic headache; and aggravation of the disease in the fourth, the patient's paroxysms being symptomatic of coarse cerebral disease. In one case of pure hystero-epilepsy the beneficial action of the remedies were absent.

I have also used both drugs in cases of habitual insomnia in doses varying from 3 to 8 grains of the antifebrir, and 10 to 20 of the antipyrin, without appreciable result, though in a case of maniacal excitement, due to nervous exhaustion and connected with moderate rise of temperature (102° F.), 15 grains of antipyrin repeated twice produced refreshing sleep and a subsidence of excitement. There can be no doubt, however, that in wakefulness due to general disease, especially with high temperature (and I have seen such), the value of both of these drugs as hypnotics is very great.

It would seem as if both remedies were of value or in the excitement due to cell mal-nutrition and exhaustion; and, though antipyrin seems to be the which do not belong to antifebrine. It would ap- and ether. Schmidt proposed a mixture of iodol, 1 pear as if the remedies were valueless or even harm-part; alcohol, 16 parts; glycerine, 34 parts. [This ful in cases of organic or symptomatic epilepsy, but is, however, too weak. Lublinski has used the worthy of a trial in the light cases attended by powder pure for laryngeal insufflation. It causes rather general cerebral vascular spasm and not much no pain or cough, and it remains a long time in conmuscular movement. In several cases of petit mal tact with the surface. He has used it in the treatthe good effect of continued doses of antipyrin and ment of fifteen cases of tuberculosis. He adminantifebrine is manifest, for the losses of conscious istered one insufflation daily, or, in some cases, two ness are far less frequent than when the patients or three times a week. Under its influence ulcerawere under other treatment. So far as tolerance tion quickly heals, the base becoming clean and goes, I have given to one patient 45 grains of anti-granulating, dysphagia disappears, and the patient's pyrin in two hours without ill effects.—N. Y. Med- health improves. Tannin, boric acid, lactic acid, ical Journal, May 28, 1887.

—In the *Deutsche Med. Wechenschrift*, No. 21, 1886, in particular, in which iodol produced rapid curative Dr. R. Pick, of Koblentz, published several cases effects. In both there was extensive ulceration. which seem to show that the inhalation of concen-| The author also regards iodol as useful in ozæna and trated carbolic acid solutions has a powerful curative scrofulous rhinitis, with ulcers on the septum. action in whooping-cough. Dr. Kniaziolucki, of St. Zofia's Hospital in Lyov, in Galicia, (Wiadomosis Lekarskie,) No. 3, 1886, p. 82), accordingly tried the trala called attention to jamlul as a remedy in same method in a severe case of his own occurring chronic diabetes. Dr. George C. Kingsbury in a weak, emaciated, febrile girl, aged 9. The affec- thinks the drug has not received as much attention tion had lasted for about four weeks, and the par-| from the profession as it deserves. The seeds are oxysms occurred about twenty eight times a day, the product of Eugenia jambolana, and must not be The inhalations of carbolic acid, either pure or confounded with "jumble heads" or jequirity seeds, diluted with an equal amount of distilled water, an infusion of which was introduced a few years ago were repeated hourly, the administration being con- as an application for granular lids. tinued for ten minutes on each occasion. fell to 20, 10, 12, 12, 6 respectively, and from the sixth six months, was greatly emaciated, and quite prosday of the treatment the patient had not a single atby Dr. Pick. Equally satisfactory results were ob-Lekarskie, No. 9, 1887, p. 280), who used a 50 per carried out for ten minutes every two hours. In one rapidly from thirty-two to six. Dr. Jakobski differs from Pick and Kniaziolucki only as regard the details of the method. They principally employ a March 19, 1887. mask resembling that used for giving chloroform; this is placed over the patient's nose and mouth. Dr. Jakobski, on the other hand, finding that this apparatus frightened children and led them to resist the for, or adjunct to, iodide of potassium. In chronic application, devised an instrument like a toy, consisting of a pastboard tube with gold paper gummed over it, and fitted with a handle. Within the tube are two thread nets, and between them a layer of ful in lepra and psoriasis. Externally applied, in Bruns' cotton-wool, which is moistened with the carbolic solution. Jakobski found that with this there was no difficulty in getting the little patients to take the inhalations.—British Medical Journal, April 30, 1887.

IODOL IN LARYNGEAL TUBERCULOSIS.—In the

more serviceable remedy, it possesses drawbacks scarcely soluble in water, but is dissolved by alcohol and other applications will produce this effect, but not so rapidly as iodol, the action of which is strik-Carbolic Acid Inhalations in Whooping Cough. ing. He gives details of two cases of tuberculosis

Jámbúl Seeds in Diabetes .-- In 1883 Mr Bana-

He lately tried powdered jambul seeds in a case of number of paroxysms during the subsequent days diabetes in which the patient had been ill for over trate. He was suffering from great thirst and raventack. The temperature became normal on the third one appetite; there was also great restlessness. The day. After ten days' stay in the hospital the girl urine had a specific gravity of 1040 to 1042, and was discharged quite well. No poisonous symptoms from seven to seven and one half quarts were passed were observed either in this case or in those related in the twenty four hours. Five grains were given six times in the twenty-four hours for a fortnight. tained by Dr. W. Jakobski, of Odessa (Wiadomosis At the end of that period, the patient was able to get up, and walk out for an hour at a time, was cent. solution of the acid, the inhalations being neither thirsty nor abnormally hungry, and was passing four to five quarts of urine of a specific gravity of of his cases the daily number of paroxysms fell 1020; he could sleep well, and felt strong. During the time he was taking the jambiil his diet was not restricted in any way.—British Medical Journal.

IODIDE OF SODIUM.—Iodide of sodium is considered by Dr. Richardson as a valuable substitute eczema and painful rheumatic affections it often answers well when iodide of potassium does not agree with the digestion. Combined with arsenic it is usecases of indolent ulcer, chronic syphilitic sores, and offensive discharges from the nostrils, it acts as a good antiseptic. The following is a useful formula for the purpose: Sodium iodide, 3ss; tincture of myrrh, 3i; rectified spirit. 3ii; distilled water, 3vi; to make a solution of eight ounces. Used in the form of fine spray from Seigle's steam spray-inhaler, Dr. R. found it of Journal of Laryngology for February, 1887, LUBLIN- the greatest service in a case of syphilitic ulceration SKI'S conclusions are given as follows: Iodol is of the fauces. - Provincial Med. Jour., Mar. 1, 1887.

THE

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THE EDITOR OF THIS JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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AMERICAN MEDICAL ASSOCIATION.

Medical Association, held in Chicago, June 7 to 10 tained by a practical application of the theory, we inclusive, proved to be one of the largest, most pleas- may be certain that: 1. The theory is wrong; or 2. ant, and most profitable that has been held during the. That the test was incorrectly applied. On the other history of the Association. The large auditorium of hand, while a method may be theoretically wrong, Central Music Hall was full to overflowing during the what seems to be a practical application of it may be general meetings, and the several Section rooms were productive of good results. And if such be the case, better attended and supplied with more interesting what does it matter, practically, if the theory is papers than usual. The aggregate number in attend- wrong? If we can do the same amount of work, ance was not only unusually large, but it embraced and good work, by putting the cart before the horse, members from almost every State and Territory in let us travel in that way until some one shows us how the Union. Instead of being substantially a Western we can do better work by a reversal of the process. gathering, there were present a fair number of repre- Why, then, should Bergeon's method be dismissed sentatives from every State east and southeast from with the assertions: "The theory upon which this Maine to Florida, except Delaware, and from all treatment is based is that this gas is absorbed through other States except. Oregon in the extreme North-the intestinal mucous membrane, and exhaled through west. The quantity and quality of the scientific and the pulmonary surfaces, and coming in contact with practical work accomplished will compare favorably the pathogenic microbes there destroys them. Dr. with that of any preceding meeting; and the evening Bergeon must have forgotten that these microbes are receptions, both general and private, were well ar- not found in the alveoli free from disease, and where, ranged and appeared to give entire satisfaction to if at all, the gas must be exhaled, but in the solid tuthose for whom they had been prepared. The follow- bercular masses occupying these air sacks, into which ing officers were elected for the ensuing year: Prest the gas can hardly penetrate, and from which no exident, A. Y. P. Garnett, of Washington, D. C. halations can take place. Even then, admitting that Vice Presidents-Duncan Eve, of Nashville, Tenn.; his mixed gases can destroy the microbes, which David Collville, New York; Charles O'Hagan, North seems highly improbable in view of the fact that they Carolina; and A. Stedman, of Colorado. Permanent are continually exposed to an atmosphere so highly Secretary-W. B. Atkinson, Philadelphia. Assistant charged with carbonic dioxide that its retention in Secretary-Jos. Ransohoff. Cincinnati. Treasurer, the lungs for five minutes will produce unconscious-Richard I. Dunglison, Philadelphia. Librarian-C. ness, it does not seem very clear how they are to H. A. Kleinschmidt, Washington, D. C.

next annual meeting, and Dr. W. W. Dawson, of to be a wretched failure." These statements need

that city, was appointed Chairman of the Committee of Arrangements. The full official record of proceedings will be published in the next number of The Journal...

THE BERGEON METHOD AGAIN.

It was with some surprise that many members of the Association heard the Chairman of the Section on Practical Medicine, in his address last week, utterly condemn the Bergeon method, after making the indefinite statement that he had given it a "fair trial." The rationale of the gaseous treatment of phthisis has been given so fully in former issues of THE JOURNAL that it is quite needless to go over the ground again. But it seems that certain facts in regard to the method need repetition.

Whatever may be the reasons assigned for the use of any method or drug, the value of it must depend on the results obtained in actual practice. If a The thirty-eighth annual session of the American theory seem to be correct and success be not obreach the objects intended to be destroyed. Accord-Cincinnati, O., was selected as the place for the ingly we find that in other hands the plan has proved number of men, other than Bergeon, this method anything to scientific men. has given good, if not satisfactory, results.

too early to draw definite and exact conclusions as to the value of Bergeon's method. But however wrong Bergeon's theory may be, if it be wrong (and so high an authority as Cornil has not found objections to it) the fact remains that good results have been obtained than this, the scientific world is not satisfied with such assertions as that one or two men have given a method a "fair trial." The details of the trial should be given, after which it is no difficult matter to see whether or not mistakes were made in the experiment. Mankind is too prone to error to accept unsupported assertions. Too fresh in our memory, in connection with this subject, is the statement made four years ago by an eminent pathologist that he had caused tuberculosis in rabbits by the inoculation of inert substances—and the subsequent proof that his methods were faulty and his statements incorrect.

Is antiseptic, or aseptic, medicine an impossibility? Is it true that anything which will destroy microbes must necessarily also destroy the cells of living body-Do we not know already that different microbes are differently affected by so-called germicides, and by different agents? And do we not constantly see such things in relations to creatures of a higher plane? Why should we assert positively that whatever will kill germs must destroy living body-cells, when we know that parasites of a higher order can be destroyed and expelled from the body without injury to the patient. There are men living to-day who would have asserted twenty-five years agofifteen years ago-that aseptic surgery was impossible; and there are still those who endeavor, despite the light set before them, that antiseptic surgery and obstretrics is a myth-a delusion. There are very, very few things of which we can assert impossibility. And, certainly, the labors of Selmi, Gautier, Tanret, Brieger, Brouardel, Martini, Dujardin-Beaumetz and Goetze may be said to be a sufficient answer to those who assert that antiseptic medicine is impossible.

There is, as we said a few weeks since, a tendency among American physicians to run after novelties. But while avoiding a headlong rush after new things let us avoid the opposite extreme, and by all means let us not decry honest work. Whatever is bad must be shown, proved, to be bad by actual experiment and trial; what is good we must remain in ignorance of until it is shown to be good. But the

no other criticism than to say that in the hands of a day is past when assertions can prove or disprove

To conclude this matter, as to Bergeon's method As we have already said in a former editorial, it is and antiseptic medicine, we may quote the conclusions of Dr. E. L. Trudeau, of Saranac Lake, N. Y., in a paper entitled "A case of Phthisis treated for eight weeks by Rectal Injections of Gas. Notes and Experiments," which may be found in the Medical News, April 23, 1887: The gas as it enters by the practical application of the method. More the body appears to have no germicidal value whatever. A satisfactory conclusion as to the real therapeutic merit of this method, cannot necessarily be reached for many months to come, but so far as the evidence procured by its application to one case for so short a time may be of value, it would seem that rectal injections of gas by Bergeon's method have a beneficial influence on the suppurative processes of phthisis. The method seems deserving of a most thorough and extended investigation, and though the treatment may prove in the future to be a useful therapeutic measure, a consideration of the facts here presented does not in the least warrant the assumption that a specific for tuberculosis has been discovered.

FOOD ADULTERATION.

A recent issue of the New York Horld contained a list of adulterants found in articles of food and drink, which is instructive reading to the public generally, and to sanitarians particularly. It is of interest to every dweller in a civilized community, and of quite as much importance to this country as its commerce, the improvements of its rivers and harbors, or any questions of coast defense. On reading the list one is amazed at the ingenuity and dishonesty of civilized, Christian man. The majority of our foods and condiments, of our articles of drink, are so adulterated that it may now well be said: he is a wise man who knows what he is eating. It has not been very long since we commented on this subject—but so long as the evil exists it is of importance that repeated attention be called to it. Below we give the list as printed in the World:

Coffee (ground) .- Chicory, peas, beans, date-stones, biscuits, figs, roasted hominy, burnt sugar, acorns, mangel-wurzel, dandelion, turnips, parsnips, carrots, and rye and potato flours.

Tea —Exhausted tea leaves (faced or colored and fixed up with plumbago, gum, indigo, Prussian blue, turmeric, China clay, mica, soapstone or French chalk, sulphate of lime, rose pink, Venetian red, carbonate of copper, arsente of copper, chromate and bi-chromate of potash, and carbonate of lime and magnesia), leaves of the elder, willow, sloe, and other plants and trees, lie tea, paddy husk, sweepings of the tea-house floors, sand, quartz, starch, and magnetic oxide of iron.

Sugar (cane).—Grape or starch glucose, wheat and potato flours, tapioca starch, blood, pipeclay, marble dust, gypsum, bone dust, lead, iron, lime, sand.

Cocoa and chocolate.—Arrowroot, sago, starch, chicory,

and Indian flours, tapioca, cocoa husks, old sea biscuit, potatoes, molasses, and animal fats, such as tallow and lard.

Wheat flour.—Adulterated with inferior or old flour, potato flour, ground beans, peas, rye, barley and rice, alum, chalk, gypsum, soapstone and carbonate of magnesia.

Buckwheat. - Wheat and other flours.

Honey.—Cane sugar, chalk, sulphate of lime, pipeclay, gypsum and glucose.

Lard.—Oleomargarine, cotton-seed oil, potato flour, water, mutton suet, alum for color, carbonate of soda (for taste, caustic soda (for taste or smell).

Cream tartar.—Gypsum, starch, acid-phosphate of calcium, tartarie aeid.

Saleratus.—Most of what is now sold as saleratus is bi-carbonate of soda.

Bi-carbonate of soda, or baking soda. —Gypsum, sulphate of sada, chrome yellow for coloring. soda, carbonate of lime.

Sugar confectionery.—Glucose, terra alba, chalk, arrowroot, sand, wheat, and potato flour, hydrated sulphate of lime, with -for coloring-cochineal, lake, indigo, and Prussian blue, car-bonate of copper, carbonate of lead or white lead, vermilion, gamboge, chromates of lead, sap green, arsenite of copper, Indian red, umber, sienna, Vandyke brown, cobalt, smalt, litmus, Naples yellow, bi sulphuret of mercury, sulphuret of

arsenic, bronze powders or alloys of copper and zine.

Mustard.—Flour, turmeric, cayenne pepper, ginger, plaster of paris, linseed meal, radish seeds, chromate of lead, gypsum, sand.

Oatmeal.—Barley meal, rice and corn flour, ground husks of

Wheat bread.—Barley, oat and pea flours, bone dust, carbonates of lime, magnesia and soda, sulphate of copper and lead ehromate for color, alum for taste'.

Cheese.—Oleomargarine, lard, cotton-seed oil, borax, saltpetre, potatoes, beans, soapstone, soda, potash, urine, sulphate of zinc, blue vitriol, arsenic in foreign cheese).

Butter.—Oleomargarine, cheaper fats, cotton-seed oil, alum, borax, barium, chalk, flour, gypsum, lead carbonate, yellow lead chromate, potato flour, salt, soapstone, starch and sodium silicate or soluble glass.

Arrowroot.—Sago, potato and tapioca starches, and ground rice.

Cinnamon.—Cassia and most of the other spices, flour, meal, and arrowroot.

Pepper.—Ground rice and beans, mustard husk, salt, oilcake and clay, and for colors red lead, vermilion or bi-sulphuret

of mercury, Venetian red, turmeric and charcoal.

Ginger.—Wheat, sago and potato flour, ground rice, mustardhusks, turmeric.

Maple sugar.—Cane sugar, glucose, and flour.

Chicory.-Roasted wheat and rye flour, burnt beans and acorn's carrots, mangel-wurzel, roasted biscuit, sawdust, and oak-bark tan.

Sago.—Potato flour.

Vinegar.—Water, with burned sugar for color, sulphuric acid, acetic, hydrochloric, nitric and tartaric acids, cayenne pepper, salt, and mustard seed.

Pickles.—For coloring, acetate of copper, Sauces.—Chalk and plaster of Paris, and for coloring red earths.

Marmalade. - Pulp of apple or turnip.

Olive oil.—Cotton-seed oil and the cheaper oils of the poppy, peanut, grape seed and beachnut, and coaloil, with lead to cor-

rect rancidity and copper for a greenish color.

Brandy.—Water, corn spirits, molasses, burnt sugar for color. Artificial brandy made from other spirits and flavoring extracts is common.

Gin.-Water, cayenne, flavoring extracts, slum, and salt of tartar (for fining , sulphuric acid, coriander seed, oil of almonds, calamus root, orris root, orange peel, acetate of lead, oil of turpentine, and gray and white salts for taste or smell,

Rum.-Water, cayenne, burnt sugar, and cocculus indicus for

taste or smell.

Whiskey.—Principally water, cayenne pepper, bitter almonds, tonka bean, burnt dried peaches, beet root, and a variety of flavoring extracts, sulphuric acid, creasote, and sweet spirits of

Wines.-Mixtures of inferior wines, cider, and the juices of rhubarb, gooseberries, and pears, with-for coloring-logwood,

ferrugmous earths, chalk, oxide of iron, sulphate of lime, wheat elderberry juice, Brazilwood, bilberries, burnt sugar, black cherries, and cochineal, and for taste and smell, sulphate of potash, bitartrate of potash, lead, oak sawdust, catechu, cherry-

laurel water, carbonate of soda, and artificial flavorings.

Ale, beer and porter.—Water, with, for taste and smell, cocculus indicus, opnum, cayenne, ginger, quassia, colocynth, caraway and coriander seeds, orange powder, honey, licorice, sulphate of iron, sulphuric acid, cream of tartar, camomile, alum, carbonate of potash, nitric acid, horehound, blessed thistle, sweet flag, gentian, aloes, molasses, juniper berries, burnt flour, isinglass, albumen, ivory, black gypsum, salt, glycerine, salicylic acid, decoction of calves' feet, glue, copperas, henbane, belladonna leaves, nux vomica, hartshorn, strychnine, tobacco, shavings and oyster shells.

Milk.-Water principally, flour or starch, boiled white carrots, milk of almonds, sheeps' brains, gum tragaeanth, earbo-

As medical men we are concerned with the detection and punishment of dishonesty only when its results are injurious to health. It requires no great amount of argument, however, to show that food adulteration is prejudicial to health. From causes which we need not stop to mention the American public has come to be too lenient with the dishonesty which shields itself under the name of "business." Such laws as we have for the protection of health and life are, as a rule, improperly enforced. As self-constituted conservators of public health should we not bring this matter before our legislative bodies—not once, but repeatedly—until this disgrace is wiped out from the country?

Can there be any wonder after reading the above list, that we are a nation of dyspeptics? While it may be said that many of the adulterants of our foods are innocuous, it must be admitted that others, taken repeatedly, even if in small quantities, are injurious—and are certainly not foods in the common acceptation of the term. For example, an enormous quantity of tea is consumed in this country, and a reference to the list will show that tea is more largely and more perniciously adulterated than any other article in such common use, except, perhaps, malt liquors. The consumption of sugar confectionery by children is very large—and the adulterants of this article are by no means harmless. And when it is remembered that milk is the principal food of a very large proportion of the population-young children-who can take no other food, the possible and almost certain injury may well cause us to endeavor, by every possible means, to throttle an evil which is worse than the plague.

NINTH INTERNATIONAL MEDICAL CONGRESS.

The Executive Committee of the Ninth International Medical Congress held a full and harmonious meeting in the Palmer House, Chicago, on the 6th and 7th inst. Full reports were made by sub-com-

mittees and the chief officers of the Sections, which gated by the inhalation of the dried bacillus from the showed a most satisfactory degree of progress in all expectoration of diseased persons, by persons predisthe necessary arrangements for a large and successful Congress. The several Sections are well organized, and for the most part with arrangements for an abundance of scientific and practical work of importance, furnished in fair proportion by parties of reputation in other countries. The local arrangements at Washington are also rapidly maturing, and include regular work, but a series of appropriate entertainments and probably an excursion for the foreign guests to Niagara Falls and return to New York, after the close of the Congress. An outline of the whole programme will soon be given to the public.

PERTUSSIS IN A CAT.—MR. O. BOWEN, of Liverpool, reports this rare case of infection of one of the lower animals from a human being. The cat was infeeted by a little boy, and for about two weeks had five or six distinct fits of coughing daily, similar in never contract the disease. every respect to those exhibited by the boy, with expectoration of frothy mucus afterwards. Between the attacks the cat was bright and active, though not so much so as before, and lost flesh during its illness.

SOCIETY PROCEEDINGS.

AMERICAN CLIMATOLOGICAL ASSOCIATION.

Fourth Annual Meeting, held in the Johns Hopkins University, Baltimore, Md., May 31 and June 1, 1887.

Tuesday, May 31—First Day.

Afternoon Session.

The Society was called to order by The Presi DENT, FRANK DONALDSON, SR., M.D., of Baltimore, who delivered the President's Address.

PROPHYLACTIC TREATMENT OF THOSE WHO INHERIT A PREDISPOSITION TO PHTHISIS.

Thirty per cent, of the cases of phthisis have an inherited predisposition to the disease. The hereditary form, when developed, offers the least prospect of recovery. Reference was made to the pathology of the disease. Five years have elapsed since the contagion of tuberculosis was alleged to have been discovered, and nearly all observers have now confirmed the views of Koch. There is abundant evidence that human subjects readily yield to the bacillus

posed to tuberculosis. The various theories which had been advanced to explain heredity were discussed. The prophylactic treatment embraces two elements: 1, the improvement of the general health of the subject; and 2, the protection from contagion. The tuberculous mother should not nurse her child, but if possible it should be given to a healthy wetnurse. The hygiene of the nursery should be looked after carefully. The room should be well ventilated not only the best possible accommodations for the and kept at a comparatively low temperature. The subject should live much out of doors, especially between the ages of 15 and 20 years. The beneficial influence of sunlight should be borne in mind. All causes of glandular irritation should be avoided. Scrofulous glands should be dispersed or removed. The physical form of the chest should be enlarged by gymnastic movements. If possible, life should be passed in a high altitude. Oleaginous fluids are useful if they can be digested. The milk and flesh of tuberculous animals must be avoided, for cooking rarely destroys the bacilli of beef. If the prophylactic treatment is thoroughly carried out, the hereditary proclivity may remain latent and the individual

> DR. B. F. WESTBROOK, of Brooklyn, said that the anatomical and physiological conditions which predispose to this trouble are, according to the results of certain observations, a disproportion between the size of the heart and the lungs, the heart being smaller in proportion to the size of the lung than in the ordinary individual, and a disproportionately small digestive apparatus. The former condition interferes with the circulation at the apices of the lung, while the latter condition causes a lack of nutrition.

> DR. JAMES R. LEAMING, of New York, read a paper on

THE PHILOSOPHY OF CLIMATIC TREATMENT OF DIS-EASES OF THE CHEST.

The author stated that it had been observed that the greatest improvement takes place during the first three weeks of the patient's stay at a new place. The suggestion was made that a line of resorts be established along the Atlantic seacoast. The patient could begin in the summer at the most northern and gradually pass southward, making a stay of a few weeks at each place. Having completed the series, the patient may return, taking the stopping places in a reverse order. This same plan might be applied to the Pacific coast and to the mountains. The speaker also suggested the propriety of State and municipal authorities furnishing sanitariums for the benefit of those unable to avail themselves of the advantages of existing institutions.

Dr. R. G. CURTIN, of Philadelphia, read a paper

THE INFLUENCE OF SEA AIR ON SYPHILITIC PHTHISIS.

He gave in detail the histories of five cases of poison when previously they have been in good health. what appeared to be syphilitic phthisis in which im-The bacillus is always present in phthisis, and we provement followed prolonged sea voyages, and in must accept it as the full explanation of the manifest-teach case the symptoms returned when the patient ations of tuberculosis. The disease may be propal again took up his residence on land. He was led to

consider the cases observed as cases of syphilitic tioned could not be relied on. The criterion would phthisis, for the reasons that there were no symptoms be the presence or absence of the tuberele bacillus. of chronic pneumonia preceding the attack, that the The author had referred to Dr. Porter as having exlung trouble followed syphilitic infection with constitutional symptoms, that the disease was influenced litie phthisis without finding the bacillus. to some extent by constitutional treatment, and that number is so large for the short time that this test there was no tendency to tuberculosis in these cases. has been available, that it would make us a little diagnosis of syphilitic phthisis: 1, abundant expect present. The German Committee on the Collective history of phthisis; 3, pronounced dyspnea without phthisis had no real existence. Both syphilis and Dr. Porter had examined the sputa in 100 cases with- individual. out finding the bacillus. The speaker was not prepared to say why it was that the sea air proved bene- a case of phthisis which he considered of syphilitic ficial in these cases, while in most of the ordinary origin. He had seen only one case in which the lecases of phthisis residence on the sea coast was not sions bore any resemblance to what we should expect desirable.

was read by title.

it was probable that in syphilitic phthisis the benefit through both lungs innumerable miliary granules not of the sea air is due to its influence on the catarrhal at all resembling miliary tubercles. He was unable processes. In catarrhal affections of the mucous to find the bacillus of phthisis; but, as has already membranes in general, it has seemed to him that resi-been stated, the failure to find it is no proof of its dence at the sea-shore was useful. On the other absence. He would not call this a case of syphilitic hand, in tuberculous phthisis it has seemed that the phthisis, but rather a case of syphilis of the lungs. influence of sea air was disastrous. He was led to

great distinction in speaking of the sea coast air and in which the syphilitic manifestations were very promthe pure sea air. Cases which could not stand the inent. There was consolidation of the lungs, parharsh, cold and changeable air of the sea coast may ticularly of the middle portion of one lung. There be benefited by a sea voyage or residence on an is- was a history of syphilis and distinct cutaneous lesion. land some distance from the shore, where the condi- The patient had been in Colorado and returned much

reference to residence at the sea coast in the treatment of phthisis, that in his experience there are three classes of patients with consumption who cannot go to our Atlantic sea-coast without risk. These are, first, those in which there is active febrile disnervous organization; and thirdly, those who suffer on the Atlantic sea-coast.

Dr. Frederick C. Shattuck, of Boston, said that the author had referred to syphilitic phthisis; that is to say, a destructive process in the lung not due to E. Ford, B. F. Westbrook, and W. H. Geddings. tubercle, but to the syphilitic virus. It seemed to him to be a difficult matter to determine whether or not there is such an affection. Tubercular phthisis varies so much in its symptoms that the points men-

amined the sputa from 100 cases of supposed syphi-He referred to the observations of Dr. Wm. Porter, doubtful of the methods employed. The fact that who relies upon the following points in reaching a the bacillus is not found is no proof that it is not toration without signs of softening; 2, a debilitated Investigation of Disease studied this matter last year, condition, without marked emaciation and a rational and came to the conclusion that so-called syphilitie evidence of cardiac or pulmonic obstruction to the tuberculosis are common diseases, and the one offers circulation; 4, pain along the sternum and the tibial no immunity from the other, so that we should excrests; and 5, the satisfactory response to treatment. pect to frequently find them combined in the same

Dr. J. H. Musser, of Philadelphia, had never seen to find in syphilitic phthisis. This was the case of a Diseased Conditions for which Sea Air is of Doubt-young man with syphilis and cirrhosis of the liver due ful Benefit, by Dr. Boardman Read, of Atlantic City, to syphilitic interstitial hepatitis. There were also syphilitic gummata in the brain, and the patient DR. E. T. BRUEN, of Philadelphia, thought that died of syphilitic meningitis. There were scattered

DR. E. FLETCHER INGALS, of Chicago, had been make these remarks because he found so many pa- much interested in the remarks of the gentleman tients with phthisis recommended to reside at the sea- from Boston, but thought that most of the members shore or to take ocean voyages. He had found that had seen cases in which the syphilitic nature of the the cases benefited by prolonged sea voyages are disease admitted of no question. Even if the bacilli those in which there is no inherited tendency to are found, it would be no proof that the case nad not originated as a syphilitic trouble and that it had Dr. V. Y. Bowditch, of Boston, would make a subsequently become tubercular. He related a case tions are similar to those which obtain in a sea voyage. worse. On his return to a lower altitude, he was put Dr. James C. Wilson, of Philadelphia, said with on the use of iodide of potassium, and ultimately apparently recovered.

Dr. J. H. Musser read a paper on

THE TREATMENT OF THE FINAL STAGE OF PHTHISIS.

The paper consisted of a detailed account of the turbance; secondly, those of a highly excitable and symptoms met with in the last stages of phthisis, and referred to the various measures which he had found from repeated attacks of spitting of blood. Such useful in these cases. To relieve the high temperapatients cannot safely reside for any length of time ture he had resorted to antifebrin with advantage. Quinine was found to act unsatisfactorily.

THE PRESIDENT announced as the Nominating Committee, Drs. F. C. Shattuck, E. T. Bruen, Willis

(To be concluded.)

ST. LOUIS MEDICAL SOCIETY.

Stated Meeting, April 2, 1887.

THE PRESIDENT, S. POLLAK, M.D., IN THE CHAIR. F. D. MOONEY, M.D., SECRETARY.

Dr. Charles Barck presented a specimen of ABSCESS OF THE BRAIN CONSEQUENT TO OTORRHEA.

The patient was a girl, æt. 15; she had had otorsometimes ceased altogether. For the last month tions have not been settled. she complained of headache on the left side. About three weeks ago the otorrheea was stopped suddenly state. There is no doubt that she didn't hear very at a dispensary, after which she did not go for five well in the left ear; it was in a diseased condition days; on the sixth day she had nausea, photophobia, for the past year. He did not know anything about higher fever; the seventh day she became delirious the right ear. In his opinion, and that of Dr. Breand comatose. Dr. Kay was called in. Tempera- mer, the abscess was an old one, existing probably ture was 104° or 105°. He made a diagnosis of six years. The opening into the abscess was about meningitis basilaris. The next day the ear ran as large as a penholder, and was situated opposite a some and I was called in consultation. I found pus hole just as large in the periosteum. On the posin the external auditory canal, but the walls were so terior wall, and between the two holes was a big thickened that it was not possible to get a view of the membrane. The mastoid region was swollen were more or less adhesions between the brain and and tender. I advised opening of the mastoid pro-cess. This was done on March 17. As soon as I mation of the tegmen at first, and in consequence had scraped off the periosteum we saw yellow fetid caries of the bone, and from that abscess of the brain pus escaping from the mastoid process, where there formed, and was during the last few weeks closed was a big cavity. The next day water thrown into around by the adhesions, and then gave rise to menthe mastoid came out of the canal. The fever came ingitis. It did not give rise to any brain symptoms down, the coma reduced and she began to answer during life other than the headache from time to time. short questions. The discharge of fetid pus was proopening from the outside into the mastoid antrum, way from the tympanum into the brain.

beneficial effect the operation seemed to have on the disease. Unfortunately he saw the patient too late useful operation. If he had seen the case sooner, oration of the symptoms.

accessible to any operation. The abseess was a auditory canal. very old one, probably years old, because it has what is erroneosly called a pyogenous membrane. had trephined the mastoid, three of which recovered. There is one important point that attaches to the They had gone on to mental trouble; the friends of lesion, which has not entered into the consideration one, a girl of 12 to 14 years, thought she was becom-

the left temporal lobe; that is to say, that portion of the brain where the impressions of the ear are interpreted; its psychical auditory centre, so-called. A lesion there produces deafness on the opposite side. The clinical history does not say anything about this, and certainly if the child had heard with the opposite ear there is nothing in cerebral localization. There are a few cases on record where after congenital deafness, these parts were found to be in a state of atrophy, just as there are a few cases where after congenital blindness the angular gyrus rheea about eight years. It was sometimes worse, was found to be atrophied. However, these ques-

Dr. Barck had seen the girl only in the comatose

DR. ROBERT BARCLAY said, concerning the operafuse. The next week the patient grew worse and died tion of trephining the mastoid, that the danger does two days ago. We found that the bottom of the in- not lie in the mastoid, but in the middle ear, and if terior of the skull was filled with very fetid pus. proper drainage could be had there, there would be The brain did not show any symptoms of inflamma- no inflammation of the mastoid. The most dangertion; it was only adherent around the opening of our form is that which has its seat in the attic, where the abscess, which was about the size of an ostrich's lies the head of the malleus, and the main portion of egg. In the bone itself you will see here an artificial the body of the incus. Water splashed up into the mouth of the Eustachian tube frequently causes inshowing the carious condition. The pus found its flammation of the flaceid portion of the membrane, and the hearing is often good, even where there is Dr. J. B. Shapleigh said he was struck with the intense pain and inflammation. In this the hearing remained to a certain extent in the left ear, which is an important point in such a case. The drumhead to get the full benefit of that most important and was not visible; it is possible that the pus burrowed out between the auditory plate and the flaccid porhe had no doubt that it would have been saved, tion and broke through there. The main difficulty Even when the temporal bone is already carious, if is in draining the attic, and it requires skill to do by the operation free drainage can be had, a cure this; it is only $\frac{1}{16}$ of an inch between the middle ear, often results. Its good effect was seen in the ameliand the internal auditory canal, and the brain lies DR. L. Bremer said that it was an old story that nearer than the others. It is often difficult to differthe doctor has been called too late. He believed entiate between acute neuralgia and neuralgia of that the doctor might have been called in a half a acute meningitis. This operation of trephining, a year ago, and he would have been too late. He magnificent one for aurists, is, I think, often undoes not believe that at any time this condition was necessary, if we will get drainage from the external

Dr. D. V. Dean had had five eases in which he of those that observed it. The seat of the abscess is ling insane. In one of the two cases that died he amination. He thought trephining was frequently these cases. A patient of Dr. Spencer's had of this performed when unnecessary, but thought it was media purulenta chronica. The drum membrane quite as frequently neglected. The profession is in had come away. He had been treating the case for part to blame for this fact. The physicians were four or five months and regarded it as getting along often, until recently, in the habit of telling the very well. She had lost her hearing on that side, families that the child would outgrow its ear trouble, He was called in to attend to a little disturbance in and it thus came to be the belief of many parents. the neighborhood of the pain. It increased in violities well recognized by pathological anatomists that lence until it was atrocious. There was confusion the tegmen tympani and the roof of the mastoid of thought, anxiety and pain in the mastoid region. antrum are peculiarly susceptible to certain patho- Suddenly she was affected with Bell's palsy, which logical changes. In this case the necrosis is evi- has not passed off entirely yet. Local sedatives dently on the anterior or outer side of the petrous had no effect, and he bled her nearly a quart, with portion, and the roof of the attic is nearly or quite the result of immediate cessation of the pain. Dr.

under his care, which showed beautifully that it is the bones and drum, free drainage was possible, not always the attic or the tympanum at all that is and to this he attributes the failure of the inflammaat fault, or from which treatment must be carried tion to extend further. out. The soft tissues about and behind the right posterior outer part by an opening 1 cm. in diameter, the opposite side of the brain. At any rate, as Dr. Below it opened 1 cm. in diameter through the occi- Bremer has said, experimentation, as well as pathopito-mastoid suture a little behind the stylo-mastoid, logical evidence in regard to this region of the brain down the sterno cleido muscle and the rectus, the brain. around the condyle and left side of foramen magnum and the occipito-atloid ligament. There were in the lateral sinus phlebitis and thrombus; a meningitis AMERICAN LARYNGOLOGICAL ASSOCIATION. extended over quite a large area, and yet the whole structive disease; and to this day the hammer, anvil and stopes are in place except the long process of the anvil which has been recently broken off.

Dr. Borck believed that in this specimen it could not be clearly made out by which way the inflammation spread into the brain. It may have been through the tegmen tympani or along the auditory

to make such examinations; only once had he trephined the mastoid process, when pus escaped very freely from the opening which we made, and the person recovered very rapidly afterwards. Diseases of the mastoid cells and of the middle car are much more common than we imagine. In the case he had a few weeks ago there was destruction of the whole mastoid process and the communication between the process constantly goes on.

had the opportunity of making a post-mortem ex- in assuming that free drainage is very important in Gamble and he had agreed to perforate the mastoid A very interesting case "came too late" literally cells, but it got well without it. From the loss of

Dr. F. R. Fry wished to question the statement ear were infiltrated with pus, and the muscles also made by Dr. Bremer, that it could be proven in this of that side of the neck. He opened above the ex- case that there were no disturbances of hearing in ternal ear into an abscess within the skull containing the opposite ear it would be a severe blow to ceremuch pus—the opening through the squamous por- bral localization. Ferrier, in his experiments on tion, 1.5 cc. in diameter. The patient died, and he animals, proved that when there was disturbance in found post-mortem that the whole base of the petrous the temporal lobe on one side, there would be disportion had necrosed and disappeared, except a turbance of hearing on the opposite only tempobridge 1 to 3 mm. wide and 1 mm. thick, supporting rarily, and there were permanent disturbances only the superior petroyal sinus. The opening, therefore, after this region on both sides of the brain had been tunneled under the lateral sinus. The cavity also injured, seeming to indicate the fact that the funccommunicated with the external meatus in the upper tions of this region might be vicariously taken up by and necrosis and pus encroached upon the jugular is unsatisfactory, and the evidence regarding cerebral fossa. Pus had burrowed and the bone was partly localization from disturbances in this region is not necrosed under the temporal and mastoid muscles near as convincing as that from experimentation of

middle ear was apparently entirely free from de. Ninth Annual Meeting, held in the Hall of the Academy of Medicine, New York, May 26, 27 and 28, 1887.

(Concluded from page 659.)

FRIDAY, MAY 27-SECOND DAY.

MORNING SESSION.

Frank Donaldson, Jr., of Baltimore read

Dr. S. Pollak had had very little opportunity further researches on the function of the RECURRENT LARYNGEAL NERVE: A SERIES OF EXPERIMENTS FROM THE BIOLOGICAL LAB-ORATORY OF THE JOHNS HOPKINS UNIVERSITY.

At a previous meeting he had read a paper criticizing certain conclusions advanced by Dr. F. H. Hooper, of Boston. The conclusions which Dr. Donaldson reached were: That the constrictors do mastoid cells and the meatus, and yet the patient not cease to act under deep narcosis or suspension of feels comfortable, although a frightful pathological consciousness from any cause; that we do not always obtain abduction or irritation when con-DR. W. S. FORD thought Dr. Barclay quite correct sciousness is suspended; that the abduction was

not reflex and was not dependent on uncon- Dr. S. W. LANGMAID, of Boston, stated that in sciousness; that it is with weak stimuli that abduc- one of Dr. Hooper's experiments recently made, the tion takes place, and the movement passes into ad-skull was trephined and insensibility produced by duction as the stimulus was increased; these results pressing a plug against the cortex. In this case diinvariably followed whether the animal was slightly latation was very marked under stimulation of the reor deeply narcotized, or when the medulla was de-current nerve. That is the only case in which he had after stronger continued stimuli the abductor muscles. Donaldson describes. become worn out and did not respond to stimuli.

and the present series of experiments were per-describes but had been unable to do so. The only formed to test the correctness of the above views. point on which they disagreed was with reference to He had shown, that abduction of the vocal bands the effect of weak stimuli in unnarcotised animals. can be obtained without ether and that it is a physio- He had done a number of experiments following the logical fact that opening or closing the larynx de- method of Dr. Donaldson, but had not gotten his pends upon the strength of the stimulus. With weak results. stimuli abduction was produced, while with strong stimuli adduction was caused.

Dr. Franklin H. Hooper, of Boston, read a paper on

THE ANATOMY AND PHYSIOLOGY OF THE RECURRENT CERTAIN MEASURES FOR THE RELIEF OF CONGESTIVE LARYNGEAL NERVE: FROM THE PHYSIOLOGICAL LABORATORY OF THE HARVARD MEDICAL SCHOOL.

experiments were reported, some of the animals illustrative cases were cited. were under the influence of chloral, chloroform, not be produced with even the strongest current. sharp pointed bistoury. were observed, according to the intensity of the irrigitived to draw blood. tation: vibration, complete dilatation, mixed movesame effects as after small doses of ether.

to the size of the dog.

stroyed or when local death had taken place. That seen dilatation similar to that which he thought Dr.

Dr. Hooper said that he had been trying to get These conclusions had been strongly criticized the effect with feeble stimuli which Dr. Donaldson

AFTERNOON SESSION.

Dr. William C. Glasgow, of St. Louis, read a paper on

HEADACHES.

The most severe symptoms in this condition are the pain and sense of constriction of the forehead. The anatomy of this nerve is now complete If the pain is analyzed it will be found that it is of and exact, but up to a very recent date much two kinds. In the one there is a fullness of the vesconfusion existed on this subject. The larynx sels, and in the other, disordered nerve action. Both possesses three functions controlled by three distinct sets of muscles all innerrated by the rediction of the nasal chambers. During congestive current nerves. These functions are: 1. Respiraheadache if we examine the nose we find the caverntion; 2. Sphincter action, which closes the larynx ous bodies are full and tense. The degree of tenseand prevents the entrance of foreign bodies, and ness corresponds to a certain extent to the degree of plays an important part in expulsive acts; 3. Phon-headache. The method of treatment which he had atory action. Stimuli applied to recurrent nerves adopted during the past four years had been the local produces adduction in certain animals (dogs) and abstraction of blood. A knife is not required, a abduction in other animals (cats). Only a few ex-simple prick is sufficient. In many cases the relief is periments have been made in man but as far as they immediate. The operation may have to be repeated go they seem to show that stimulation closes the in a month or two. He had seen few cases in which glottis. Under ether or profound morphia narcosis, permanent relief had not followed a repetition of the stimulation of the recurrent nerves produces opening poperation from two to six times. The amount of of the glottis in dogs. Three hundred and twelve blood drawn rarely exceeds an ounce. A number of

Dr. J. N. Mackenzie, of Baltimore, said that morphia or ether. Under ether, dilatation was pro- some years ago he had advised that in acute coryza duced with weak currents, while contraction could an incision be made in the turbinated tissues with a

As the dog begins to come out of the ether dilata- Dr. C. C. Rice, of New York, said that his expetion can not be induced with any current, while con-rience was somewhat different from that of the traction is brought about by currents decreasing in author. So far as chronic hypertrophic catarrh is intensity as the effect of ether passed off. A similar concerned, he had come to look in these cases of effect was observed in one case after use of a large, headache for hypertrophy over the middle turbinated dose of morphia. After small doses of other stimu-bone, pressing against the septum. There has not lation produces two effects: first, vibration, second, been much congestion but simply contact. In these closure. Under large doses of ether, four effects cases he had used the galvanic cautery, and had not

Dr. Harrison Allen, of Philadelphia, was more ment and closure. After small doses of morphia, in accord with the last speaker than with the author. chloral and chloroform, stimulation produces the The trouble may come from turbinated bones, but he had attributed it to pressure effects. The proper Dr. F. I. Knight, of Boston, saw some of the treatment is to separate the parts. He did not hesiexperiments of Dr. Hooper. In one case he saw a tate to etherize the patient, and introduce the finger, failure to get the other effect, which was attributed and push the septum into place. In one case, a lady came to Philadelphia with a complication of disorders.

She had reflex headaches which were so severe as to acute cases are concerned there are milder measures lead to a fear of mental aberration. On examining than the use of an emetic. He had found under the nose the condition referred to above was found these circumstances that the use of tablet triturates and the speaker insisted that the headache was due of chloride of ammonium repeated as often as once to the trouble in the nose. He etherized the patient every fifteen minutes is one of the most efficient and separated the parts with the finger. The head- methods of overcoming the difficulty. For local apaches entirely disappeared.

a fact that in many cases where we find contact be- gitis in vocalists he believed that we could not obtain tween the middle turbinated bone and the septum much information from the appearance of the muthere are no symptoms that can be referred to this cous membrane. In these cases the membranes may condition. Judging from analogy, we have in no be red and this may continue after the trouble with other portion of the body neuralgia caused by the the voice has disappeared. He believed that there contact of mucous surfaces. In the vagina and in the trouble is chiefly in the nervo-muscular apparatus the urethra, we have mucous surfaces in contact. We and had found the internal use of good wine of coca, may, however, safely say that it is a proper course to with application of a faradic current to the neck, pursue to put the nasal cavity into a condition as near very useful. The faradism should be repeated once normal as possible.

Dr. Glascow, in closing the discussion, remarked most convenient place to do it.

A Case of Leucoplakia; Recovery: by Dr. W. C. Glasgow, of St. Louis, was read by title.

Dr. J. Solis-Cohen, of Philadelphia, opened the discussion on

THE TREATMENT OF LARVIGITIS IN PROFESSIONALS WHO ARE UNABLE TO REST.

Sometimes a professional had consulted him with hoarseness, the result of laryngitis, and want to use many cases of this trouble. The action of cocaine his voice in a few hours. The best method to accomin laryngitis is pernicious. In cold in the head coplish this that he had found, has been the administra tion of a sharp emetic and then let the patient rest. until the time of the performance, sucking pieces of In the majority of cases of chronic laryngitis the ice and keeping a cold compress to the neck. chronic laryngitis he had found nothing of the same service as the use of a weak solution of sulphate of with the external use of a weak faradaic current are zinc, two grains to the ounce, used in a spray apparathe best measures to employ. atus. In the intervals of the play the patient may inhale a little compound tincture of benzoin if he the employment of muriate of ammonia is useful. finds that he is hourse. Another remedy of consid- He gives it in solution in compound liquorice mixerable service is the use of a respiratory with turpentine, terebene, or eucalyptol, or something of that chronic cases are more difficult to treat because the kind. I am, however, not aware of any special patients can not quit work. He had found nothing method which is adapted to this class of individuals.

keep up the systematic use of sulphate of zinc, but the use of the brush. The solution which he most had found that the hoarseness continues unless the He had occasionally had to treat voice is rested. vocalists who could spare a few hours, and have found excellent results from the use of nitrate of silver, and the most disastrous results from the use of cocaine. There seems to be a certain amount of relaxation following the use of muriate of cocaine. It of the voice the result of over-exertion. Here there may be said that in these cases that unless there is seems to be want of tension in one vocal cord. To rest there is no cure.

Dr. Beverly Robinson, of New York, stated that his experience with the class of cases under discussion would lead him to believe that so far as the

plication he did not think there is anything better Dr. F. H. Bosworth, of New York, said that it is than carbolized spray. In the chronic form of larynor twice a day.

Dr. F. H. Bosworth held that there is no such that the paper said nothing at all about hypertrophy. disease as larnygitis as that term is used to mean an No one recommends bleeding for hypertrophies, for inflammatory process. The seat of the disease is these do not bleed. The fullness of the cavernous not in the larnyx but in the nasal passages. If you sinuses is simply the sign of the fullness of the frontal apply cocaine to the nasal mucous membrane, causing sinuses. It is not the cause of the trouble. He contraction of the blood vessels, and follow this by takes blood from this part simply because this is the the use of chromic acid, thus eliminating the cold in the head, it will usually be found that the larvngitis has disappeared. Relaxation has been spoken of as following the application of cocaine. Although he had used the drug in many cases he had seen this result in only two, and they were cases of hay fever. His method of using cocaine is to suspend it in fluid cosmoline and direct the patient to spray the nose and inhale it.

> Dr. C. E. Sajous, of Philadelphia, had treated caine is useful but it should not be used within four hours of the time when it is desired to use the voice. In condition is due largely to fatigue. He had found that the use of quinine and nux vomica internally

Dr. Morris J. Asch, of New York, considered ture which contains a little tartar emetic. equal the application of astringents. He had used DR. T. A. DEBLOIS, of Boston, had endeavored to the spray in some cases, but more good is done by frequently used was one of perchloride of iron, thirty to sixty grains to the ounce. Where a person has to use the voice in a few hours, a single application will put them in good condition temporarily.

> Dr. F. H. Hooper, remarked that in these professionals there is sometimes an alteration in the quality relieve this he had used electricity outside, with the internal use of aromatic spirits of ammonia, thirty to forty drops in half a glass of soda water.

DR. J. N. MACKENZIE thought that Dr. Bosworth

ciated with disease of the nasal passages and upon ing the tonsil with the snare. the recognition of this fact depends the successful treatment of many cases of chronic laryngitis. I be proper to do the cutting operation in certain cases should never use cocaine just before a person was of hypertropied tonsils which have been selected with going to use the throat. The sensation which it pro- great care, yet he thought that we err in making duces in the larynx is only next to that of hanging. In broad statements in regard to this operation. He the nose the effect is very pleasant provided some of believed that the number of cases in which serious the solution does not trickle into the nose or larynx.

tled Glandular and Connective Tissue Hypertropies in the Lateral Walls of the Pharynx.

DR. CHARLES H. KNIGHT, of New York, read a paper on

THE GALVANO-CAUTERY IN THE TREATMENT OF HYPERTROPHIED TONSILS.

The speaker first referred to the objections to the cutting operation. The principal of these is the danger from hæmorrhage. At times the tonsil is so deeply situated that it is not possible to get the tonsilotome over it. In other cases the patients positwo methods of using the galvano-cautery, one is by puncture and the other by the snare. The former is much the slower. Not more than three punctures should be made at each sitting. The number of sittings required vary from five to ten. The latter method with the snare is much the quicker. current should be used intermittingly and traction should only be made during the passage of the current. He did not recommend this as an universal In the majority of cases the cutting operation. operation is easier and better. It should be used almost disposed to say that the galvano-cautery should be used in all cases of adults.

Dr. A. W. MacCoy, of Philadelphia, said that in the treatment of these cases he made a distinction in the methods employed. In the glandular enlargements he had used puncture, while in the interstitial note on hypertrophies he had not used it, for in these cases you are apt to get cicatrices which give considerable trouble. He was not satisfied that the puncture is any better than chromic acid fused on a probe and passed into a crypt.

Dr. Beverly Robinson had long held that we know of no simple operation in surgery. There is nothing so unpleasant as to have to remove large tonsils from a small child. Although, as a rule, the hæmorrhage is readily controlled, yet he always un dertakes the operation with a good deal of reluctance. He was disposed to think that galvano cautery is one of the best methods. We can thus remove many tonsils that give us a good deal of apprehension.

DR. RICE said that very little can be accomplished with the cautery in the large white hypertrophies in children. The cutting operation is what must be done in these cases. In adults, however, galvanocautery is the most useful measure.

THE PRESIDENT said that he had used the cautery. but a certain amount of soreness has always followed

is to a great extent right with reference to the de- its use. In children, in order to avoid the pain and pendence of laryngeal disease on nasal trouble, and nervous shock attending the cutting operation, he that the vast majority of cases of laryngitis are asso- was in the habit of etherizing the patient and remov-

SOCIETY PROCEEDINGS.

Dr. Harrison Allen remarked that while it may hæmorrhage occurs is much larger than is supposed. Dr. C. C. Rice, of New York, read a paper enti-All the disastrous cases are not reported. He was not willing to perform the operation until he had studied the case very carefully. Other measures should be first used and the knife resorted to at the last.

> Dr. D. Bryson Delavan, of New York, held that where the operation of tonsillotomy is done with proper care and with suitable styptics at hand, there is not much danger from hæmorrhage. At first there is a gush of blood, but in a few seconds this stops. He had found it very difficult to get anthentic reports of cases in which serious hæmorrhage followed this operation.

Dr. Morris J. Asch, with reference to the questively object to the cutting operation. There are tion of hæmorrhage, stated that some time ago one of his assistants removed a small section of the ton-The next day there was serious bleeding, and it was found necessary to keep up pressure on the tonsil for six hours before it was controlled.

Dr. J. Solis-Cohen thought that a great deal of the trouble in tonsillotomy is due to the adhesion of the anterior fold of the palate to the tonsil. It has been his custom to first free the tonsil from the palate. In many cases the tonsil will then go down without any treatment whatever. He thought that the hæmorrhage comes from the cutting of this fold, where there was danger of hæmorrhage, and he was for, as the vessels run in a vertical direction, they are cut obliquely. He had never been able to use the cautery with the success of the reader of the paper. In his cases it has required from twenty to fifty sit-

Dr. Beverly Robinson, of New York, read a

A FREQUENT CAUSE OF NASAL HÆMORRHAGE.

In the experience of the author the ulcerations in atrophic rhinitis had been a most frequent cause of hæmorrhage. He had found himself unable to detach the crusts from these ulcerations either by the use of douches or sprays so well as by the employment of ointments. In the course of two or three days the patient is able to blow out the crusts. best ointment for this purpose is the ammoniated mercurial of the Pharmacopæia, made with vaseline, one half full strength. After plugging the nostrils, especially in children, he has found flexible probes most useful. He has never found anything to arrest the hamorrhages so well as sheet sponge, which is cut into long strips and pushed into the nares till the bleeding stops.

> SATURDAY, MAY 28—THIRD DAY. Morning Session.

THE PRESIDENT called the Association to order,

and Dr. S. W. LANGMAID, of Boston, read a paper on

CONSTITUTIONAL CAUSES OF THROAT AFFECTIONS,

However important and interesting the morbid changes in the upper air passages may be locally, the important lesson should be learned that there are underlying constitutional causes which must be removed in order to effect a cure. Syphilis, alcoholism, rheumatism, and gout, etc., are ever at work, and their influence must be combated. Local treatment is in the nature of repair, while constitutional and hygienic treatment must be in the direction of the renewal of normal processes.

DR. GLASGOW, of St. Louis, regarded the paper as one of the most timely which had been presented to the Association. He thought the statement made by Dr. Daly, of Pittsburg, that the laryngeal physician should become a laryngeal surgeon, as one tending to do much harm, and it had done much to retard progress in this department of medicine.

Affections of the Crico-arytenoid Articulation, by Dr. George W. Major, of Montreal; Cancer of the Larynx, by Dr. Hosmer A. Johnson, of Chicago; and A Case of Recurring Laryngitis Hamorrhagica, by Dr. C. E. Bean, of St. Paul, were read by title.

Dr. Morris J. Ascii reported a case of

STENOSIS OF THE LARYNX

treated by divulsion and systematic dilatation. The opening of the larynx was diminished to one-third its normal size. The dilatation was accomplished by Schroeder's hard-rubber tubes. It was a case of hypertrophic laryngitis below the local cords, and the relief afforded by treatment had been permanent. He preferred this to any other method in this class of cases.

DR. COHEN had not had the courage to attempt to dilate without preliminary tracheotomy. He believed it was better to perform tracheotomy first, and then pursue the most active measures possible for the relief of the stenosis.

DR. KNIGHT said that Schroeder's method had been very slowly popularized in this country. He regarded it as a sub-glottic laryngitis of some kind, as had been expressed by Mackenzie, of London, and would discard the name *corditis*, etc.

DR. Morgan, of Washington, related a case in which he used dilators without permanent benefit, and in which he kept the disease in abeyance by constitutional measures and local applications. He recommended from time to time tracheotomy, to be followed by dilatation, but the patient declined, and finally died suddenly of laryngeal spasm.

DR. Delayan, believed that the method of treatment by dilatation would receive important modifications by O'Dwyer's method of intubation.

DR. Asch spoke of some theoretical objections to O'Dwyer's method for the treatment of these cases. He agreed with Dr. Knight that the term *corditis*, etc., should be abandoned. He regarded it as one of the advantages of this method that tracheotomy was avoided.

DR. D. BRYSON DELAVAN, of New York, then tendency to return. read a paper on DR. W. C. JARVE

THE ETIOLOGY OF DEFLECTIONS OF THE NASAL SEPTUM,

in which he had gathered the scattered views on the causes, which were generally admitted to be obscure. After discussing the predisposing causes, as rade and diathesis, he spoke of the exciting causes under the headings, traumatism, local malnutrition, and occlusion of the nasal passages.

DR. Morgan, had been able to trace his case to traumatism almost invariably, when the history had been carefully studied. He had seen but few cases in the African, but whether or not this was real exemption he was unable to say.

DR. DONALDSON was also of the opinion that perhaps it was less frequent in the African than among the whites.

DR. Solis-Cohen had noticed that high-arched palate and deflected septum go together in a majority of cases, perhaps; but he had also seen many cases in which there was deflected septum without high-arched palate, and also high arched palate without deflected septum. A great many children under seven years of age have deflected septum. He thought that the question of traumatism was a difficult one to settle. So also it was difficult to get at the exact influence of racial peculiarities. Over and over he had seen marked deflection of the septum without difficulty of breathing.

Dr. Sajous thought that traumatism as a cause could not be clearly defined.

DR. MACKENZIE had not seen a case of deflected septum in the African that required an operation. He regarded *traumatism* as the most prolific cause. He had also been surprised at the brilliant results said to attend some operations.

DR. DEBLOIS said that he had observed the nose of several pugilists and had been surprised to find that the septum was in the correct line, while the nose in general had been flattened and bruised with great severity and repeatedly. He thought that these cases could with propriety be regarded as traumatic.

Dr. Roe spoke of several peculiar varieties of deflected septum, and particularly objected to the use of the punch in the treatment.

Dr. INGALS had seen deflected septum in children two years of age, and he had also come to the conclusion that, unless the nasal bones were fractured or cartilages dislocated, deflection of the septum was not likely to follow traumatism.

Dr. Langmain, of Boston, reported a case of

A PIN REMOVED FROM THE LARYNX,

where it had been for two years. It was sticking through the ventricular band and pointing backward. Dr. Rufus P. Lincoln, of New York, reported a

case of

RECURRENT NASO PHARYNGEAL TUMOR,

which he had cured by electrolysis. He used a single needle, and made sixteen applications in from four to six days. The growth had not shown any tendency to return.

DR. W. C. JARVIS, of New York, reported

TWO CASES OF CONGENITAL OCCLUSION OF THE ANTE-RIOR NARES.

This is a rare condition. He had been unable to find a case recorded in medical literature, and the two reported were the only cases which he had met with in several thousand patients examined at his clinics. They were treated by means of his nasal be removed so easily with the transfixion needles. drills and electro motor. In one case the obstruction was fibrous, and in the other osseous, and the reach the posterior face of the middle turbinated bone results of treatment were very satisfactory.

AFTERNOON SESSION.

DR. ALEXANDER W. MACCOY, of Philadelphia, read a paper on

A COMPARATIVE STUDY OF SOME OF THE METHODS OF TREATMENT BEST ADAPTED TO THE RELIEF OF OCCLUSION OF THE POSTERIOR NARES

due to hypertrophy of soft parts, and not bony occlusion of the posterior nares, which he had never difficulties which had been offered in way of reaching the posterior nares, and lack of precision in mak ing applications. Since the advent of cocaine these difficulties, to a certain extent, had been overcome, but the effect produced by the drug rendered com paratively useless certain instruments which hereto snare, the use of which he had ceased, except for the removal of nasal polypi, etc. From the fact that cocaine caused such retraction of the tissues, he had not been able to make use of the needle recommended by Jarvis; but, at the same time, the drug had brought into greater use the galvano cautery and chromic acid. The chief point in the paper was to present the superior advantage offered by a concealed flexible instrument for applying fused chromic acid. He preferred this to all other methods for removing these posterior hypertrophies.

Dr. Jarvis regarded his transfixion needle as one of the most serviceable instruments he used for the removal of hypertrophied nasal tissue. He never used cocaine as a preliminary step, but first included the hypertrophy within the loop, drew the wire home, and then applied the cocaine. He regarded chromic acid as dangerous and likely to be followed by unpleasant results. He never attempted to remove a hypertrophy by means of the galvano cautery.

Dr. Rice said that it was often difficult to remove these hypertrophies. He had given up the use of the transfixion needles. There were cases in which it was difficult to apply the loop posteriorly. He had never met with the disadvantages in the use of chromic acid spoken of by Dr. Jarvis.

DR. DONALDSON favored the use of chromic acid, as did his father, who had used it without bad results for many years. As to the needles, technical skill was required for their use, and in one case he had profuse hæmorrhage following their use.

DR. DELAVAN had used chromic acid, discarded it, used it again, and had again discarded it. As for h.emorrhage, he had not seen a case where it could not be controlled readily, and he believed that, practically, there was no danger from it.

Dr. Jarvis said that an attempt to remove a posterior hypertrophy, while a deflected septum existed, was very poor surgery. First repair the deflected septum, and the hypertrophy will disappear of itself. He regarded it as triffing with the patient's nostrils to use chronic acid when the hypertrophied tissue can

Dr. MacCoy said that he had never been able to before his little instrument was invented. A single application of chromic acid was, as a rule, all that was required. In comparison with it, he regarded the use of the needle as a very difficult operation. He never uses chromic acid without immediately antagonizing it.

Dr. Jarvis remarked that the fault was not in the needle but in the operator, who failed to make the few simple manipulations necessary to its successful

Plaster-of-Paris Dressing for Fracture of the Nose, seen. He referred to different methods, and the by Dr. J. W. Robertson, of Detroit, was read by title.

Dr. DeBlois, of Boston, exhibited a plaster of-Paris splint which he had used with good result in one case of fractured nose.

Dr. Roe, of Rochester, exhibited a nasal saw which was operated by means of an electro motor.

The committee on The Congress of American Phyfore had been used satisfactorily; for instance, Jarvis' sicians and Surgeons presented its report, which was received and adopted.

The following were elected

OFFICERS FOR THE ENSUING YEAR.

President—Dr. R. P. Lincoln, of New York. Vice-Presidents-Drs. J. N. Mackenzie, of Baltimore, and S. W. Langmaid, of Boston.

Secretary and Treasurer—Dr. D. Bryson Delavan, of New York.

Librarian—Dr. T. R. French, of Brooklyn.

Council-Drs. Frank Donaldson, of Baltimore, J. Solis-Cohen, of Philadelphia, F. H. Hooper, of Boston, and E. C. Morgan, of Washington.

The following were elected Corresponding Fellows: Dr. A. Gougenheim, of Paris, and J. Moure, of Bordeaux.

Dr. A. Jacobi, of New York, was elected Honorary Fellow.

The Association then adjourned.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated Meeting, Thursday, April 7, 1887. THE PRESIDENT, THOMAS M. DRYSDALE, M.D., IN THE CHAIR.

(Continued from page 668.)

Dr. J. M. Baldy presented a specimen of

PYOSALPINX IN ITS RELATION TO PUERPERAL FEVER not simply because it was one of pyosalpinx, but because of its extremely important relation to the puerperal state and, as far as he is aware, because it is the first of its kind ever operated upon, and life saved when the patient was dying from, so called, puerperal fever. The patient, Mamie P., twenty-three tedious but normal labor some four years ago. She there was a free gush of pus from the tube tract and was at that time confined to her bed for eight weeks, she began to improve again from that moment. A "with an inflammation in her stomach." She how rubber tube was inserted and passed deep into the ever made a good recovery and has not suffered from pelvis and the abscess was washed out twice daily, pain or ache in her abdomen since. On February 3, The discharge gradually diminished and the tube he was called to attend her in her second labor, was again removed. The wound is now completely Although he went with the messenger he found the healed and the patient is a well woman. labor over; a dead child, together with the placentaand all the membranes intact, lay between her thighs. peral fever cases are simply cases of salpingitis sep-Her uncovered arms, chest and legs were exposed in tica is by no means a new one, and is probably held a room without a fire. No examination was made by most of the great operators in the world. Dr. M. but she was put between warm, dry bed clothes as Sanger says that "salpingitis septica co-existing with quickly as possible. On the second or third day she severe puerperal septic emia has never as yet given had a chill with a quick rise of pulse and tempera- the surgeon an opportunity to remove the principal ture, a tympanitic and tender abdomen. These focus of disease by the extirpation of the tubes. It symptoms abated somewhat and he lost sight of her is possible, however, that under certain circumstances for several weeks. On the third of March, one such a proceedure might be indicated." Dr. Carl month after her confinement, he was again summoned. Schroeder holds that "septic endometritis does not to her and found that she had been suffering ever extend to the tubes as a rule; occasionally, however, since he had last seen her. She had become so ema- it does go on to a purulent salpingitis." That these ciated that he hardly recognized her. Her tempera- cases do exist much more frequently than we have ture was 102 F. and pulse 130. She had continued had any idea of is certain, and that oftentimes a life chills and creeps, hectic, night-sweats, and sleepless otherwise doomed can be saved by operative internights; her abdomen was swollen and tympanitic and ference, is proved by the case presented to night. intensely painful, her bowels loose and feetid; mic- Mr. Tait mentions four deaths from this cause in turition and defecation were both painful. She was Queen Charlotte Hospital alone, and says "that evidently fast approaching death. An examination these cases were, during life, all regarded as puerof the soft parts showed no sign of a recent tear. Peral fever." Dr. A. Mastin, out of a total of two The uterus was sub involuted and on the left side hundred and eighty-seven cases, found that seventy there was a large boggy mass firmly adherent, tortuous and extremely tender. The right side was tender tions two cases which have come to his knowledge but no many applies A court of the side was tender. but no mass could be detected. Abdominal section in which the over distended tubes burst and diswas advised as the only remaining hope of saving her charged pus into the abdominal cavity with death on life, and the proposition was eagerly accepted by the the fourth day after confinement in one case, and on patient and her friends. Dr. J. Price saw the pathe twenty first day, in the second case. He thinks tient and confirmed my opinion of immediate oper- that in both these cases the salpingitis existed before necessary to have her surroundings cleansed. Drs. which this certainly was the condition. Hecker, as J. Price, McMurtrie, of Danville, Ky., and Mr. Eck- early as 1878, mentions two cases in which the pyoman, of Scranton, Pa., were assisting. The right salpinx was old and was only lit up by the puerperal tube and ovary were healthy and were not removed; state. Whether the disease arises de novo, or having the left tube was almost as large as the uterus and already existed from other causes is simply lit up by firmly adherent in all directions, especially to the the puerperal state, must be determined in each indibowels from which it was separated with great diffi-vidual case. Hecker's and Sanger's cases as menculty. An abscess of the cellular tissue was ruptured tioned, had pre existing salpingitis, but in the seventy while breaking up the adhesions and pus welled up cases reported by Martin the micro organism of through the abdominal incision. Both tube and puerperal septicamia were found in the contents of ovary were removed. A large cheesy mass on the the tubes and no mention is made of any other microbowels at the point of adhesion was trimmed down organism, so it is fair to presume that these cases with scissors and Monsel's solution applied to the arose from the puerperal state pure and simple. Of bleeding points. After a free irrigation, a drainage course the possible contagion of gonorrheea can tube was put in and the incision, which was only one never be eliminated except by a microscopic examand a half inches in length, was closed. The tube was ination. In his case, although the trouble seemed found to be distended with pus, the ovary was disin very clearly to have arisen at the time of the second tegrated and contained pus. The patient rallied labor, possibly with her first also, yet the chance of quickly and had no shock. Her pulse fell to 80 and gonorrheeal infection both before and after her first her temperature to normal within twelve hours, and pregnancy are so great that he cannot pretend to say remained so. The tube was removed on the seventh it was not present. The operation has up to this day. There had been little or no pain, no catheter, time been done at least four times in Philadelphia; no laxative or drug of any kind had been employed. one case was operated on just two weeks previous The day after the removal of the tube her pulse be- to mine by Dr. Longaker, in which a pyo-salpinx was gan to rise as also did her temperature. Pain devel- found and removed, the patient dying on the second oped in the left ovarian region and she began to have day. Dr. J. Price has since operated twice, and in

years of age, was delivered of a male child after a hectic and cold creeps. About the eleventh day

The belief that a certain proportion of our puer-He operated on March 5, the delay being delivery, and mentions a case in his own practice in

one case found more than a quart of pus in the ab- toms continued for the next two days. On the couraging, and although a large percentage have risen to 102 and the pulse to 120. finitely less.

mer at people until we get them to open the abdomen ception and labor, or before conception? in primary puerperal peritonitis." Dr. Price does not think septic post partum salpingitis would be | unilateral. He would also call attention to the extreme degree of degeneration that has taken place in by permission of Prof. Parvin, in whose service the space of time, a few days only.

hours after operation.

dominal cavity. The case, unfortunately, fell into morning of the eighth day, 7 A.M., she began to comhis hands too late and the patient only survived two plain of intense cutting pains, temperature 96.5, days. These cases, though few in number, certainly pulse 96. Four hours later, under the free use of teach us that the work done in this direction is en- morphia, the pain was relieved, the temperature had Dr. Jas. Price died, it only warns us of the extreme importance of kindly saw the case with him and they agreed on the an early diagnosis and prompt surgical interference, advisability of laporotomy. During the afternoon It becomes our imperative duty in every case of her temperature continued to rise, reaching 104° in post-puerperal trouble to make a thorough investigathe evening. On the following day she was much tion of the case on the appearance of the first symp- better, was free from nausea and vomiting and had toms, and should a fullness be found on either or no severe pain. Owing to this apparent improveboth sides of the uterus, accompanied by pain on ment, Dr. Longaker allowed himself to be persuaded touch, and with constitutional symptoms of gravity, to put off operating. The abdomen was opened Feb. there should be no hesitation as to the course to pur- 14, 1887, the ninth day after delivery, and nearly sixty sue. This being secured our present high mortality, hours after the onset of acute peritonitis. General of one woman out of every hundred delivered in peritonitis and a large quantity of pus in the left relarge cities, as recently stated in a statistical paper gion of the left comus uteri, exceedingly foul in odor, on lying in charities in the United States, must be were found: the left tube was removed, it was an inch largely diminished, and the fatal influences now sur- in diameter. The uterus was fairly involuted, it was rounding our parturient women must become in- firmly fixed in the pelvis. The wound drained freely, but incessant vomiting set in and the patient died Dr. J. Price, remarked that the operation in this forty hours after the operation. Is it not assuming case was difficult and tedious, and was done with too much to say these cases had pyosalpinx before great care. He believes that conception can take conception? He is sure such was not the case in place coincident with desquamative salpingitis. Sal- his patient. Though she had lived irregularly with a pingitis, even of gonorrhead origin, may affect one man for some five years, she had at no time such tube only, and the other, being normal, may give exit symptoms as would lead us to suspect this disease. to an ovule. Six months ago, he removed a large It would be possible, if pyosalpinx be the consepus-tube from the right side; the woman is now four quence of a poison from without, to find entrance to months pregnant. If he finds induration and disten-sion of a tube, with inflammatory symptoms during the post parturient period, he does not hesitate to firmly united, but the result would most likely be an operate at once; the operation involving less danger abortion at the time of the invasion. The morbific to the patient than the rapid progress which the in- matter probably obtains access to the tubes after tlammatory process will take at that period. He parturition is completed, and owing to the combined read from a letter from Mr. Tait: "There can be no circumstances, acts in an explosive manner. Is not doubt as to the frequency of the occurrence of puer- the pyosalpinx originated after labor as the result, peral pyosalpinx, and what we want to do is to ham- it may be, of a gonorrheea contracted between con-

DR. HIRST presented a specimen from a case of

VIRULENT PUERPERAL SEPSIS,

the tissue of the tubes themselves, and most com- case occurred. The specimens are interesting, not monly milateral only; they are quite cheesy in char-, merely because they come from a case of puerperal acter. This change could not occur in so limited a fever, which unfortunately is not a rare disease, but from the rapidity with which the disease terminated Dr. Longaker remarked that one of the four fatally, and from the possible point of entrance of eases, referred to by the author of the paper, was a the septicemic poison. The history of the case bepatient who was under his care and who died forty fore delivery presents nothing worthy of note. Im-Briefly, the history of the mediately after delivery the temperature was 99.5° case is as follows: A young woman, from Maryland, and in spite of the most energetic antiseptic treatcame to my office, being in the sixth month of her meant of the vagina and uterine cavity, the temperfirst pregnancy, for treatment for a profuse muco ature rose to 102, but dropped again to 99.5°, only purulent discharge having all the characteristics of a to rise again to 102, where it remained till the recent gonorrheea. A month later premature labor woman's death, about seventy two hours after the set in. The child did not live. The placenta came birth. The post mortem examination showed diph-Four days after labor she began to theroid patches in the vagina extending into the cercomplain of severe pair in the left inguinal and hypo-prical canal. The uterine cavity and walls were norgastric regions, paroxysmal and associated with great mal, the peritoneum, tubes and ovaries healthy, the tenderness. The tongue was dry, but there was no kidneys were the seat of numerous metastatic abnausea or vomiting. There was no chill, but the scesses, and there were several infarcts in the liver. temperature was slightly elevated. The same symp | The lungs were healthy. The rectum was covered

such cases recorded in medical literature, one by pair of short legs, you have Mr. Tait as I saw him. Winckel, the others by Koester and v. Reckling (To be continued.)

FOREIGN CORRESPONDENCE

TAIT AND PEAN.

Dear Dr. Fenger:—On Sunday evening, March 27, I called at the residence of Mr. Lawson Tait in Birmingham. As dinner time was near at hand, I was invited to remain to meet some of his personal and professional friends. As I had been in training for some time to acquire the proficiency of eating two dinners in rapid succession, I readily consented to avail myself of this opportunity to meet the great haparotomist in the sanctum of his own home. Mrs. Tait is proud of the distinction her husband has attained, and takes a deep interest in his work. found it quite difficult to keep Mr. Tait in the channel of thought for discussing subjects of professional interest upon which I wished to obtain information. The evening was devoted to social pleasures and the many good things spread upon the table, and I had to submit to the inevitable. During my conversation about my prospective trip to the Continent, I was made to understand that German gynecology was not appreciated in this part of England, and that it had done little or nothing towards the advancement of modern gynecology. If I had met with such an assertion under different circumstances I should not have hesitated a moment to resent most emphatically such an insinuation, and in support of my arguments I should have quoted the results of scientific investigations and conscientious work of such men as Schreeder, Winckel, Olshausen, Hegar, Kaltenbach, Sänger and others, whose names are household words wherever modern gynecology is known and appreciated; but under the existing conditions I had to control my temper and leave the remark unchallenged.

Mr. Tait takes great interest in specimens of antiquity, and his capacious house is one great curiosity, to speak with authority, and after seeing him tie five shop. That the Tait family is childless became apparent to me by the kind attentions which were be-Staffordshire knot over the ordinary methods of tystowed upon a fine specimen of a Maltese cat. In ing, and should recommend its general adoption. my mind the sight of that cat revived the memory of During the whole operation I observed that the abthe useful purpose I had assigned to that brute in my dominal wound was kept practically closed, either researches in experimental surgery, but as I was aware that Mr. Tait entertains no kindly feelings the operator. This I observed not only in this case towards experimenters, I made no suggestions in this

with extensive patches of diptheroid membrane, a direction. It is not necessary for me to give a devery interesting condition, for it indicates the possi-scription of Mr. Tait's personal appearance, as the bility at least, that here was the point of infection, photograph I sent you some time ago speaks for itand if this is the case, this specimen at once assumes self. If you add to the large head, the long and caconsiderable importance, for he knows of only three pacious chest and still more voluminous abdomen a

The next morning at 9 o'clock found me again at These specimens may well serve to call Mr. Tait's house, as the operations were to be perattention to the possibility of infection by the admin-formed in his private hospital, which constitutes a istration of enemata, and to the importance of ob- part of his house. I was shown into a room where serving the most minute precautions as to the chem- a number of physicians had congregated. As we ical cleanliness of every instrument that may come were all strangers to each other, silence reigned suin contact with the parturient or puerperal woman. preme until we were informed by one of the nurses that everything was ready. We filed up a flight of stairs and entered one of the rooms, where we found Mr. Tait standing by the side of the anæsthetized patient in his shirt-sleeves and a rubber apron. The temperature of the room was comfortable. A female assistant administered the anaesthetic, and a young physician stood opposite Mr. Tait ready to render assistance, but it soon became evident that his presence was more ornamental than useful, as the operator appeared to require no assistance. The few instruments that I saw were kept in clean pans. The often described bag containing the sponges was hanging from a nail upon the wall, and was taken down and a few sponges thrown in a basin of warm water. The patient's abdomen had not been shaved, and was now sponged off lightly and covered with a rubber cloth with a slit in the centre. The first patient was a lady about 50 years of age, suffering from an abdominal tumor which extended a little above the umbilicus. The abdominal incision was made quickly and was about 212 inches in length. The omentum was found adherent to parietal peritoneum, and the adhesions were separated by tearing. As soon as the cyst was exposed it was tapped with the blunt fenestrated trocar devised by the operator. This instrument does not cut the tissues when it is pushed through the cyst wall, and consequently extravasation along the side of the tube does not take place, a source of trouble and danger attending the use of all trocars with a cutting edge. The pedicle of the cyst was twisted and appeared like an umbilical cord. The pedicle was transfixed with a long needle slightly curved at the end, and threaded with medium sized Chinese silk which, after the needle was withdrawn, was tied into a Staffordshire knot. The operator showed his unlimited confidence in this method of tying by dropping the pedicle at once in every instance, without examining the cut surface or separately ligating any of the visible vessels.

The immense experience Mr. Tait has had in this manner of securing the pedicle certainly entitles him pedicles I am convinced of the advantages of the with the cyst, the pedicle, a sponge or the fingers of but in all of the three cases, and to this circumstance, undoubtedly, a great share of the wonderful success

¹ By permission of Drs. Fenger and Sens.

of Mr. Tait must be ascribed. The operations are operation and dressing, twelve minutes.

finger, searching for the ovaries. In this case the in- another direction. cision was a mere button-hole. We were informed. From what I glo cision was a mere button-hole. We were informed From what I gleaned from my observations in the that the removal of both ovaries and tubes would be practice of Mr. Tait, I have come to the following done for the purpose of preventing pregnancy in the conclusions: 1. He is a skilful and dexterous operfuture, as the patient had suffered greatly during and ator. 2. He depends on a diagnosis by digital exafter delivery on account of a contracted pelvis, in ploration in the majority of cases. 3. He removes cluding the formation of a vesico-vaginal fistula, the ovaries and tubes in cases for indications which uterus, and this opportunity was utilized and the ute the abdomen with numerous strips of adhesive plas. a broad tlannel roller.

moval of the ovaries and tubes in this case afforded which will add to our success in practice. abundant food for serious thought. There can be no the same object could have been reached without any 58 years of age. His face shows intelligence and danger to life by unsexing the other party?

The third operation was set for 12 o'clock. I was done, as it were, subcutaneously, thus reducing the told the evening before that this patient was probably danger from infection to a minimum, provided the suffering from a pelvic abscess, and I was exceedingly hands of the operator, the instruments and the anxious to see the operation devised by Mr. Tait for sponges are aseptic, and that this is the case in Mr. the radical cure of this often intractable affection. Tait's practice I became convinced, and his results. The abdomen was again opened by an incision only only corroborate this statement. Mr. Tait may sufficiently large to introduce two fingers. A brief not be an antiseptic surgeon, but he is certainly, in digital exploration resulted in the announcement that principles and practice, an ideal aseptic surgeon, the swelling in the pelvis was not an abscess, but a whether he is willing or unwilling to acknowledge small fibroma of the uterus. As it was claimed that such a designation. The abdominal wound was this tumor must be the cause of the recurring attacks closed with four deep sutures. A small gauze com- of pelvic inflammation, it was decided to again remove press and a thick layer of cheap cotton, with a wide the uterine appendages. One of the ovaries was adflannel bandage, constituted the dressing. Time of herent, and required more than the usual length of time for its removal. Duration of operation and As soon as the operation was completed, the visi dressing, nine minutes. The explanation of the itors were requested to retire to the same room, cause of the pelvic inflammation was new to me, as where I spent half an hour in meditation, trying to I had always entertained the idea that submucous unrayel in my own mind the mysteries which had led and interstitial myo fibromata of the uterus, even this wonderful man to such unparalleled success, when of large size, seldom give rise to inflammation when I was aroused from my dreaming condition to of the adjacent or contiguous tissues, but for the sake reality by another message that everything was ready, of the patient I hope that the interpretation of the The little crowd of seekers for knowledge were led case was correct, and that the operation will be the into another room, where we could hardly find time means of preventing future attacks, as the patient to arrange ourselves around the table when Mr. Tait who has lost one of her most important organs is was already in the abdomen with his bulky index certainly entitled to an equivalent of happiness in

which, however, had been cured by operation. Both few gynecologists would be willing to accept as justiovaries and tubes were removed. It was also stated fiable for such a serious procedure. His wonderful that the patient was suffering from prolapse of the success may be attributed to: 1, aseptic surgery; 2, small incisions; 3, no unnecessary exposure of perirus was stitched to the inner surface of the abdom toneal cavity; 4, perfect familiarity with pelvic and inal wound after both tubes and ovaries had been abdominal surgery as far as the mechanical performremoved. The whole operation, including the dress- ance of operations is concerned; 5, rapid operating; ing, occupied only seven minutes. If forgot to men- 6, careful personal supervision in the after-treatment. tion before that the dressing is first fastened upon There can be no question that much of his success also depends on the fact that he performs his operater which overlay each other, and embrace about two-litions almost without assistance, and in this respect thirds of the circumference of the body, over which all laparotomists should lose no time in imitating his another cotton compress is applied, and retained with example. With all his faults, Mr. Lawson Tait has done much towards the advancement of gynecology, To me the indications which had led to the re- and we may learn from him many a valuable lesson

I arrived in Paris via London, Dover and Calais, question in my own mind, and in the mind of any! March 29. My principal object in visiting Paris was one who has the well being and happiness of his to see some of the abdominal work of Pean. In the fellow-beings at heart, that it was not desirable that evening I called at his residence, but failed to see this woman should again be exposed to the dangers him, as he had gone out to make his evening visit. of another pregnancy, but as a practical American it. In the absence of her husband Mrs. Péan kindly inoccurred to me that it would have been wiser to re-vited me to attend his operations next morning at the sort to the less hazardous procedure of unsexing her Hôpital, rue de Sarlé, where most of his abdominal husband, which would have certainly secured the operations are performed. The next morning at 9 same immunity at a minimum risk to life, and morally o'clock I met him at the hospital, and was fortunate would have been more justifiable. This poor creat chough to see him perform two of the most difficult ture had suffered untold agonies, and why submit her operations in surgery during the forenoon. Péan is to such a serious operation to procure sterility, when a large man, with black hair and side whiskers, and is man of superior knowledge and great courage. As posed of many portions, was removed in large slices soon as I entered the operating room my attention with a large amputating knife, and whenever hemorwas attracted by the display of numerous instru-rhage occurred it was at once arrested by applying ments; the number of large and small hamostatic the large compression forceps. At times at least forceps could not be counted, but there must have twenty four forceps could be counted in the abdobeen at least more than a hundred. Usually he has men. When the base of the tumor was reached the four assistants. The operator wore a fur-lined vest bladder came into view in front, and injury to its and rubber apron. The operating room is quite walls was carefully avoided by ascertaining its exact small, and was not specially heated for the opera position by means of a catheter. In tying the short tions. Chloroform is used exclusively as an anest pedicle, composed of the uterus itself, a large, blunt, thetic. Only five visitors were present at this oper-curved needle, mounted on a handle, was passed on ation, which gave us a good opportunity to follow each side of the uterine canal, and the double ligaevery step.

age, who had been suffering for many years from a side was tied with one of the ligatures which secured myo fibroma of the uterus which at present reached the large vessels on each side of the uterus, and the above the umbilicus. Shaving and disinfection with central portion was secured by tying two of the liga-a sublimated solution (1-1000) was done by Péan tures in front and behind. The remnants of the himself after the patient was under the influence of tumor above the ligatures were carefully dissected the amesthetic. During the operation the sponges out, the mucous membrane of the uterine canal exare in the hands of two sisters; one of them washes cised and the canal closed with deep silk sntures, all them in warm water, while the other wrings them out visible vessels were carefully tied with catgut, the surof a r-1000 solution of corrosive sublimate and hands face cleansed, closed and dusted lightly with iodothem to the operator or one of his assistants. The form. The cut surfaces were brought into accurate instruments are all immersed in a 5 per cent, solution apposition by suturing the muscular tissue with silk of carbolic acid, and the hands of the operator and sutures, and finally, a row of catgut sutures for the his assistants are thoroughly washed and disinfected peritoneal cavity. No hiemorrhage was observed before the operation. During the operation the ab- after removing the elastic constrictor, and the operadomen of the patient is covered with a rubber cloth tion was almost bloodless. The pedicle was dropped with a slit in the centre. The incision through the into the abdominal cavity, and after a careful cleansabdominal wall extended from above the umbilious ing of the wound it was closed in the usual manner. to the pubis. Before opening the peritoneum all The wound was covered with a compress of sublimhæmorrhage was carefully arrested with forceps, which ated gauze which was fastened with strips of adhesive were allowed to remain. On opening the peritoneal plaster, over which a thick layer of absorbent cotton cavity to the full extent of the wound the tumor came and flannel bandage was placed. The operation into view, but could not be delivered through the lasted two hours, and as the room was only moderwound by manipulation, and the operator transfixed ately warm, it was not surprising that the patient it from side to side with a large, stout curved needle showed some symptoms of collapse, from which, supplied with a handle, which gave him an opportu- however, she recovered a few hours after the operanity to make traction at the same time one of the tion. Pean can well be called "master of forceps," assistants made compression of the abdomen from and although he may carry the use of forceps to exbehind in a forward direction, and the combined tremes, there can be no doubt that a full supply of forces readily brought the tumor out of the wound such hiemostatic forceps as he uses will be of great The broad ligament on each side of the tumor, with use to the surgeon in performing bloody operations, the enormously distended vessels, was compressed and a source of comfort in times of greatest need, with two forceps and divided between with a pair of when troublesome and sometimes almost uncontrollscissors. After reaching the base of the tumor in able hæmorrhage stare him in the face. Péan shows this manner on both sides, an elastic tube was applied no fear of blood, as he has full confidence in his forand kept in place at the point of crossing with a pair ceps, which are often allowed to remain in the wound of forceps. As soon as the abdomen was opened an when ligation appears difficult or impracticable. assistant protected the omentum and bowels with a ated with blood they are changed.

constrictor was applied the tumor, which was come, two flat retractors, and the uterus drawn down with a

ture cut as the needle was withdrawn; this left four The first patient was a woman about 35 years of ligatures in two tracts. The outer portion on each

After this operation was completed a woman was dry towel which had been rendered aseptic by boiling brought in who had suffered for years from excruciin a sublimated solution; this precaution is kept up ating pelvic distress which had failed to yield to during the entire operation, so that none of the ab- the usual treatment. The question presented itself dominal contents are brought into view. These tow- whether the ovaries should be removed to bring els are used whenever it becomes necessary to protect about the anticipated climax, but, as Péan had failed the peritoneal cavity, and sometimes several are in in many instances to obtain the desired result by use at the same time, and when they become satur- such a procedure, he has in a number of instances resorted to vaginal hysterectomy, and with better During the whole operation the operator sits be-success. After the patient was under the influence tween the patient's legs, a position which certainly of the anaesthetic the parts were disinfected, and the offers great advantages in operations upon the uterus operation made with the patient in the exaggerated which are necessarily prolonged. After the elastic lithotomy position. The vagina was distended with vulsellum forceps. The circular incision, through the chitis, consumption of lungs, and tonsilitis decreased round and broad ligaments were secured with forceps. After the uterus was removed, almost without the loss of a drop of blood, about twenty forceps occupied the vagina, and were allowed to remain. A few small pieces of sponge, secured with a string and dusted with iodoform, were introduced along with the forceps. The forceps are allowed to remain for twenty four hours, when they are removed. It is said that secondary hæmorrhage never was observed after performing vaginal hysterectomy in this man-The operation lasted an hour.

The next day I had an opportunity to see another supravaginal hysterectomy at the same place. The tumor reached to the ensiform cartilage and displaced the viscera in an upward direction. The patient was about 40 years of age, and had become quite anæmic from repeated losses of blood. The tumor was irregular in contour and presented a nodulated surface, owing to numerous small subserous myofibromata. The abdominal incision in this case extended the whole length of the linea alba, and the tumor was difficult LIST of Changes in the stations and duties of officers serving in the medical department, u. s. army, from June 4, 1887, to ment. Copious hæmorrhage took place from the punctures, which was promptly arrested by compression with sponges. The remaining steps of the operation were the same as in the first case, and the time Major B. E. Fryer, Surgeon, granted sick leave for one month. S. O. 23, current service Div. Pacific, amended by S. O. 29,

Péan is an untiring worker. Endowed with a vigorous body and an active brain, he finds no pleasure in rest. His voluminous works testify to his zeal and fertility as a writer, and the clinical material they embody shows an amount of personal experience seldom acquired by a man of his age. I was informed that frequently he performs from six to seven operations during a forenoon at the Hôpital St. Louis. Perhaps one of the best evidences of the high esteem in which he is held in the hospitals with which he is connected, is that his aged assistants submit humbly to his frequent and noisy scoldings, and that he is permitted to swear, and swear as only a Frenchman can, in the presence of the sisters, who evidently fail to appreciate that part of the performance, and who lose no time to do all they can by way of repair in silent prayer. Yery sincerely your friend,

MISCELLANEOUS.

HEALTH IN MICHIGAN.—For the month of May, 1887, compared with the preceding month, the reports indicate that the cholera morbus increased, and that pneumonia, influenza, rheumatism, bron-1

mucous membrane, was made with a scalpel, and the in prevalence. Compared with the preceding tissues around the uterus seized step by step with month, the temperature in the month of May was compression forceps, and the dissection made with much higher, the absolute humidity was much more, scissors, fingers and blunt instruments, almost blood- the relative humidity was about the same, the day lessly. At first the Douglas cul-de sac was opened, and the night ozone were more. Compared with the and an attempt made to retrovert the uterus suffi- average for the month of May in the nine years, ciently so as to bring the fundus through this open-1879-1887, intermittent fever, remittent fever, coning; this, however, failed. Next, the peritoneal sumption of lungs, scarlet fever, diphtheria and cavity was opened in front of the uterus and the ute- diarrhee were less prevalent in May, 1887. For rus was brought out through this opening. The the month of May, 1887, compared with the average of corresponding months for the nine years, 1879-1887, the temperature was higher, the absolute humidity, the relative humidity and the day ozone were more, and the night ozone were less.

Including reports by regular observers and others, diphtheria was reported present in Michigan in the month of May, 1887, at thirty places, scarlet fever at thirty-two places, typhoid fever at four places.

Reports from all sources show diphtheria reported at five places more, scarlet fever at seven places less, typhoid fever at four places less, measles at fourteen places more in the month of May, 1887, than in the preceding month.

COLORED NURSES.—The Atlanta University has established a training school for colored nurses, a much needed institution.

JUNE 10, 1887

Major B. E. Fryer, Surgeon, granted two months' leave on account of sickness, with permission to apply for an extension. S. O. 28, Div. Pacific, May 2, 1887.

Div. Pacific, June 2, 1887. Major W. S. Tremaine, Surgeon, sick leave still further ex-

tended two months, on account of sickness. S.O. 129, A. G. O., June 6, 1887.

Capt. Paul R. Brown, Asst. Surgeon, granted leave of absence for four months. S. O. 126, A. G. O., June 2, 1887.

Capt. A. II. Appel, Asst. Surgeon, granted leave of absence on surgeon's certificate of disability for six months. S. O. 127, A. G. O., June 3, 1887. First Lieut. Leonard Wood, Asst. Surgeon, ordered for tempor-

ary duty at Ft. Ituachuca, A. T.; relièved from duty at hdqrs. Dept. Ariz. S. O. 126, A. G. O. June 2, 1887.

OFFICIAL LIST OF THE U. S JUNE 11, 1887. EIST OF CHANGES IN THE MEDICAL CORPS E. U. S. NAVY, DURING THE WEEK ENDING

Surgeon W. K. Van Reypen, ordered June 8 for examination preliminary to promotion as Medical Inspector. Medical Inspector Somerset Robinson, ordered June 20 before

a Retiring Board convened at Mare Island, Cal.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE U, S, MARINE HOS-PITAL SERVICE FOR THE TWO WEEKS ENDED JUNE

Surgeon C. B. Goldsborough, detailed to represent the Service at the meeting of the American Medical Association at Chi-

cago, Ill., June 6, 1887. June 1, 1887.

P. A. Surgeon C. E. Banks, when relieved to rejoin station at Boston, Mass. May 23, 1887.

Asst. Surgeon Scaton Norman, when relieved to rejoin station of Conference Charles Operating Many 66, 1887.

at Cape Charles Quarantine. May 26, 1887.

ournal of the American Medical Association.

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No. 26.

ADDRESS IN SURGERY.

TRACHEOTOMY AND INTUBATION — PERITORITIS. BY H. H. MUDD, M.D.,

OF ST. LOUIS.

Read by Title, at the Thirty-Eighth Annual Meeting of the American Medical Association.

become a special surgeon, and to day there is no omy or anthropology. specialty so neglected as that most valued and esnew achievements.

fully appreciated by the surgeon as is the anatomist. committee." The anatomist guides the hand, while the experi-

day is the science of the morrow.

gions demonstrates new physiological laws and makes mooted points for discussion? possible more daring operations. He garners from - It would be strange if workers so persistently en-

every field, and tests the knowledge thus obtained in the crucible of experience. The surgeon, then, must be a scientist, and it is a great comfort to every practitioner to recognize the fact that his work is becoming more precise. Diagnosis, prognosis, and therapeutics are each day becoming more accurate. In other words the opportunities for applied science are daily increasing. There is no problem more complicated or one that requires greater mental The increased power conferred upon the surgeon acumen, or more physical energy and endurance by the developments resulting from Listerism, has than the proper adjustment of the means to the end wonderfully enlarged the sphere of his action. In in the practice of medicine and surgery. The man deed so widely recognized is this power and so at- who can accomplish this is as truly scientific as he tractive the outlook, that nearly every physician has who delves among the abstruse problems of astron-

The recognition of disease and its treatment is but sential one of internal medicine. The science of part of our work, for its ettology is also sought in our Surgery is being so rapidly advanced, and the changes appeal to the profession of the world through the Comare so radical, that it would be impossible to present mittee for the Collective Investigation of Disease. to you those which commend themselves to an indi- The Committee of the British Medical Association, vidual judgment. It would weary and but little through Mr. Henry Butlin reports that, to use his profit you to listen to the long list of surgical pro- own words: "I confess that when I first proposed ceedures which are new, or are debatable ground, the subject of inheritance of cancer, for collective The seeming perfection of many of our operative investigation, it was with a very small belief in the procedures leaves apparently little to be desired, reality of inheritance. I am forced to own that the Yet so rapid are the genuine advances, that the text mass of evidence that has been accumulated by the books of the day are old on the morrow, and need inquiry has led me to take a different view. Our rerevision before the printer's ink is dry on their pages. turns show that there was a history of Cancer in the The medical mind of to day has broken away from direct line of descent in 20.60 per cent. of the cases, the trammels of the dogmas, and the traditions of and if only the fathers and mothers of the cancerous the past. Sometimes it finds sorrow and trouble in patients are considered, that there was a percentage its wanderings, and returns to the principles recog- then of no less than 16.84." Again, to quote from nized by the Fathers in Medicine. At other times we the report, "The impression of Prof. Humphrey, find much comfort and great congratulation in our that large eaters, and especially large meat eaters, are particularly liable to Cancer, does not seem to The physiologist and experimentalist are now as be supported by the information obtained by this

These and kindred subjects involve great knowlmental physiologist tells of new regions to be ex- edge and research, and vast as is the knowledge at plored, and new possibilities to be attained by the command, and precise and exact as are many of our surgeon. The flood of light and the maze of facts methods, it should be clearly recognized that all surpresented to us by the physiologist, the pathologist, gical rules have their exceptions, and the surgeon is the experimentalist, and the practitioner, is so great not a carpenter, who with his square and compass at that an active brain and an energetic body must be hand works upon inert material which responds alever at work winnowing, assorting, and arranging the ways and ever the same to the saw and file. The facts and theories which guide the work of the day, results in surgery are not always assured, even when The shrewd guess and the daring operation of to-the procedures are well considered. What wonder, then, that we, in our vain endeavor to harmonize de-The surgeon in entering hitherto unexplored revelopment and life, with disease and decay find many

contribute through the perfection and the accuracy, how fatal that disease may be in its tendency. and the thorough appreciation of every detail of worthy of the devotion of the scientific mind.

evident is erroneous. So it is with some of the sowith a doubt and rejected after a trial. Individual |

as varied as the surgeon and the patient.

tice, I shall no doubt clash with some of you. Let it not then be understood that, however earnest I may be in stating my convictions, I regard or ask matters of practice; and if I state too strongly any dogmatism of intolerance that causes me to speak forcibly.

Patients and surgeons are not the same from day wise man, is to make mistakes—only fools are per-

following rules.

It is not to the rare and brilliant procedures of surgery to which I invite your attention; but rather to the common and frequent diseases. I shall endeavor to discuss two subjects that are now under going the test of experience. These subjects are alike important to the physician and to the surgeon.

I ask your attention first to Tracheotomy and Intubation for Diphtheria and Croup, and then to the

subject of *Peritonitis*.

TRACHEOTOMY AND INTUBATION.

The question of Tracheotomy or Intubation has been on trial and I think progress has been made in the treatment of the laryngeal stenosis, which so frequently accompanies diphtheria and croup. The progive prompt and early relief to the obstruction, rather than in the introduction or revival of intubathere were 12 recoveries. tion. Diphtheria and croup are always with us, and are so destructive to life that many physicians assert, the one that diphtheria, the other that croup never gets well, and that operative interference is of no avail. Yet patients recover from either or both diswaits for nature to relieve it from the larvingeal ob- date. struction. The history of laryngeal diphtheria, is that enough to demand relief on the fourth or sixth day; otomies with 46 recoveries. and failing to obtain this relief, soon ends life. I can mate of the virulence of the diseases which produce, the fact that the class of cases offered to the opera-

gaged did not contribute to scientific facts to other laryngeal stenosis; but I can not find any excuse for departments of knowledge. Surgeons not content one who will permit a child to die from mechanical with applying knowledge gained from other fields, obstruction, no matter what disease originated it, or

Some of you may think it unnecessary to dwell on their work, truly scientific facts to the sciences of bi- this point; but I am sure there are many here who ology, bacteriology, physiology, pathology, and even have seen children die from this obstruction, before anatomy. Scientific practice stands as an entity, the disease producing it terminated life. Tracheotonly is not a pleasant operation, and many shrink Many surgical diseases which have long been with from it; it is performed for a disease progressive and us receive routine treatment, which it is becoming fatal in its tendency. The results are not brilliant, and there is nothing to induce the surgeon to urge called advances of the year which must be accepted the operation, except humanity and the positive knowledge that lives are thus saved. Statistics are judgment is all powerful with us yet, and practice is not always reliable, and especially will they vary from year to year in the mortality of different epi-Hence in stating my view to day of points in prac- demics of diphtheria. Nevertheless, I venture to present some statistics taken from the records of our private office, for I think they illustrate and demonstrate an important point which I wish to emphasize. you to accept as final, any expression of mine on It is, however, possible that the great improvement in the results of the last few years have been due to point, it is the earnestness of conviction, and not the the fact that the patients have very generally been subjected to repeated doses of corrosive sublimate by the attending physician before it was necessary to operate. Some practitioners assert that the surgeon to day. It has been well said, "The privileges of a has been displaced by the use of corrosive sublimate. I believe, however, that all who consider the circumfect, (perfect fools)." The dull and stupid surgeon stances under which these statistics were collected is the only one who is satisfied, and is surely right in will admit that the gradual improvement is due to the fact that the operation during the later years was not withheld from the patient until such changes were induced by the long continued obstruction as to lead to fatal results, without reference to the primary disease.

I was associated for many years with the late Dr. John T. Hodgen, who was one of the staunchest advocates of tracheotomy. The records of our office for the past thirty years show 170 cases of tracheotomy for diphtheria and croup, with 46 recoveries, or a percentage of 26.9. The record of the operations by Dr. J. T. Hodgen begins in 1856, and ends in March, 1882. He made 14 consecutive operations without a recovery in the early part of its trial. In the period ending March, 1877, he had made 70 operations with 9 recoveries. During the gress of the past year or two in the solution of this last five years of his life, ending in 1882, he made 21 very difficult problem is shown in the disposition to operations with 6 recoveries. My record begins in 1872, and with the close of 1883, out of 42 cases

1884—4 cases; 1 recovery.

1885—3 cases; 2 recoveries.

1886—22 cases; 11 recoveries.

1887—3 cases; 2 recoveries.

And from January, 1884, to date, 32 cases with 16 eases. Culpable is the man who recognizes this fact recoveries; or a total of 28 recoveries out of 74 and stands at the bedside of the little sufferer and cases, beginning in 1872 and ending with present

My brother, Dr. Harvey G. Mudd, has had 6 cases the obstruction is progressive, and becomes severe with 3 recoveries. This makes a total of 171 trache-

The statistics show a progressive improvement in well see how practitioners vary much in their estile the results, attributable, I believe, in great part to tracheotomy performed before the obstruction was mitted. Tracheotomy prevents the development of all the diaphragm, to violent effort.

nal muscles are rigid and contracted, accompanied continued reliance had been placed on intubation. by depression of the supra-sternal tissues and the first flushed, soon becomes pale and dusky, with plugged by portions of membrane." ficial, and the pitting of the epigastrium and of the extension. supra sternal tissues is less marked. The skin is lieved. Yet the two conditions are sometimes com- Sciences.) bined, and it is almost impossible for the surgeon to child should be permitted to die without the relief are attended with difficulty while using it. afforded by tracheotomy or by intubation.

statistics here presented result from its use in many turbed. The trachea is exposed, and can be more different epidemics, and where it was permitted as a readily cleansed of membrane. The lumen of the than one in four; or, to be exact, 26.9 per cent.

extensive; but sufficient to lead me to believe that can remove the tube, and respiration will ordinarily

tor is better than in former years. The operation is intubation, though more readily performed, is not not so often postponed until death is imminent, and less dangerous. Consent can sometimes be gained yet these cases are such as demanded the operation for it when for tracheotomy it would be denied. It because of the severity of the symptoms of obstruct is perhaps admissible where, in the absence of nigent tion. In only two of the whole number of cases was symptoms, tracheotomy should not be urged or persufficiently urgent to demand relief. One of these bronchitis and bronchial pneumonia, which is consetwo died from the virulence of the diphtheritic proquent upon the congestion and effusion which results cess, and the other recovered after wearing the tube-from the obstruction. Intubation develops a bronfor twenty days. The indications demanding traches chitis and pneumonia of its own, as a result of the otomy or intubation in diphtheria or croup are plain. Teffux of fluids in the necessary effort of deglutition. The labored respiration is preceded by a slight or A large number of those who have been subjected well-defined hoarseness, and is interrupted by suito to this operation have died from this broncho pneucative attacks, accompanied by violent and labored monia before the fatality of the diphtheria could asmuscular efforts to obtain air. If these attacks recur sert itself. In my limited experience, I have had one and are violent, it makes necessary earlier operative case in which the tracheal and bronchial catarrh was interference. If the stenosis rapidly increases, the so profuse as to become exhausting and in itself-dandemand is much more urgent with the same degree gerous. Another, in which the child repeatedly of obstruction than if slowly progressive. The stead-ily increasing difficulty in respiratory movements is the dyspnæa of recurring obstruction, was nearly exevinced not in the rapidity of the movement, but in hausted. A third in which detached membrane obthe muscular effort displayed. Inspiration excites structed the tube and suffocation was imminent. A the trapezins, the sterno mastoid, the laryngeal, the fourth in which the tube was ejected and another inter scapular muscles, the intercostals, and above physician made a tracheotomy. Two cases in which recovery followed a subsequent tracheotomy, and in A labored expiratory effort in which the abdomi which I am satisfied the patients would have died if

Dr. O'Dwyer has given a very fair exposition of sharp pitting at the ensitorm cartilage, is the most the advantages and difficulties attending intubation; evident sign of laryngeal stenosis. The child keeps but I cannot agree with him that his "long tubes are the body straight, and is inclined to throw the head likely to prevent plugging of the tubes by detached back, producing slight orthopicea. The face, at membrane, or that the tube is easily expelled when It is my obblueish lips. How very different is the appearance servation that when the membrane once extends into when respiration is insufficient from deposit in the the trachea, it extends throughout its length, and the bronchi. Here respiration is more rapid and super-presence of a laryngeal tube will not prevent this

Experience and reason tell me that the tube is livid, and the eyes listless and with dilated pupils. much more frequently expelled by cough where there Diminished vesicular respiratory murmur is present is no tracheal or bronchial obstruction than where in either case, and before effusion into the bronchi one of these exists. The expulsive force is better occurs. The first group of symptoms is urgent in its applied, and the muscular power greater, than where demands for relief; the latter does not demand oper- such a process has advanced down the trachea and ative interference, for the conditions cannot be so re- into the bronchi. (Vol. iv, Handbook of Medical

The long tube, I believe, gives an opportunity to say of a given case, "It is hopeless," for recoveries start expulsion by bending the neck, thus loosening from the most desperate conditions sometimes follow it from the larynx. The limited motions of the cord, There are many conditions when the the infiltration of the tissues of the larynx, and the surgeon may stand by and watch for the progress of paralysis of the muscles occasionally demand a long the case to relieve him of the need for operation; continued use of the tube which is incompatible with but laryngeal stenosis is not one of them, and no the life of the patient, since deglutition and nutrition

Tracheotomy, on the other hand, rarely interferes Tracheotomy is, in my opinion, the better, the with the nutrition of the patient. Fluids as well as safer operation, and I believe time will attest its solids are taken readily when other symptoms permit, value as a therapeutic measure, and make clearer its and the nutrition of the patient, the most important importance to the profession and the public. The element in the treatment of diphtheria, is not dislast resort—yet the percentage of recoveries is more trachea tube is larger and favors the expulsion of membrane, and if, in expulsive effort, it should be-My experience with intubation has not been very come blocked, any nurse, no matter how ignorant, be maintained through the larynx or tracheal wound chiefly with a view of preventing the spread of the the operation if the obstruction is marked.

increase of the residual air, and the consequent congestion of the mucous surface, with its attendant pronchial effusion and catarrhal pneumonia, will not then add to the gravity of the case.

The apparent results of tracheotomy would, I be lieve, be vastly improved if it were applied to such tions with intubation promises better results, because: cases as I suspect have been utilized for intubation. Yet I wish to emphasize the fact that tracheotomy and nutrition. should not be made until there is a marked recession of the supra- and sub-sternal tissues during inspira- | desired. tion, followed by a forced expiratory effort. This muscular effort is incompatible with very rapid res become plugged with membrane. piration; but it indicates a local, usually laryngeal obstruction to the respiratory movements. rapid respiratory movements which are found in children suffering from pneumonia, from capillary bronchitis, and from the deposit of diphtheritic or croupous membrane in the bronchi, is very different, though often mistaken for that slower but more labored respiration of local obstruction. Occasionally the two conditions are combined and the differential death by chloroform, narcosis, or from suffocation, diagnosis is impossible.

I think Dr. F. E. Waxham has improved the gag of Dr. O'Dwyer, and improvements in the instruments used in intubation may render it still more useful; but as yet it cannot compete with trache otomy where there is need for operative interference. Tracheotomy gives fresh air to the lungs, and if care be taken to moisten and warm this air, there is practically little danger of serious bronchitis or pneumonia, and there is less danger of the extension of the membrane downward, than if the respired air first passed over the foul and diseased month and pharynx. This, I believe, is no small factor in favor of tracheotomy. Again, after trache ria as soon as it is certain that the larynx is affected, cult position.

until the surgeon is called. The operation is not so disease downward." There may be some reason in easily performed as intubation; but it is not more the rule; but there are many reasons why I do not dangerous, and should be accomplished in from five favor its recognition. Nor do I believe in our abilto twenty minutes. I do not know of any more try- ity to control the extension of the membrane by ing or disagreeable operation than tracheotomy when antiseptic solutions and forcible cleansing of the the demand for relief is urgent; but I firmly believe surface involved, as advocated by Mr. Cheyne. Certhat it offers a better chance for curative influence tain it is, however, that it is rare to have the memthan intubation. When a surgeon skilled in the brane extend down the trachea, unless it has already operation is not at hand, no one should shrink from invaded it at the time of the trachcotomy. In this connection it may be well to consider another sug-In estimating the value of tracheotomy in diphthe- gestion made by the same author, that is, "the utility ria, I hope all will remember that it is performed for of packing the epiglottic space above the tracheal one of the most fatal and desperate of diseases, and opening with an antiseptic plug." The paper reonly for the severer forms of the disease. The ferred to seems to be absolutely theoretical in every greater and more marked is the triumph when sucpart, and I am not disposed to believe that his concess is attained. Like ovariotomy, its statistics will clusions are practical; but experience will, I think, improve as the recognition of its necessity is earlier confirm the thought that tracheotomy helps to preappreciated, though its results in diphtheria will never vent the extension of the membrane down the traequal the marvellous records of ovariotomy. They chea, and possibly an antiseptic plug may be found are sufficient to appeal to every physician for its emuseful. These remarks may lead some of you to ployment before the child reaches a moribund condi accept the following deductions as practically cortion. The gradual diminution of the tidal wave, the rect. It would far transcend the limit of time allowed me to put before you all that might be said on the subject:

Mechanical obstruction in the larynx demands relief when sufficiently great to threaten death. Tracheotomy when performed under similar cordi-

- 1. It does not interfere so much with deglutition
- 2. The opening can be maintained as long as
- 3. The opening is larger and is not so likely to
- 4. If plugged the tube can be removed by the most ignorant attendant.
- 5. It enables us to introduce moist, warm, pure air to the lungs.
- 6. It gives us a much better chance to clear and cleanse the trachea.
- 7. The operation is not more dangerous from hæmorrhage from injury of important parts, from than is intubation, from the laceration of contiguous parts, from the escape of the tube into the stomach, or from suffocative attacks excited by manipulation, and by the detachment of membrane.

Intubation is, however, not to be condemned. It has its sphere of usefulness and it may be said in its favor:

- 1. It is bloodless, and consent can be obtained when other operations would be denied.
- 2. It is more quickly performed and is done without an anaesthetic.

It will relieve ordinarily the symptoms of dyspnæa. I believe, however, it will find its chief benefit when applied to chronic obstruction of a cicatricial otomy it is the exception to find an extension of the character, and that its influence will be pernicious in membrane in the fauces; but the local condition these acute conditions because it does not fulfil so often begins to improve after operation. Watson well all the necessities of the case, and will be re-Cheyne, of Edinburgh, attempts to show "that tra sorted to by the unskillful and the timid surgeon, cheotomy ought to be performed in cases of diphthe. who is willing to accept an easy way out of a diffi-

PERLIONITIS.

The subject of peritonitis with Laparotomy, prophylactic or curative is just now of vast importance. The magnitude of the subject and the mass of literature already accumulated preclude the possibility of fully considering the one, or of reviewing the other. Yet, I believe it will not be unprofitable to consider briefly what seem to be, in the absence of well established rules, justifiable procedures in the treatment of peritonitis.

Laparotomy is urged for gun shot wounds, stabs, contusions, ruptures and ulcerations, where it is supposed that visceral involvement has made possible the escape of fecal matter. The most difficult matter here to be considered is diagnosis. Are the diagnostic signs of such visceral effusion as may be expected to accompany shot wounds, stab or rupture promptly manifested and clear in their character? The shock of a penetrating wound varies not only with the amount of the injury inflicted, but with the individual and may delay distinct evidence of visceral, injury until a peritonitis fatal in the shock attending its onset closes the scene. Positive signs of perforation will in many cases be absent, and we must make our operation one of exploration, or else await the development of the case. In the absence of clinical signs, positively indicating visceral lesion, must we promptly resort to exploratory laparotomy in all cases of gun shot wounds?

I take the gun-shot wound as a typical one, apt to produce visceral lesion with effusion, and because there is greatest need for improvement in the therapentic measures in this class of injuries. The answer to this question must be guarded, for a categorical one would but poorly express the sentiment of the profession of to-day. We may first exlude such cases as are accompanied by profound shock, evidenced by lowered temperature and loss of general vital power, since the minute examination of the abdominal viscera necessary to repair such injuries is likely to intensify the shock and hasten an unfavorable result. Again, it cannot be successfully denied that cases recover after visceral laceration by bullet wounds without operative interference. These recoveries are more apt to follow where the ball is small, and the intestinal canal is comparatively empty. The proportion of these spontaneous recoveries is as yet unknown; but they are, I believe, sufficient to justify non-interference in penetrating wounds inflicted with a small ball, where urgent symptoms due to the escape of visceral contents, are not present. There remain, then, for exploratory laparotomy, cases in which shock is not too great or where it is transient, and followed by pain, anxiety, tympanitis and other symptoms indicative of visceral injury. Theoretically, the exploratory operation is correct and should be applied to every case of bullet wound since perforation is expected in all; but in practice there are many obstacles, and it is questionable how great an improvement in results obtained will follow the enforcement of this therapeutic meas ure. The average result attending the expectant treatment is bad, yet it must be remembered that the injury is severe.

Laparotomy as a therapeutic measure is one about which surgeons are anxious, and which they guard with every precaution against untoward results, although laparotomy performed on an uninflamed peritoneum is not considered a dangerous operation, and is usually innocent of harm. In estimating the absolute need for operative interference it should be remembered that all perforating visceral wounds do not permit the escape of visceral contents into the peritoneal cavity, and that small quantities may be absorbed or encapsulated, and the consequent inflammation be limited and a cure established. On the other hand, it is known that an acupuncture may excite peritonitis, that a bullet wound is prone to ulcerate at its exposed surface, that a break or rupture in the peritoneal surface which communicates with a connective tissue space or a visceral cavity is a focus for a diffuse peritonitis, while a smooth well approximated wound in which the peritoneal surfaces are in contact, readily heals.

If the severe shock of a great injury merges into a violent peritonitis, or the milder cases where diagnostic signs have been absent develop a diffuse inflammatory process, what are we to do? The peritonitis, diffuse and violent may develop without the escape of visceral contents, and the patient recover. Peritonitis following the escape of the visceral contents is almost certainly fatal. A laparotomy performed in the presence of peritonitis is certainly injurious and without any benefit unless we can remove septic fluids, drain purulent pockets, repair leaking rents in the viscera, or cut off from the peritoneal cavity infecting pockets by approximating serous surfaces. Diagnosis is here again deficient, and we are unable to determine the necessity for operative interference, the operation is again exploratory, except where the septic serous effusion is large or the peritonitis is circumscribed and purulent pockets are perceptible. Here the demand is unequivocal and clear and is not to be ignored. The well-founded general laws of surgery give warrant for this laparotomy and no exceptions are admitted where the vitality of the patient is not exhausted and death iminent. General loss of vital power threatening death, or grave functional disturbance, or the known presence of visceral contents in the cavity are urgent demands for operative interference, notwithstanding the presence of peritonitis. The laparotomy will be curative in its influence if visceral lesions are repaired, antiseptic cleansing thoroughly established, and good drainage effected. If the peritonitis is slow in its development and the diagnosis is uncertain, there is a wide diversity of opinion as to the method to be pursued. Operative interference is pernicious, and a toilet of the peritoneum is of no avail as a therapeutic measure unless septic fluid is removed or lacerations repaired.

Surgeons of wide experience do not interfere as long as there is a possibility of a spontaneous cure; others advise the operation as soon as peritonitis is evident

The difficulty with most surgeons will be in the fact, that it is impossible to determine that conditions are present which demand interference and

septic fluid, purulent collections, or a fatal tendency articles of food. The digestive processes were caregovern us in these cases. Each case is to be well juice, and afterwards an artificial pancreatic juice, considered and the result obtained, may neither up- were employed, and the amount of nitrogenous follows desperate injuries and desperate remedies food stuffs experimented on were raw and cooked are legitimately applied to conditions of such grave serum and albumens, raw and cooked myosin, synprognosis.

the peritoneal cavity.

Laparotomy is not demanded in the presence of peritonitis except where septic fluid is abundant, a purulent collection is evident, a general loss of vital power threatens death, or where there is grave functional disturbance.

These deductions are not so radical as many would like but they are less conservative than many practice, and 1 believe they fairly represent the podetermine. present guide me in the management of such cases, exceptions. and are the deductions made from a limited experibearing upon the subject.

Traitement Chirurgical de la peritonite, par le Docteur II. Fruc, Prof. agrégé à la Faculté de Médecine de Montpélier, Paris, 1886.

Ueber Laparotomie bie Magen und Darmperforation, von J. Mikubez.

Volkmann, Sammlung Klinischer Vorträge.

Discussion on shot-wounds of the intestines at the third annual meeting of the New York State Medical Association, in the Boston Medical and Surgical Journal, December 2, 1886.

MEDICAL PROGRESS.

the gastric or intestinal juices. They are, however, | tion of fats."-Lancet, May 7, 1887.

which would be benefited by so grave an operation of much value in showing how standard preparations as abdominal section. I believe it to be safer to of the peptic and pancreatic ferments are modified wait in the presence of peritonitis until definite indi- in action when our ordinary daily beverages are alcations are present to show facal extravasation, lowed their free action on the digestion of various in the inflammatory process before resorting to a fully investigated, and absorption was imitated by a secondary operation. There is then no rigid rule to proper dialysing arrangement. An artificial peptic hold nor condemn the course pursued. Recovery matter dialysed was most carefully estimated. The tonin, alkali albumen, casein, gluten, starch, and It would be useless to quote the authorities, old oleine. The results obtained from an exhaustive and new, on this subject, since antiseptic surgery series of experiments and analyses show that all the has revolutionized the entire subject of abdominal three typical infused beverages—tea, coffee and section. It is quite impossible in the time allowed cocoa—retard the digestion and absorption of all now to analyze the subject or give reasons for the the nitrogenized proximate principles of dietetic subposition here assumed. I believe, however, that im stances when peptic and pancreatic digestion are mediate exploratory laparotomy offers the better taken together, and that they uniformly retard peptic field for operative work, and that it is justifiable digestion, although tea may assist the diffusion of where there is reason to think that visceral contents peptones from the stomach. Pancreatic digestion is or considerable amount of blood has escaped into also uniformly retarded, and diffusion thereafter is but rarely assisted, so that neither of them compare advantageously with water as a standard beverage for experimental investigations. A summary of dietetic advice is added to Dr. Fraser's observations, which will, in the main, agree with that which is now given by our best authorities in cases of dyspepsia; and we are glad that experimental injuries afford so strong a basis of support to empirical observations:

"I. That it is better not to eat most albuminoid sition of the profession on a mooted point, which food stuffs at the same time as infused beverages are only the recorded experience of years can definitely taken, for it has been shown that their digestion will They are the principles which would at in most cases be retarded, though there are possibly Absorption may be rendered more rapid, but there is a loss of nutritive substance. On ence and the study of some of the recent literature the other hand, the digestion of starchy food appears to be assisted by tea and coffee; and gluten, the albuminoid of flour, has been seen to be the principle least retarded in digestion by tea, and it only comes third with cocoa, while coffee has apparently a much greater retarding action on it. From this it appears that bread is the natural accompaniment of tea and cocoa when used as the beverages at a meal. Perhaps the action of coffee is the reason why, in this country, it is usually drunk alone or at breakfast. a meal which consists much of meat, and of meats (eggs and salt meats) which are not much retarded in digestion by coffee. 2. That eggs are the best form of animal food to be taken along with infused THE INFLUENCE OF TEA, COFFEE, AND COCOA ON beverages, and that apparently they are best lightly DIGESTION .- DR. JAMES W. FRASER, in the recent boiled if tea, hard boiled if coffee or cocoa, is the number of the Journal of Anatomy and Physiology, beverage. 3. That the casein of the milk and cream has recorded the results of an interesting series of taken with the heverages is probably absorbed in a experiments on the action of our common beverage large degree from the stomach. That the butter on stomachic and intestinal digestion. The experitused with bread undergoes digestion more slowly in ments have been most carefully arranged from a presence of tea, but more quickly in the presence of physical standpoint, and give us some valuable coffee or cocoa; that is, if the fats of butter are inhints on the digestion of the chief alimentary principles, but they have no bearing, it should be menof coffee or cocoa as excipients for cod liver oil, etc., tioned, on individual variations of human digestion, appears not only to depend on their pronounced or on the influence of various glands in preparing tastes, but also on their action in assisting the diges-

SOCIETY PROCEEDINGS.

AMERICAN MEDICAL ASSOCIATION.

Thirty eighth Annual Meeting, hetd in Central Music Hall, Chicago, June 7-10, 1887.

TUESDAY, JUNE 7-FIRST DAY.

The Association was called to order at 11 A.M. by Charles Gilman Smith, M.D., Chairman of the great help in fitting men for the life hereafter. Committee of Arrangements.

Prayer was offered by Rev. S. P. McPherson.

The President, Dr. E. H. Gregory, of St. Louis, Mo., Vice-Presidents, Drs. P. H. Millard, of Minnesota, Wm. H. Pancoast, of Pennsylvania, and W. C. Wile, of Connecticut, the Permanent Secretary, Dr. Wm. B. Atkinson, and the Treasurer, Dr. R. J. Dun. and referred to the appropriate Sections. glison, were present.

troduced by the Chairman of the Committee of Arrangements, Dr. Chas. Gilman Smith, and delivered

ADDRESS OF WELCOME.

Mr. President and Gentlemen, Representatives of the Science of Health and Life:-In the name of the citizens of Chicago, I welcome you to this city, following distinguished for the large number of able and eminent members of the medical profession, and for the exemplification, in all the avocations and pursuits of life, of the precept: "Whatsoever thy hand findeth to do, do it with thy might." Your mission—to preserve health and remove disease, to prolong life and succeeded in overcoming death, you have robbed it mail delivery to the meeting at St Louis), the purof half its terrors.

medical science, and the medical profession, I think, has kept pace with the other learned professions, if mittee was given to understand that the "Act to it has not even excelled them, in original investiga-

sometimes enjoy a joke at their expense. But in sickness, you are our hope and refuge, and to the worn and wasted patient, just struggling back to life "Act to Regulate the Carriage of Passengers by Sea" from the gates of death, you are like "the shadow of as it now obtains), calling his attention to the man-

a great rock in a weary land.

bodies of educated men, gathered from different and distant sections of the country, by which the indimutual comparison and consultation minimize differ- graceful status of the medical officers. ences, soften asperities cultivate the amenities, vestigation, extend the horizon of mental and moral the law be amended as follows:

vision, enlarge the boundaries of human knowledge, and tend to the unification, improvement and wellbeing of the whole community.

Gentlemen: I came here as the official representative of a great and hospitable city whose latchstring is always out, to emphasize the welcome of Chicago to this large, intelligent and representative convocation of a profession whose chief occupation is to save life and not destroy it, and whose cardinal doctrine is, that a sound mind in a sound body is essential to the best performance of the duties of this life, and a

Invitations were presented and accepted from va-

rious institutions and clubs of Chicago.

Ex-Presidents Drs. N. S. Davis, Wm. Brodie, J. M. Toner, and T. G. Richardson, by invitation, were scated on the platform.

A number of voluntary papers were announced

Vice-President Perry H. Millard, of Minnesota, HON. JOHN A. ROCHE, Mayor of Chicago, was in- occupied the Chair while the President delivered the

ANNUAL ADDRESS.

(See THE JOURNAL, June 11.)

On motion, a vote of thanks was tendered the President for his able and interesting address, and it was referred for publication.

Dr. A. Nelson Bell, of New York, offered the

REPORT OF THE COMMITTEE ON MEMORIALIZING CON-GRESS RELATIVE TO MEDICAL AND SANITARY SERVICE ON BOARD IMMIGRANT PAS-SENGER VESSELS.

Your Committee regrets that, notwithstanding the make it a blessing—is a beneficent and noble one, delay of its report (which would have been submitted worthy of all honor. And though you have not yet last year but for the unaccountable failure of the pose for which it was appointed is still unattained. The present generation has seen great progress in After conference and considerable correspondence with the House Committee on Commerce, your Com-Regulate the Carriage of Passengers by Sea," of tions and practical discoveries for the benefit of July 22, 1882, already provided against the evils of mankind.

To that reply the Chairman When in health, we laugh at the doctors, and of your Committee addressed a letter, January 21, 1886, to the Hon. John H. Reagan, Chairman of the House Committee on Commerce (and author of the ner in which the obligations of the law are evaded, The interchange of ideas and experience, and the and requesting that it be amended accordingly; comdiscussion of theories and experiments by large prehending such suggestions for amendment as had been agreed upon by your Committee.

The chief evasions of, and abuses under the law vidual thought and knowledge of each becomes the are, firstly, wherever the law reads "whereon emiproperty of all, is a comparatively modern outgrowth grant passengers, or passengers other than cabin pasof society, and must contribute greatly to the inter-sengers," first cabin and saloon passengers are conest and usefulness of the medical profession, being strued into exemption from the legal obligation; and full of promise for the future. These gatherings for secondly, in the incompetency, insufficiency and dis-

To meet these evasions and wanting conditions, strengthen the humanities, stimulate inquiry and in-your Committee recommended and still urges that

passengers.

amended, after the first occurrence of the word service and the want of proper sanitary care. "practitioner," to read as follows:

crew is over six hundred, a junior or assistant sur geon or medical practitioner in addition shall be apmedical practitioners shall be promptly given with-opinion that there should be an improvement in their out fee in every case of sickness, disease or accident health and a decrease in their ordinary rate of mororiginating on board and incident to the voyage, to any of the passengers or crew, or to any infant or young child of any such passenger who may require their services; and the medical officer, where there is last, 41 died on the voyage—an annual rate of over but one, and the senior where there are two, shall also |55 per 1,000; more than twice as large as the averbe required to perform the duties of sanitary officers; age death rate of the populations at the ports of deto make daily inspections of all inhabitable portions parture, and larger than that of any similar number of the vessel, and daily reports in writing thereon to of persons, in the absence of an epidemic, of which the master of the steamship or passenger vessel, to- your Committee has any knowledge. The death rate gether with such suggestions and recommendations of Cairo, in 1885, was 48.5; of Alexandria, 51.4. as in his judgment may be necessary to the preserva- But the mortality of both those places is exceeded by tion of health on board. He shall also exercise con- the deadly artificial climate of this class of passenstant vigilance in regard to the condition of the provisions and water, and promptly report to the master anything which may appear to him to be deleterious to the health of any person on board. the maintenance of the respect to which such medical and sanitary officers are entitled, they shall be provided with a steward or apothecary competent to dispense medicine under their direction and for their with the purser of the vessel on waich they serve.

For a violation of these provisions, or either of them, or the disregard of the recommendations made may be more successful, if it be your pleasure to acin writing by the military and sanitary officers as cept this report as final and to adopt it as its sense her a provided, the company to which the steam- of the issue, your Committee offers the following ship or other passenger vessel belongs shall be liable resolution: to a penalty not exceeding two hundred and fifty dollars in every case. Moreover, it shall be the duty of the sanitary and medical officers of every steamship or other vessel carrying or bringing passengers to the United States, to report in writing under oath, to the health officer of the port at the port of arrival, tection to the health and lives of emigrants, and the United in detail, every case of illness or accident, with the States against the immigration of dependent persons, n three and the result thereof, and every case of imbecility or insanity which may have fallen under his obs rvation, and upon all the conditions herein provided for the protection and presevation of the health of all persons on board, and for the protection of the United States against the immigration of persons excluded by Section 2 of the "Act to Regulate Immi gration" of August 3, 1882.

1. Wherever the words "cabin passengers" occur, notwithstanding the apparent conclusion of the they should be made to read first cabin and saloon. House Committee on Commerce that the laws governing immigration are already sufficient, the excep-2. That section 5, of the Act of July 22, 1882, tions to which your attention is invited are of such which requires that "Every steamship or other vessel importance as to call for additional Congressional carrying or bringing emigrant passengers or passen- action, not only for the evils incident to an increasgers other than cabin passengers exceeding fifty in ing immigration, overcrowding and excessive mortalnumber, shall carry a duly qualified and competent ity from ordinary diseases on board ship, but also on surgeon or medical practitioner," besides the amend-raccount of the increased danger of introducing epiment of the words cabin passengers, be further demic disease by reason of the incompetent medical

The average duration of the time of emigrants on And where the number of such passengers and board ship to the time of their discharge at Castle Garden, New York, is about ten days. Common observation and some familiarity with the salutary And the services of such surgeons or effects of a sea voyage on such persons, justify the tality; yet, by the most recent summary at the disposal of your Committee, of 27,157 emigrants who took passage to New York during the month of April ger vessels, and the criminal negligence of those who transport emigrants to the United States!

Your Committee has not felt itself called upon to enlarge its investigation into the extent of the failure And for the prompt exercise of these functions and of that portion of the law which is intended to prohibit the immigration of convicts, lunaties, idiots and other persons liable to become a public charge. It will suffice to state that all persons familiar with the statistics of institutions for the care of such persons special service; and their tenure of office, remuner- in the United States, are abundantly conversant with ation and right to quarters, subsistence, and attend- the magnitude of the evil. But it has been our effort ance shall be upon the same basis as, and coordinate to meet it by securing such amendments to the laws

as we have recommended.

With the hope that the effort of the Association

Resolved, That the Secretary of the Association be and is hereby directed to transmit copies of this report to the Hon. Secretary of the Treasury of the United States and to both the Senate and House Committees on Commerce, and in behalf of the American Medical Association we urge upon them such action, through Congress or otherwise, as will secure better pro-

> A. N. Bell, M.D., Chairman, N. Quimby, M.D.,

11. 11. Ѕмети, М.D.,

A. L. GHION, M.D., Committee.

On motion of Dr. D. L. Roberts, of Tennessee, it was accepted and the appended resolution adopted.

Dr. Wm. Brodie, of Michigan, moved to take up the amendment offered last year creating a Section Your Committee feels constrained to urge that, on Dermatology and Venereal Diseases.

and unanimously adopted.

Dr. J. McF. Gaston, of Georgia, as Chairman of the Committee to Memorialize Congress on Yellow Fever Inoculation, asked leave to report.

On motion of Dr. J. M. Toner the matter was referred to the Section on Practice of Medicine.

to meet immediately upon adjournment for the purpose of selecting their members of the Nominating meet on Wednesday at 10 A.M.

Wednesday, June 8-Second Day.

at 10 A.M., and prayer was offered by Rev. F. W. Gunsaulus.

On motion of Dr. J. V. Shoemaker, of Philadelphia, the regular order of business was suspended complete files on hand for future use. until the business of this session should be disposed

The Chairman of the Committee of Arrangements

the extensive

LIBRARY OF THE LATE DR. J. S. JEWELL was for sale in the book store of A. C. McClurg & Co., cor. Madison St. and Wabash Ave., Chicago.

Trustees of THE JOURNAL, read the

REPORT OF THE TRUSTEES OF THE JOURNAL including in it the report of the Editor, as follows:

The Board of Trustees for publishing THE JOURNAL. OF THE AMERICAN MEDICAL ASSOCIATION respectfully submit their annual report for the year ending Trustees, Dr. N. S. Davis consented to continue the active management of THE JOURNAL in both its ediof its issue has been unbroken. The practical operation of The Journal's own printing office has been more gratifying during the past year, as will appear from the editor's report. Gradually we may expect this office to enlarge its already valuable service to Association who are able will visit it at 68 Wabash avenue.

The report of Dr. Davis to the Board of Trustees is so full in all details that we submit it with our report, as follows:

Annual Report of the Editor of the Journal of the American Medical Association for the Financial Year Ending March 31, 1887; Made to the Board of Trustees April 15, 1887.

To J. M. Toner, M.D., President of the Board: In accordance with your rules I respectfully submit the following report concerning the progress and financial condition of THE JOURNAL of the Associa tion during the year ending March 3t, 1887, at this printing office at date of this report \$1,058.56; on

Dr. G. H. Rohé, of Maryland, moved to amend the 'early period, that the members of your Board may title to be the Section on Dermatology and Syphil- have more time to consider its contents, and be better ography. This was accepted by the original mover prepared to submit their own report at the next meeting of the Association.

Weekly Circulation.—At the date of this report, March 31, 1887, the total regular weekly circulation of THE JOURNAL was 4,387, of which 3,478 are sent to members of the Association whose names are furnished by the Treasurer, and 909 are furnished to After the various delegations had been requested regular subscribers and exchanges. This shows a net increase in the membership of 104 and in the total weekly circulation of 116, since my annual re-Committee, the Association on motion adjourned, to port for March 31, 1886. The number of copies of THE JOURNAL printed each week during the past year has been 4,800, an increase of 300 over the number printed each week for the preceding year. Although the excess printed has been 413 more than required THE PRESIDENT called the Association to order for the regular weekly mail list, yet the number required to supply extra copies to contributors, to complete files for members, and sample copies when called for, is such that we have not more than about 200

Receipts.—The receipts at the office of publication relate only to money received from subscribers, advertisements, reprints and extra JOURNALS; all mempresented several invitations, which were accepted, bership dues being paid to the Treasurer of the By permission, Dr. N. S. Davis gave notice that Association and accounted for by him in his annual report. From the sources just named there has been received at this office during the year ending March 31, 1887, the sum of \$7,580.63; of which \$2.494.09 was from subscribers, \$751.35 for reprints, and \$4,-DR. J. M. TONER, President of the Board of 335.19 for advertisements; making an increase from these sources of \$2,250.17 over the receipts from the

same sources the preceding year. Expenses.—The total cost of publishing THE JOUR-NAL, 4,800 copies each week, and such reprints as have been ordered by contributors, for the year ending March 31, 1887, is \$13,162.01, of which \$751.35 was for reprints, making the cost of the publication March 31, 1887. At the earnest request of the of The Journal alone \$12,410.66; an increase of \$1,426.99 over the cost of publication of the preceding year. This additional cost is fully accounted torial and publishing details. The uniform regularity for by the 300 more copies of THE JOURNAL and from eight to ten more pages of advertisements each week, than was published the preceding year; and is considerably more than balanced by the increased receipts at the office of publication as shown in the preceding paragraph. The total amount drawn from the Association. It is hoped that all members of the the Treasury for editorial expenses, including foreign and domestic correspondence, reports of proceedings of medical societies, clinical lectures, etc., and the salary of an Assistant Editor in the office, during the year ending March 31, 1887, is \$2,758.95; making the total cost of THE JOURNAL of the Association for the year ending March 31, 1887. \$15,920.96. And the total receipts from all sources, as will be shown by the annual report of the Treasurer, \$21,723.22.

Property on Hand.—The cash value of the type, fixtures, etc., belonging to the Association printing office as established last year, after deducting 15 per cent. for wear, is \$921.34, to which has been added new type, etc., as needed during the present year, costing \$137.22, making total cash value of the

which we have a policy of insurance for \$800. (The until after the annual meeting of the Association in sum of \$137.22 paid for new type is included in the May last, and many of those engaged in it had withaggregate publication expenses given in a preceding drawn either by direct request or by refusal to pay paragraph.) Some of the numbers belonging to each their dues. The full force of this last revolt was of the first four volumes of THE JOURNAL are ex- fairly spent during the first half of the present JOURhausted, and consequently we can no longer furnish NAL year, and during the last six months there have those volumes complete. Of volumes five and six been more applications for membership and renewals We have about fifty copies on hand, and of volumes of subscriptions than at any previous time since THE seven and eight (not yet finished) we have nearly JOURNAL was established. The fact that in less than 200 copies. When republishing the constitution, four years of such unprecedented professional conby laws and Code of Ethics in the last number of troversy The JOURNAL should have been sustained volume vii, we had printed in neat reprint form an while steadily, firmly, though temperately defending edition of 8,000 copies of the Code of Ethics, at a the Association, its National Code of Ethics, and cost of less than two cents per copy. About 4,000 persistently advocating the only practicable reprehave already been sold at such prices as fairly covers sentative organization of the whole profession by the cost, leaving 4,000 on hand as the property of the local, State and National associations, and more than Association. We have been furnishing single copies double its circulation and at the same time increase to applicants at three cents, which covers the original the income of the Association more than threefold, cost and postage; deeming it desirable to encourage certainly demonstrates the wisdom of its establishas wide a distribution of the Code as possible with-|ment, if it does not prove the ability, efficiency and out actual loss to the Treasury.

Explanations.—The figures given in the paragraph management. of this report relating to the weekly circulation of stricken from our mail list for non payment of annual penditures as will place the Treasury in debt. dues, and 42 from deaths, making a loss of 244 memthe names of 249 of these subscribers for continued | The Journal. non-payment; making the loss in members and subscribers 493, or only 31 less than the total of additions. Nearly all the losses were incurred during the first half of the year, and before the close, a few of Association. those who had been discontinued paid up and were graph under the head of "weekly circulation."

York State Medical Society had recently repudiated dreds of delinquent subscribers were cut off. represented and denounced by some of the most the Treasurer at Philadelphia. cal Congress—an opposition which did not yield Your Trustees were authorized to expend \$6,000 for

prudence of those having the responsibility of its

Suggestions.—The experience and results of the THE JOURNAL make it appear that the increase in the past year's work cause me to recommend a continumembership of the Association during the year had ance and more permanent establishment of THE JOURbeen only 104, and in the total circulation only 116. NAL printing office. Both the financial resources and The details upon our books show that the actual ad-| the number and quality of the contributions make it dition of new members during the year was 506, and desirable to add four more pages of reading matter of new subscribers 18; making a total of 524 addi- to The Journal at the commencement of the next tions. On the other hand, early in the year the volume. But in doing so, the same caution must be Treasurer ordered the names of 202 members to be exercised to avoid making any such increased ex-

Dr. Wm. G. Eggleston has continued to fill the bers. In my last annual report it was stated that about position of Assistant in the editorial work during the \$2,300 was due from subscribers, some of whom had year, with promptness and ability—and to the rare received THE JOURNAL from the beginning of its pub- faithfulness and business capacity of Mr. J. Harrison lication without payment. And during the first half White do we owe much, in his capacity of both foreof the present year it was found necessary to erase man of the printing office and Advertising Agent of

Respectfully submitted.

N. S. Davis, M.D. Yours truly, Editor of The Journal of the American Medical

In reviewing this report we note (1) The regular reinstated, making the net gain as stated in the para-lissue of The JOURNAL has been increased by three hundred copies per week. This is exactly the same It must not be forgotten that when the publication increase as occurred during the previous years. This of The Journal was commenced in 1883, the New increase was in spite of the fact that several hunthe National Code of Ethics, thereby forfeiting her The income of The JOURNAL, from its subscribers, right to representation in the American Medical As- its advertisements and its reprints, was \$7,580.63, or sociation, and the seditious doctrine of a "New \$2,250.17 more than during the previous year, from Code" or "No Code" was being actively disseminated the same sources; this is exclusive of all membership in other States, and the Association was being mis- dues to the Association, which are paid directly to (3) The Journal's influential medical journals in the country. The expenses for publication are increased by \$1,426.69. result of this Code controversy was the final with- The reasons for this are fully explained in the edidrawal from membership of a large number of those tor's report. But it also appears that the increased who espoused the New York Code during the years receipts are largely in excess of the increased ex-1883-4. Hardly had this Code revolt spent its force, penditures. The total amount paid for all editorial when the still more bitter opposition was encountered work to March 31, 1887, was \$2,758.95, making the by the Association, in attempting to effect a prelim- total expense of The Journal to that date \$15,920. inary organization for the Ninth International Medi- 96, or \$1,822.19 more than the previous year. (4)

editorial work. But they have been unanimous in discharge duties of the greatest importance with equal the determination to incur no debt, hence they have haste, and then cease to exist, could not fail to comexpended only such sums as the income of the Asso- mit some errors and to make some injudicious recciation has warranted. pelled to limit to \$2,758 95. others, we look forward to constant increment in the meetings to which proposed changes or amendments resources of the Association, and an equal increase of the by laws or other important topics, requiring in the labor that can be employed to advance THE time and deliberation, could be referred, has occa-Journal toward the highest attainable standard, sioned no less embarrassment than the hasty work (6) The marked success that has attended the public of the Committee on Nominations. cation by the Association of its journal in its own amendments to the organic laws proposed at one office fully warrants the Trustees in its continuance meeting cannot be acted upon until the next annual and gradual enlargement. (7) The increased re-meeting. ceipts of the Association also warrant substantial ad- the special consideration of no one, and when the ditions to the working editorial force and the increase time comes to act upon them, they have neither been of the number of pages of The lournal. (8) The moulded into proper form to fit the place they were Trustees are happy in being able to announce that at designed to occupy, and perhaps their authors even their solicitation Dr. Davis has consented to continue the management of the affairs of THE JOURNAL.

On motion of Dr. Wm. Brodie the report was accepted and adopted.

Dr. N. S. Davis then read the

REPORT OF THE SPECIAL COMMITTEE ON CHANGES IN THE PLAN OF ORGANIZATION AND BY-LAWS OF THE ASSOCIATION,

appointed in accordance with the following resolution adopted by the Association at the last Annual Meeting:

Resolved, That a committee of nine members, including the President, President-elect, and the four Vice-Presidents elect, be appointed by the Chair to consider the various propositions looking to the amendment of the organic law of the Association by the establishment of Branches, or in any other way; said committee to report at the staxt annual meeting what measures of organization, if any, may be desirable.

shows that the adoption of this resolution was in-tion to that of the British Medical Association, by spired by two leading considerations: First, the de- which it was claimed that a much larger proportion sirability of a more permanent and representative of the profession could be included in the memberbusiness committee to perform the duties now de-ship nominally, while the whole business managevolving upon the Committee on Nominations, and ment could be confided to a Council of limited to consider all other questions of importance that number. A large part of the criticisms hitherto may be referred to it by a vote of the Association, made, have obviously emanated from parties who and report upon the sume at such time as the vote of have but a limited knowledge of the history of volreference shall direct. Second, the desirability of untary medical organizations and of the practical increasing the paying perminent membership, that working of the principles necessarily involved. Still the annual revenue may be increased. Perhaps no less have they studied the influence of density or other part of the practical working of the Association spareity of populations, national habits, modes of has occasioned so much adverse criticism as the hasty thought, civil institutions and municipal divisions, and imperfect method of selecting, after the com- on the success or failure of voluntary professional mencement of each annual meeting, of the Commitorganizations in any given country. Yet all of these tee on Nominations by such little groups of delegates have their influence, and need to be carefully studied from each State and Territory, as could be gathered by all who would successfully shape the permanent in some corner of the room in the brief recess of social automony of any profession or class of people. fifteen minutes, and on whom devolved the para. For instance, the members of the medical profession mount duty of nominating all the general officers of of Great Britain, numbering little more than 25,000, the Association, of seven members of the Judicial constituting a part of an enlightened people occupy-Council, three members of the Board of Trustees, ing the British Islands, a territory scarcely equal to and the selection of the next place of annual meet- the six New England States or to the single State of ing; duties that the members are generally required. Texas, and accustomed to no well-defined political to commence discharging immediately after their divisions with each its own legislative and judicial names are announced from the platform as having functions, like our several States; but thoroughly been selected for that purpose.

This they have been commondations. Besides the absence of any perma-(5) In common with nent committee during the interim between the annual For instance, Literally they lie on the table, receiving are not present, to explain their practical bearing either for good or evil.

The desirability of having more time and deliberation given to the purely business matters of the Association by a properly organized Council or standing committee on business, has long been recognized by all the more experienced members of the Association; and various plans have been suggested from time to time without leading to any definite action. For several months prior to the last annual meeting of the Association, those who were more particularly influenced by the desire to obtain a large revenue, suggested and actively discussed the practicability of so changing the plan of organization as to admit the formation of Branches whose members should be also permanent members of the Association, amenable to the payment of membership dues, and thereby entitled to The Journal. These suggestions Familiarity with the history of this Association had for their object the assimilation of our organiza-|accustomed to look to one central imperial govern-A committee thus hastily appointed, compelled to ment, naturally, and probably judiciously, adopted

a national organization founded on the idea of mak-tion, where all the circumstances have been most ing it possible for all the legally qualified members favorable, has been to put the entire control of the of the profession to become members. For this affairs of the Association in the hands of those mempurpose, such rules were adopted that the members bers of the Council in London and in the few imof the profession in any part of the country could portant cities affording most ready access thereto, associate together to constitute a Branch Associa and thereby to create much jealousy and dissatisfaction or not less than a specified number, and by contion in some quarters and great indifference in other forming to the general rules prescribed and paying places, it requires but a moment of serious reflection the annual membership fee, they became members upon the extent of our country, its division into of the National organization, entitled to attend the nearly forty States, each legislating independently annual meetings and receive the British Medical on all matters of education and professional regula-Journal. A Council of a limited number was formed tion, with all classes of the people, not excepting to which was committed the entire business manage- the members of the medical profession, thoroughly ment of the affairs of the National Association, and imbued with the idea of equal rights and equal privito this Council each Branch Association was author—leges, to be exercised either in person or by a chosen ized to elect one member or more according to the representative, to see that the evils actually develnumber of its regular members. The British Med oped in the progress of the British Association ical Association, organized on the plan here briefly would be produced with far greater rapidity and inoutlined, commenced its history fifty five years since, tensity, if the same machinery and methods were or fourteen years before the organization of this adopted here. Indeed, if the exact plan of organibody. Its progress has been such that at present zation and methods of the British Medical Associa-Council numbers seventy one members. Looking Branches of five or six States in which are embraced ritory from Maine to California, and from Lake whole. Superior to the capes of Florida? And if the members of the Council of the British Medical Associa fession, numbering many thousands, from so widely tion from the Branches more distant from the extended a country as ours, into a single society for central places of meeting four times a year, find at- personal intercourse, is impracticable, the first of tendance so burdensome that several do not attend, these leading objects can only be attained by organizeven once during the year, and some of the Branches ing primarily into city, town, county, and limited disbecome so indifferent as to neglect the election of trict societies, in which the necessary personal interdelegates to the Council to which they are entitled, course can be enjoyed without material expense, or as shown by reports at the last annual meeting in being placed beyond the reach of their patients. Brighton, how would it be if the attempt should be The same object is further promoted by sending a made to require a select. Council of this Association delegation from each of these circumscribed or local to meet four times a year, composed of delegates societies, once or twice a year, to constitute the fron Branches in California, Maine, Minnesota, Texas State Society; and still further by these State Socieand Florida, at some central place, as Washington, ties sending delegates to one more protracted meet-Philadelphia, or Chicago, for the sati-factory considing each year, which would constitute the National eration of all its important interests? If the prac- organization. Thus by the constant changing of the

its total membership, including the membership of tion were substituted for the present plan of organiall its Branches, numbers about 12,000, or a little zation of this Association, it requires no prophetic less than half of the legally registered members of vision to see clearly that in less than two decades of the profession in that country; while its governing years the members of the Council furnished by the from this distance, upon its steady growth, the as many chief cities, would have entire control of amount of scientific and practical work accomplished, the affairs of the Association, and the Branches in the high reputation of many of its members, and the more distant States and the great mass of general the value of its journal, we rejoice on account of its practitioners in all would no longer have either success, and very naturally feel inclined to copy its voice or interest in the organization, and the already methods. Before doing so however, it will be wise visible antagonisms and prejudices between the to inquire whether the extent of our country, the specialist and the general practitioners would have sparseness or density of its population, the freedom been intensified a hundred fold, to the great detriment and habits of thought of our people, and the political of both. The three objects of paramount importinfluences exerted by separate State governments ance to be accomplished by medical organization and their diverse legislation are such as to permit are: a, the promotion of direct personal and social the same methods to be applied with equal success intercourse between physicians, by which mutual rehere? If it has taken more than half a century for the spect, personal friendship and unity of sentiment British Medical Association to so extendits Branches are greatly promoted; b, the more rapid increase over its comparatively limited but densely populated and diffusion of medical knowledge, scientific and territory as to include less than half the registered practical; and c, the developing, unifying, concenpractitioners of that country, how many centuries trating and giving efficient practical expression of would it take an Association, on the same basis, to the sentiments, wishes and policy of the profession so extend its Branches as to include an equal ratio concerning its educational, legal and satisfact welfare of the profession scattered over the vast ter- and the relations of the latter to the community as a

As the gathering of all the members of the protical result of the experiment by the British Associa | personality of the delegations, the profession of the whole country is made to feel the genial influence of unequally applied, in consequence of the comparapersonal intercourse and mutual respect.

delegates from the State Societies to the National Association with its Branches. organization, where the mingling of the more intelligent and ambitious from all parts of our wide do-fessional organization having thus rapidly extended main in social union and in the scientific and over the whole country, during the last twenty years practical discussion of important topics belonging to its basis in the local medical societies has been every department of medical science and art, adds steadily increasing and becoming more efficient for still further to the development and diffusion of med good; the State Societies in the same ratio increasical knowledge, both scientific and practical. We ing in membership and more methodical and efficient say diffusion as well as development, because every in their work; while this National Association has item added to the stock of knowledge, and all the increased with every increase in the constituent soincrease of mental activity, discipline, and breadth cieties, steadily rendered its work more systematic of view, gained by the successive exercises from the and efficient, by providing for the scientific and smallest town society to the National Association, practical work of every legitimate department or are carried back by the delegates to the State So-special branch in its Sections, as well as the general cieties, and by them to the local societies in every business interests of the whole, and at the same populous city and county in all the States of time removing the errors and inequalities at first rapid and wider diffusion of whatever is evolved of sentation, until practically the regular local and State literature; and thereby the second object we enum- as are the Branch Societies in Great Britain Branches erated is most efficiently accomplished.

object to be attained by medical organization, unity body one delegate for every ten of their members, and concert of action, certainly no scheme has been instead of one delegate from each Branch to a yet devised equal in fairness and efficiency to that limited council, while by the amendment to the conwhich gathers the active working members of the stitution adopted in 1884, every member of the whole profession into primary local societies, from regular local and State societies entitled to represenwhich delegates chosen on a uniform ratio of repre-tation, may at any time become a permanent member sentation are made to constitute the State Society; of this body by furnishing a certificate of good and from these again delegates on a similar ratio of standing in his local society and paying the annual representation are sent to constitute the responsible membership fee. Thus perfected by the experience voting part of the National Association, thus consti- of the past forty years, a system of professional tuting a ready professional mechanism through which organization has been developed in strict accordance the views and wishes of the profession can be with the spirit of all our institutions and the habits gathered and efficiently expressed on all questions of thought of all classes of our people, capable of inrelating to education, medical legislation, and the san definite extension, and each part harmoniously fositary interests of the people. And the same can be tering every other. By making membership in a brought to bear with equal force upon the action of local society a necessary qualification for member-

is designed to accomplish, is but the ideal repre by all intelligent members of the profession. By sentation of the actual organization of the profession providing for delegates from the local and State soin this country at the present time. The organization cieties on a uniform ratio of representation, and of this Association commenced in 1846, and com-placing the whole business management of the Aspleted in 1847, is, and has been from the beginning, sociation in the hands of such delegates by restrict-a representative body with the State and local medical societies in all the States for its essential constituency, or "Branches," (if there is any particular local control, or any form of class supremacy, while merit in that name). It is true the fundamental the door to permanent membership is open to all representative principle was at first imperfectly or who are willing to support the interests of the pro-

tively small number of e ther State or local societies By the more frequent meetings of the primary lotthen existing. But the clear recognition of the local cal bodies and the more free or informal discussion and State societies as the National basis, and the of all professional topics, a general interest for fixing of a uniform ratio of representation for them, more knowledge is fostered and the spirit thus de-led to so rapid an increase in the number of regular veloped is carried by their delegates to the State So medical societies, that in less than twenty years cieties, where its practical fruits appear in the form every State had its society sending delegates to the of reports on recent improvements or on the special National Association, and almost every city and developments of disease, and in papers the consider- populous county or district, its society, furnishing ation of which intensities still further the spirit of in-delegates to the State and National organizations, quiry, of scientific investigation, and a wider range and including an aggregate number of members of of discussion; and these results are carried with the the profession greater than now constitute the British

The outline of a systematic and harmonious prothis Republic. And not only so, but a still more made in the application of the principle of reprevalue is given in the pages of the medical periodical societies are as truly "Branches" of this Association of the British Medical Association, with the very im-For the accomplishment of the third important portant advantage of having the right to send to this legislative bodies, either municipal, State or National. ship in the State and National Societies, the strong-The organization of the whole profession we have est possible inducement is presented for organizing so briefly outlined, with the great leading objects it and maintaining these primary and essential bodies

fession in their own districts. After a most careful vation of all the essential principles involved, and lowing important provision, viz.: their present accurate adjustment for the accomtific interests of the whole body.

justment, with perhaps some additions.

paragraph previously quoted:

shall have their names upon the roll and have all the which the vacancies belong. rights and privileges accorded to Permanent Members,

of recognized State and local Societies, under adequate safeguards, to become de facto Permanent Mem- in other parts of the Constitution and By-laws. bers of the American Medical Association without the expense of attending an annual meeting.

From the fifth section of the Constitution, relating to study of the history and practical development of "Standing Committees," the first and third paragraphs medical organizations, both at home and abroad, should be stricken out, leaving intact only the second your Committee cannot recommend any radical paragraph, relating to the "Committee of Arrangechanges in the existing plan of organization for this ments." In place of the first paragraph to be erased, Association. On the contrary, we urge the preser-your Committee recommend the insertion of the fol-

The General Committee or Council shall be complishment of all the legitimate objects of voluntary posed of two members from each State and Territomedical organization in a country of free institutions rial Medical Society entitled to representation by and representative governments, while careful atten- delegates in the Association, and from the Medical tion should be given to the correction of minor de- Departments of the U. S. Army, Navy, and Marine fects in practical application, and such changes in Hospital Service. They shall be chosen by the memby laws as will facilitate both the business and scienbers registered and present at each annual meeting, from each State, Territory, and from the Medical However, the changes made in the publication of Corps of the U. S. Army, Navy, and Marine Hospithe proceedings and papers, the increase in the num-tal Service, acting separately, on the third day of ber of Sections, and the necessity for a more perma-leach annual meeting; each delegation reporting the nent committee on business, have made some sections names of the members chosen to the Permanent of the Constitution and By-laws inapplicable or incap-scretary of the Association on the same day, that able of proper execution, and therefore need read-they may be announced by him at the opening of the morning session of the fourth day. At the first elec-In the second section of the Constitution, or Plan tion each delegation shall choose two members of the of Organization, title, Members, is the following par- General Committee, one of whom shall serve one agraph, adopted as an amendment in 1884: "Members year and the other two years, and at each annual by Application shall consist of such members of State election thereafter one member shall be chosen to or County Societies, certified to be in good standing serve for two years, thus making the term of office by the President and Secretary of said Societies, as of members of the General Committee two years. shall make application for admission. They shall It shall be the duty of the General Committee, thus simply have the right to receive THE JOURNAL on the constituted, to organize by choosing annually a same terms as other members." This is defective: a, Chairman and Secretary, and such sub committees in limiting the privilege of making application to as may be found necessary to facilitate the work that members of State and County Societies only; b, in may be assigned to it; to meet annually at the place not specifying whether such State and County Soci- and on the day preceding each annual meeting of eties are entitled to representation in this body or this Association, and as often during that week as not; and c in giving no adequate motive in the last may be necessary; to nominate, on the third day of paragraph for seeking that kind of membership. Any each annual meeting, all the general officers of the member of the profession, without regard to mem- Association (none of whom shall be members of its bership in any society, by paying the subscription own body), the members of the Committee of Arprice, \$5 per annum, which is the same as the An- rangements, the Committee on Necrology, seven nual membership fee, can receive THE JOURNAL. To members of the Judicial Council, and three memafford a valuable and adequate advantage to members of the Board of Trustees for Publication for bers by application, and at the same time guard election by the Association; to recommend the place against their admission from such State or County and time of holding the next annual meeting; and Societies as are themselves not entitled to repre- to consider and report upon all subjects that may be sentation by delegates in the Association, we respect referred to it by vote of the Association. The presfully propose the following as a substitute for the ence of one-third of the whole number of members elected to the General Committee shall con-Members by Application shall consist of such mem-stitute a quorum for the transaction of business. If, bers of the State, County and District Medical Soci- at any annual meeting of the Association, it shall be eties entitled to representation in this Association, as found at the close of the general meeting of the first shall make application in writing to the Treasurer, day that a quorum of the General Committee is not and accompany said application with a certificate of present, it shall be the duty of the President and good standing signed by the President and Secretary Permanent Secretary to fill the vacancies in the of the society of which they are members, and the Committee temporarily by selections from the lists amount of the annual membership fee, \$5. They of delegates registered as present from the States to

Should this provision be adopted by the Associaand shall retain their membership on the same terms. tion, the Permanent Secretary should be authorized This enables any one or even all of the members to substitute the name "General Committee" for "Nominating Committee," wherever the latter occurs

The third paragraph of section fire, as it now exists in the Constitution, provides for the annual election

of a Committee of Publication, charged with the per-following important amendments and additions to the formance of certain important duties. But at the By laws that have no necessary connection with the annual meeting in Cleveland, 1883, all the duties of proposed amendments to the Constitution, viz.: To this committee were transferred by resolution to a so amend the paragraph under Section 11 of the By-Board of Trustees for journalizing the Transactions laws relating to the duties of Chairmen of Sections, of the Association, organized at the preceding ant that it shall read thus: "The Chairman of each Secnual meeting in St. Paul. Your Committee, there- tion shall prepare an address on the recent advancefore, recommends the adoption of the following pro- ments in the branches belonging to his Section, vision and its incorporation in the Constitution, as a including such suggestions in regard to improvements substitute for the paragraph relating to the "Com- in methods of work as he may regard important, and mittee of Publication," viz. :

nomination of the standing General Committee, and forty minutes. shall serve for three years. It shall be the duty of Hitherto, the paragraph for which this is intended this Board to provide for and superintend the public as a substitute, has required the Chairmen of Sections cation and distribution of all such proceedings, trans- to prepare and read addresses in the general sessions have authority to appoint an editor and such assist-proposed, and only three general sessions of the Asants, and determine their salaries, and procure and sociation in which they can be read, it is obvious that control such materials, as may be necessary for the one-third of these addresses must be read by title accomplishment of the work assigned to it. To fur- only, as has been actually done for the last two or Secretaries of the Association and of the several Sec- can be transacted after the first day of each annual tions, during each annual meeting, or as soon there- meeting. after as practicable, to deliver to the Board, or such each Section should deliver his address at the openeditor or agent as it shall appoint, all such records of ing of his Section, it would add much to the interest proceedings, reports, addresses, papers, and other of the Section itself and afford opportunity for sugdocuments as may have been ordered for publication, gesting important improvements in methods of inmoneys received by the Board of Trustees or its strength and greater individual attachment to each signed them, must be paid to the Treasurer of the Sections of the British Medical Association. Association, and all orders on the Treasurer for disall other property belonging to the Association under hour in its delivery.' its control, with such suggestions as it may deem necessary.

The foregoing proposed amendment to Section V of the Constitution is simply placing in due form, consideration of all thoughtful members of this body. and in its proper place, the actual regulations that have been in operation for the past four years under all the changes recommended in this report have for resolutions adopted at the annual meetings of 1882 their object the better adjustment and more efficient and 1883, and if it is adopted the Permanent Secre- practical development of the systematic general ortary should be directed to do the clerical work of ganization of the medical profession of our country, erasing the name of "Committee of Publication," on those principles of equality and just representation and where necessary, substituting the Board of Trus- in strict consonance with the habits of our people and tees, wherever the former occurs in other Sections of the institutions of our country; and which afford the either Constitution or By-laws, in such a way as to only basis on which the whole regular profession may place them in harmony with this amendment.

present on the first day of its annual meeting, the The Board of Trustees shall consist of nine mem-same to the Section over which he presides. bers, three of whom shall be elected annually on the reading of such address not to occupy more than

actions, and memoirs of the Association as may be of the Association, which, on account of the increase ordered to be published, and in such manner as the in the number of Sections, has become impracti-Association may direct; and in doing this, it shall cable. There being now eight Sections, with another ther facilitate its work, it shall be the duty of the three years, or no other business of the Association On the other hand, if the Chairman of either in the general sessions or in the Sections. All vestigation, and tend strongly to give increased agents, resulting from the discharge of the duties as- Section. It is the same method as practiced in the

Also an additional By-law, to be numbered XII, bursements of money in any way connected with the as follows: "The Association shall annually elect, work of publication, must be endorsed by the Presi- on the nomination of the Nominating Committee dent of the Board of Trustees. It shall be the fur- (or the standing General Committee), three members ther duty of the said Board of Trustees to hold the of the profession, eminent in some of its departofficial bond of the Treasurer for the faithful execu- ments, to deliver addresses in the general sessions of tion of his office; to annually audit and authenticate the next ensuing annual meeting, one on some topic his accounts, and present a statement of the same or topics relating to general medicine, another relatin its annual report to the Association; which report ing to general surgery, and the third relating to pubshall also specify the character and cost of all the lic medicine, including under that head, hygiene, publications for the Association during the year, the sanitation, prophylaxis, education and medical legisnumber of copies still on hand, and the amount of lation; each of such addresses not to exceed one

This suggestion is also in accordance with the practice of the British Medical Association, and its advantages cannot fail to commend it to the favorable

In conclusion, your Committee will only add, that be brought together in local professional intercourse, In addition to the foregoing proposed amendments, and through chosen representatives into State and of the Constitution, your committee recommend the National communion, where every legitimate specialist finds an appropriate field for work in some one of of officinal medicines only, or such preparations as have pubthe Sections, and at the same time is enabled to mingle in the general sessions with the great body of general practitioners, to the mutual benefit of all. In union there is not only strength and harmony, but the Section on Practice of Medicine, delivered the most sure and rapid progress, while exclusive organizations and class distinctions beget prejudice, foster divisions and retard true progress. All of which is [See JOURNAL, June 18.] respectfully submitted.

N. S. Davis, J. M. Toner, E. H. GREGORY, WM. BRODIE, P. H. MILLARD, W. H. PANCOAST, W. B. Welch, W. C. WILE.

Committee.

Dr. Albert L. Gihon, U. S. N., the remaining member of the Committee was not present at the conference when the report was adopted.

Dr. R. C. Early, of Penna., moved that the report be accepted and the Committee discharged.

Dr. A. S. von Mansfelde, of Neb., moved that the report be adopted. The motion was adopted.

Some discussion having arisen relative to the matter, Dr. Eugene Grissom, of N. C., arose to a point of order, that this action was final and hence the changes proposed by the Committee did not lie over.

The Chair decided that this was correct, and that changes recommended by the Committee had been adopted.

Some further discussion having arisen, Dr. A. N. Bell, of N. Y., offered the following:

Kesolved, As the sense of this Association, the question has already conformed to the Constitution, having been before it one

A call of the house having been demanded, a vote standing was taken, resulting in 272 in the affirmative and 232 in the negative.

A motion to reconsider the vote was, on motion of

Dr. E. Grissom, laid upon the table.

States and announced the following as the

COMMITTEE ON NOMINATIONS.

Ma., W. C. Cross; Ark., D. C. Ewing; Cal., J. W. Robertson; Col., P. Brumund; Conn., W. H. Whitvey; Iowa, Wm. Watson; Ks., W. L. Schenck; Ky., D. S. Reynolds; La., T. G. Richardson; Me., D. E. Marston; Md., T. B. Evans; Mass., E. W. Cushing; Mich., W. Brodie; Minn., J. A. McGauhey; Miss., Scott; Pa., E. A. Wood; K. L., W. J. Barge; S. C., Hibberd, Ind. T. Legaré; Tenn., J. B. Murfree; Tex., R. W. Park; Committee on State Medicine—Ala., Jerome Coch-Vt., S. H. Griswold; Va., H. M. Nash; W. Va., J. E. rane; Ark., R. G. Jennings; Cal., J. W. Robertson; Dals; N. M., R. Bulley.

tical Association was presented, enclosing the following:

Resolved, That this Association solicit the aid and coopera-

lished formulas in preference to others.

On motion, the resolution was adopted.

Dr. J. S. Lynch, of Baltimore, Chairman of the

ADDRESS IN MEDICINE.

On motion, it was referred for publication.

On motion, the Association adjourned until Thursday at 10 A.M.

THURSDAY, JUNE 9-THIRD DAY.

The President called the Association to order at 10 A.M., and prayer was offered by Rev. J. H. Barrows, D.D.

The Committee of Arrangements announced a number of invitations, etc. Two charges against members, of an ethical character, were presented, and referred to the Judicial Council.

A congratulatory telegram was read by the Permanent Secretary, from the Ontario Medical Association, then in session. On motion of Dr. William Brodie, it was received, and the President was requested to send a response. His reply was: "The President and members of the American Medical Association acknowledge the friendly greeting of the Ontario Medical Association, and desire to convey to them their feelings of sympathy and good fellowship."

Dr. Brodie, as Chairman of the Committee on Nominations, reported the following

OFFICERS FOR THE ENSUING YEAR.

President—Dr. A. Y. P. Garnett, Dist. of Col. Vice-Presidents—Drs. Duncan Eve, Tenn.; Dar-The Permanent Secretary then called the roll of win Colvin N. V.; Charles J. O'Hagan, N. C.; A. Stedman, Col.

Librarian—Dr. C. H. A. Kleinschmidt, D. C.

Treasurer—Dr. R. J. Dunglison, Pa.

Assistant Secretary—Dr. Jos. Ransohoff, Ohio. The place for next meeting is Cincinnati, on the timore; D. C., J. M. Toner; Fla., M. B. Phillips; Ga., second Tuesday in May, 1888. Chairman of Com-A. G. Whitehead; Ill., E. P. Cook; Ind., T. B. Har-mittee of Arrangements, with power to appoint members of Committee, W. W. Dawson, of Cincinnati.

> Trustees of THE JOURNAL—Drs. L. Connor, Mich.; E. O. Shakespeare, Pa.; W. T. Briggs, Tenn.

Judicial Council Drs. J. H. Murphy, Minn.; Jos-T. R. Trotter; Mo., J. M. Allen; Neb., W. M. Knapp; eph M. Toner, D. C.; J. K. Bartlett, Wis.; A. B. N. C., Eugene Grissom; N. H., J. W. Patsons; N. J., Sloan, Mo.; X. C. Scott, Ohio; B. McClure, Iowa; Lott Southard; N. V., Darwin Colvin; Ohio, N. C., D. W. Stormont, Kas. To fill a vacancy, James F.

Recycs; Wis., J. K. Bartlett; U. S. N., D. Blood Col., P. Brumund; Conn., W. H. Whittimore; D. C., good; U.S. M. H., H. M. Goldsborough; Dak., E. L., G. W. Cook; Fla., N. D. Phillips; Ga., T. S. Hopkins; Ill., E. P. Cook; Ind., J. M. Beard; Iowa, G. A communication from the American Pharmaceu- F. Jenkins; Kas., W. L. Schenck; Ky., J. A. Larrabee; La., T. G. Richardson; Me., Thos. Foster; Md., G. 11. Rohé; Mass., Grace Wolcott; Mich., A. W. Myord; Minn., C. N. Hewitt; Miss., T. R. tion of the A. M. A. in promoting the prescribing by physicians. Trotter; Mo., Lester Hall; Neb., Wm. Knapp; N.

C., Eugene Grissom; N. H., W. P. Porter; N. J., been entrusted to them. Since its inception, they B. A. Watson; N. Y., A. N. Bell; Ohio, F. C. Bain; have been gratified by the concurrent testimony of Pa., J. C. Dunn; R. I., W. J. Burge; So. C., T. many of the ablest members of the profession, and kota Ter., E. M. Dow; New Mexico, R. Bailey.

Kas.; J. G. Brooks, Ky.; R. Matas, La.; John Mor heroes of that time, whatever their vocation. ris, Md.; E. C. Bell, Mass.; G. E. Ramsey, Mich.; The Committee are aware that there were many A. W. Strickfield, Minn.; H. B. Mertill, Mo.; A. S. other noble and patriotic men in the ranks of our von Mansfelde, Neb.; J. II. Tucker, N. C.; J. F. Ill, profession, who have deserved the grateful recogni-N. J.; J. W. Parsons, N. H.; L. D. Trowbridge, N. tion of their country, but it is doubtful whether in Y.; J. H. Tucker, N. C.; H. J. Herrick, Ohio; F. the instance of any other individual so many reasons Woodbury, Pa.; W. J. Burge, R. I.; F. L. Parker, co exist for preference for this intended distinction. S. C.; J. M. Savage, Tenn.; R. W. Park, Tex.; M. These were set forth in the earlier report of the R. Crane, Vt.; L. Ashton, Va.; J. T. Reeve, Wis.; original committee, [rule Journal of American J. N. Weir, Dakota; R. Bailey, New Mexico.

accepted.

Section on Dermatology and Syphilography, Chair- again remind their professional brethren that Ben-

Chairman, Eli Van de Warker, N. Y.; Secretary, E. cases that were common in his day and by one of W. Cushing, Mass.

McLean, Mich.; Sec'y, B. A. Watson, N. J.

S. T. Armstrong, Tenn.

Sec'y, W. B. Lawrence, Ark.

Sec'y, E. S. Talbot, Ill.

Davis, Jr., Ill.

Md.; Sec'y, C. B. Bell, Mass.

by the mover, and was unanimously adopted.

Committee, read the

REPORT OF THE RUSH MONUMENT COMMITTEE.

Report of the Chairman .- On the part of the Rush Monument Committee, 1 beg to report progress 1885, addressing the Association of Resident Phy made in furtherance of the great project, which has sicians of Pennsylvania Hospital, of which Dr. Rush

Legare; Tenn., R. Cheatham; Texas, J. E. Sears; by the enthusiastic endorsement of numerous State Vt., S. H. Griswold; Va., H. M. Nash; W. Va., J. and other Medical Societies as to the pre-emment E. Reeve; Wis., J. K. Bartlett; U. S. N., Delavan claim of Benjamin Rush to be commemorated as Bloodgood; U. S. M. H., C. B. Goldsborough; Da-proposed. Without ascribing to him excellence above criticism, it must be admitted that he was so Committee on Necrology.—J. M. Toner, Wash prominent a figure in his profession and in public ington, D. C., Chauman; T. E. Murrell, Ark.; B. affairs during our Revolutionary period, and filled so B. Wyman, Ala.; J. G. Terry, Cal.; M. H. Sears, many parts and all so well in the early history of the Col.; R. A. Lancaster, Fla.; E. Ingalls, Ill.; J. F. Republic, that at this day he stands among the Hibbard, Ind.; J. M. Emmert, Iowa; L. M. Minney, fathers of the Nation, the unquestioned peer of the

Medical Association, Vol. IV, No. 21, p. 581.] On motion of Dr. P. H. Millard, the report was and in the later circular addressed to the members of the profession of medicine in the United States, The Permanent Secretary read the officers for the but the present. Committee may be permitted to man, L. D. Bulkley, N. Y.; Secretary, T. F. Dun- jamin Rush was a physician who was eminent as a practitioner, both in private life and on the hospital Section on Obstetrics and Diseases of Women- staff, who fearlessly combatted the pestilential diswhich he lost his life; who was eminent as a teacher, Section on Anatomy and Surgery—Ch'n, Donald having assumed the office of professor at the age of 24, and retained that dignity almost half a century, State Medicine—Ch'n, H. B. Baker, Mich.; Sec'y, his private pupils having numbered about 2000; who was eminent as a writer, his printed works filling Diseases of Children-Ch'n, F. E. Waxham, Ill.; seven volumes, of which his treatise on Insanity in its medical and medico legal relations was for seventy Oral and Dental Surgery-Ch'n, J. Taft, Ohio; years the standard authority on that subject in Europe as in our own country; who, with all the Practice of Medicine, Materia Medica and Physodemands of his busy professional life, was also emiiology-Ch'n, A. B. Palmer, Mich.; Sec'y, N. S. nent, as a philanthropic, patriotic citizen, the exemplar of the physician's proper office in public life, On Medical Jurisprudence—Ch'n, E. M. Reid, an active participator in the events of the memorable period of the Nation's birth, a signer of the Dr. N. S. Davis, Sr., having mentioned the ne- Declaration of Independence, a member of the cessity of appointing members to prepare the three Convention which framed the Constitution of the addresses, in accordance with the amendments which United States, a general officer of the Revolutionhad been adopted, after some discussion Dr. D. J. ary Army, the Surgeon General and Physician Gen-Roberts, of Tenn., moved that action on this point eral of the Middle Department; who, in later years, be deferred until 1888. Dr. Davis moved as an filled many offices of public trust, having been the amendment that the action as to the By-Laws be first Treasurer of the United States Mint and the permitted to remain, inasmuch as there were very Port Physician of Philadelphia; who was a leader in few negative votes, but that the others, which were every project of social reform, and as alive to the amendments to the Constitution, should lie over for importance of public health questions as any modern ratification at the next meeting. This was accepted samtarian, the first President of the Society for the Abolition of Slavery, the advocate of the higher ed-Dr. G. H. Rohé, Secretary of the Rush Monument ucation of women, of the establishment of public schools, of the abolition of the death penalty, of legislation against the abuse of alcohol, of the amelioration of the treatment of the insane, etc.

Dr. Thomas G. Morton on the 17th of December,

century in advance of the times."

modern means of condensing and relegating labor; one such suffices most men. He was a member of every important political assembly which met in this Treasurer, is respectfully submitted. State while he lived. When timid men fell out of the Continental Congress, he was elected to that body, that he might sign the Declaration of Independence, and he was the only practising physician whose

New York, on "Benjamin Rush and American of the Committee and its proceedings. Psychiatry:" A Rush renaissance now seems to be Ward Richardson, in his Asclepiad—in which Rush's public opinion was prompt and generous. position in medecine is carefully analyzed and as-Canada," who calls him the American Fothergill, endeavors. saying that he resembled the latter in the independwith the functions of a physician, the philanthropy will be diligent in the performance of its duty. It which manifested itself in innumerable practical suggestions for the benefit of his kind, and in the daily example of his profession at heart, to give the has been called the American Sydenham, first by Lett-report will send his first succeeding fee to the treassom, who said of him that he approached, if not ex-urer, the desired result will soon be attained. If striking, unique."

medicine would neglect a sacred duty in failing to Every one can give it. Let us all then say, with do this honor, and the Committee, accordingly, King Henry at Agincourt:

was a physician for thirty years, extols him as "one earnestly appeal to the physicians and medical of the most notable men of his time," and attributes students of America to make the modest individual to him the expression of views, "which were half a contribution of \$1 apiece, which from their numbers, will swell to an amount sufficient to make Especially noticeable, because of the occasion, their memorial the most imposing at the National was the tribute to Dr. Rush's fame by Dr. Weir Capital. The great National medical library and Mitchell, President of the College of Physicians of museum, which under the auspices of the Medical Philadelphia, in his classic and eloquent commemor- Department of the Army will soon be completed, ative address on the 4th of January, of the present offers a fitting locality for the proposed monument. year, at the centennial anniversary of the institution. As the statue of Professor Henry stands at the apof that distinguished body. Dr. Mitchell emphasized proach to the Smithsonian Institution, which was so Rush as "the greatest physician this country has honored by his charge, and that of Chief Justice produced." "He was a statesman, a scholar, an Marshall at the ascent to the Supreme Court of the army surgeon, a punctual and careful physician, an United States, over which he had so long presided, actively religious man, a far seeing and courageous what more appropriately could first meet the physiphilanthropist, and a sanitarian far in advance of his cian, who visits this great depository of medical day. There are what I might call four careers, in literature, science and art than the benevolent feaall of which he excelled unaided by secretaries or tures of so great a Master in Medicine as Benjamin Rush?

All which, with the reports of the Secretary and

Albert L. Gihon, M.D., Chairman Rush Monument Committee.

Report of the Secretary.—The Secretary of the name is on that energetic arraignment of the Crown." Rush Monument Committee reports that he has en-In the words of Dr. Charles K. Mills, President deavored to faithfully perform the duties of his office of the American Neurological Association, in his during the past year. In a book procured for the recent address before the Medico Legal Society of purpose, he has kept a succinct and accurate history

Since the last meeting of the Association an apimminent, and it is a strange commentary upon peal to the medical profession, in aid of the fund, has patriotism that the leaders in this movement are two been printed and distributed through the local chair-Englishmen, who have recently given us excellent men, in all parts of the United States. The power biographical sketches. The first of these appeared of the press, both professional and popular was inin October, 1885, from the pen of Dr. Benjamin voked, and the response of this mighty engine of

In the instructions issued to local committees, the serted, and in which also attention is directed to his method of collecting funds was left to their discretion. standing as patriot, politician, philanthropist, orator, The wisdom of this action has been demonstrated by teacher, and man of letters. The second is con- the good results achieved. In the opinion of the tained in the recent monograph of Dr. D. Hack Secretary this policy should be continued as the most Tuke, on "The Insane in the United States and likely to accomplish the object of the committee's

The medical profession of this country has reence of his medical practice, in acuteness of observa-, solved, through its representative organization, the tion, in his enthusiastic love of the art of healing, in his American Medical Association, that this memorial incessant labor, in popularity as the leading physician shall be built. The committee to whom the labor of of the day in a great city, but above all, in uniting collecting the necessary funds has been entrusted, emplification of Terence's immortal axiom. "Rush trille asked. If every one who hears or reads this ceeded Sydenham in grandeur and compass of thought. there is love of patriotism, of philanthropy, of learn-By his American admirers and eulogists he has often ling and of self-sacrifice in the hearts of the physicians been spoken of as the American Hippocrates," but of this country, the noble example of Benjamin Rush adds Dr. Nutts, "perhaps it is unjust to compare in each of these spheres of a well rounded life, should him with anyone. He was a character, peculiar, stir up such enthusiasm that in one year from this time the committee's work would be accomplished.

With such a man to honor, the profession of The contribution asked from each is but small.

"A very little let us do. And all is done,"

George H. Roné, Secretary Rush Monument Committee.

tory and purpose of the project and shows the emi- the bank book of deposits, and all vouchers for explacing a statue at the National Capital to honor the such action as the Association may deem proper to foremost medical man that our country has produced. take. This view which had become quite general found expression in the appointment of a standing committee, amounts to \$389. by the American Medical Association, at its meeting in 1885, charging it with the special duty of raising bered from 1 to 8, inclusive, amounts to \$143.08. funds and erecting in Washington city a suitable monument to Dr. Benjamin Rush, whose learning, as the printing of blanks will serve for a year or professional eminence and patriotic services easily more. It is possible that the amount received by the place him at the head of the many worthies of our treasurer may be less than the Association and the noble profession in America.

represent the universal esteem in which the memory has just begun work, and that this report embraces of Dr. Rush is held by the medical profession every-returns from but about one half the States and but where, it was deemed advisable to invite the medical partial returns from any. men in every State and Territory of the United States to aid, by small contributions, in this testimonial.

Dr. Rohé, in his report, which I have also seen, shows how through the agency of a member of this committee resident in each State and Territory, the Army, Navy, and Marine Hospital Service, the profession has been everywhere solicited to join in this Tuke: work. Responses making partial returns to the treas urer from the members of the committee in the following States have been received: Arkansas, California, Colorado, Connecticut, Indiana, Kansas, Maryland. New Hampshire, New Jersey, New Mexico, New York, Ohio, Pennsylvania, Vermont, West Virginia, U. S. Army, U. S. Navy and U. S. Marine Hospital Service. The States and Territories not named have not made returns to this date, June 2, 1887, although some of them, we hear, are at work in the matter. The information received from the members of the committee in the several States is to the effect that the project meets the hearty approbation of the medical men of their section, and that contributions will in time become so general as practically to include every physician of note in the country.

To the end that the profession may know with what degree of prudence the money raised for the Rush Monument is being husbanded, I deem it proper to refer briefly to the rules adopted by the committee when it organized for business, touching this important matter. They require that the names of all contributors, with the amounts given, shall be entered in a book kept for the purpose, and that a receipt, or certificate, for the same, signed by the treasurer, be

transmitted to the donor.

That all moneys received shall be deposited by the treasurer in the bank of Riggs & Co., in Washington, to the credit of the Rush Monument Committee.

That no debts shall be contracted by individual members of the committee, not authorized by a vote of the committee, except the necessary expenses of postage and printing, and these must have the con-Report of Treasurer.—The treasurer of the Rush current sanction of the President, Secretary and Monument Committee begs leave to submit, this, his Treasurer. And that no moneys shall be drawn first report on the financial ϵ ondition and prospects from the treasury except upon vouchers bearing the of the enterprise. The president of the committee, endorsement of the President and Secretary of the Dr. Gihon, in his report, which I have had the oppor-committee. These regulations have all been obtunity of reading, has graphically presented the his- served. The register of the names of contributors, nent propriety there is in the medical profession penses thus far incurred, are herewith submitted for

The total sum which has been sent to the treasurer

The total amount disbursed, as per vouchers, num-

The ratio of expense in future will not be so great, public might reasonably have expected. That the monument may, as far as practicable, however, should be kept in mind, that the committee

Appended to this report is an alphabetical list of the names of all contributors, with their post office The secretary of the Rush Monument Committee, address, and the amounts given by each. All of which is respectfully submitted.

> J. M. Toner, Treasurer Rush Monument Committee.

The following was received from Dr. D. Hack

LYNDON LODGE, HANWELL.

My Dear Doctor: Allow me to wish success to your Rush monument. You know, from my short biography of him in my book on your asylums, how much I venerate and desire to perpetuate his memory. I should have felt it an honor to send a trifle to the subscription. Itst as a sign of my appreciation of your labors, but I believe donations are confined to your own Very truly, D. Hack Tuke, M.D.

DR. TONER, Washington, D. C.

May 25, 1887.

CONTRIBUTORS TO RUSH MONUMENT FUND.

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S. A. Ft. Assiniboine, W.T.; Chambers, J. W., Baltimore, Musser, J. H., Philadelphia, Pa.; Musser, P. T., Aaronsburg, Pa.: Murrell, T. E., Little Rock, Ark.

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Orr, Wm. P., Asst. Surg. Marine Hosp. Service; Orto, Z., Pine Bluff, Ark.

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Sajous, Charles E., Philadelphia, Pa.; Sartor, D. R., Alto, La.; Savety, Wm., Bryn Mawr, Pa.; Schultz, S. S., D nville, Pa.; Schwintz, G. I., Philadelphia, Pa.; Scoffeld, W. K., U. S. N.; Seip, M. S., Danville, Pa.; Shaw, Charles S., Pittsburgh, Pa.; Sheppard, J. E., Atlantic City, N. J., \$2; Shurt-liff, G. A., Stockton, C.d.; Skillern, S. R., Philadelphia, Pa.; Smart, Ch., Surg. U. S. A., Washington, D. C.; Smith, H. II., Philadelphia, Pa.; Smith, Q. C., Austin, Tex.; Smith, S. S., Duftwood, Pa.; Sparkman, G. E. T., A. A. Surg, Marine Hosp, Service; Spear, I. C., U. S. N.; Sposati, N., Stockton, Cal.; Spring, John V., Pine Bluff, Ark.; Squibb, E. R., Brooklyn, N. Y.; Steinmetz, W. R., Surg, U. S. A., Baltimore, Md.; Stephenson, W., Surg, U. S. A., Rock Springs, Wyo.; Stoner, G. W., Marine Hosp. Service; Stoner, James B., Marine Hosp. Service; Streets, Thos. H., U. S. N.; Strittn ater, X. P., Philadelphia, Pa.; Stryker, S. S., Philadelphia, Pa.; Stycr, Charles, A. A. Surg. Marine Hosp. Service; Swan, S. M., Johnstown, Pa.; Swett, John L., Newport, N. 11.
Taylor, L. 11., Wilkesbarre, Pa.; Taylor, W. E., U. S. N.;

Thayer, Alvin, Etie, Fa.; Thayer, W. H., Brooklyn, N. V.; Thompson, J. Ford, Washington, D. C.; Thompson, Wm., Little Rock, Ark.; Tipton, W. R., Las Vegas, N. M., \$2; Todd, F. Walton, Stockton, Cal.; Toner, J. M., Washington,

Vansant, John, U. S. Marine Hosp. Service; Vogler, G. W., Philadelchia, Pa., \$2; Voigt, C. H., Allegheny City, Pa.; Vol-

hum, E. P., Surg. U. S. A., San Antonio, Tex. Washington, W. A., Stockton, Cal.; Watkins, C., Little Washington, W.A. Stockton, Cal.; Watkins, C., Little Rock, Ark.; Watson, Irving A., Concord, N. H.; Watson, C. J., Watson, Iowa; Welch, W. B., Fayettville, Ark.; Wells, Howard, U. S. N.; Wharton, H. R., Philadelphia, Pa.; White, L. C., Van Buren, Ark.; Whiting, Robert, U. S. N.; Wilcox, T. E., Surg, U. S. A., Washington, D. C.; Williams, Arthur, Elkridge, Md.; Williams, E., Cincinnati, O., \$2; Williams, W. Elkridge, Md.; Williams, E., Cmenmati, O., \$2; Williams, W. H., Brooklyn, N. Y.; Wilson, J. C., Philadelphia, Po.; Wilson, Robt. T., Baltimore, Md.; Wilson, W. E., Denver, Col.; Winslow, G. F., U. S. N.; Woodhull, A. A., Surg. U. S. A., David's Island, N. V.; Woods, G. W., U. S. N.; Wright, J. P., Surg. U. S. A., San Antonio, Tex. Young, J. D., Stockton, Cal.; Young, J. K. Philadelphia, Pa.

sisting of Drs. E. Grissom, A. B. Palmer, and A.

This Committee subsequently reported that they had examined the vouchers and found the accounts

Dr. Jno. Morris, of Maryland, on behalf of Dr. Jas. M. Keller, Chairman of the Committee, read the

REPORT ON CREMATION

as follows:

The Committee on Cremation, appointed at the last

That no facts of a practical character, in addition to those so forcibly presented by the former Committee, Johnson, of Missouri, Chairman of the Section. have come to their notice during the year. A report made to the American Public Health Association at Toronto, last October, largely embodies the views of the Committee. In that report it is stated that it is only in the case of sudden and violent eruptions of disease or a great epidemic that the failure of the ordinary modes of burial can be realized or properly brought to the notice of the people. That as long as such outbreaks do not occur, no particular attention is given to the matter by the profession or the larty; treasury of the Association during the interval bethat inasmuch as cremation has not met with popular acceptance, a modified form of cremation, called by Liebig cremacaucus, might be adopted. This 319.45, leaving a balance in the treasury at this time looks to the adoption of municipal and State laws, compelling the use of destructive agents to bring about the rapid disintegration of the dead body. spectfully submitted. Caustic lime or chloride of zinc are especially fitted for this office. This process of immediate destruction of the dead body is particularly desirable in cases of persons dying of zymotic diseases. The asked an appropriation of \$10 to the Index Mediburial of persons dying by these diseases should be cus. On motion, this was granted. placed by law in the hands of the health authorities. The old fashioned triple coffin and vault should be of the Committee on Finance of the Ninth Internaentirely discarded. Earth to-earth burial should, as tional Medical Congress, asking aid. far as possible, be encouraged. As our cities increase, as our populations thicken, the evils of our ment was offered to make it \$1,000. This was adopted. present mode of burial will increase. In the end it will be discovered that cremation is the purest, safest means of escape from the evils incident to decomposition of the dead.

The report closed with the following resolution:

Resolved, That it is the judgment of the American Medical Association that the burial of all persons dying of zymotic diseases should be placed by law under the control of the health. authorities, and that in all such cases of disease chemical agents should be used by such authorities to bring about a rapid disintegration of the dead body.

The report was referred to the Section on State Medicine at the request of the special committee.

Dr. J. McF. Gaston, of Georgia, Chairman of the Special Committee on the

PREVENTION OF VELLOW FEVER BY INOCULATION,

offered the following:

WHEREAS, An appropriation has been made by Congress for investigating yellow fever inoculation, and an eminent bacteriologist has been appointed to examine the data presented in Mexico and Brazil,

Resolved, That it is desirable that two other members of the medical profession should be associated in this work, one having practical and clinical acquaintance with yellow fever, and the other being qualified to communicate with the population of the respective localities:

Resolved. That a committee of three be appointed by the President of this Association to communicate this action to President Cleveland, setting forth the grounds for such recom-

A motion by Dr. G. H. Rohé to lay it on the table was lost, and the resolutions were adopted. Rohé moved a reconsideration, which was lost.

On motion of Dr. N. S. Davis, it was agreed to of declination or death, to fill the vacancy. proceed with the regular order, as the By laws require that new and miscellaneous business of this Hospital Service at Washington, offered the followkind should be considered only on the first and fourth ing resolution, in relation to the investigation of the days of the session.

The Address in Obstetrics was read by Dr. F. M.

The Address in State Medicine was read by Dr. G. H. Rohé, of Maryland, Chairman of the Section.

The Address on Diseases of Children was read by Dr. J. S. Knox, of Illinois, Chairman of the Section. These addresses were referred for publication.

The Permanent Secretary read the

REPORT OF THE TREASURER.

I have the honor to report that the receipts to the tween the two annual meetings have amounted to the sum of \$21,723.22; the expenditures to \$20,of \$1,403.77. There is nothing further of interest to report or suggest at this time. All of which is re-RICHARD J. DUNGLISON,

Treasurer.

June 9, 1887.

He also read the report of the Librarian, which

He next read a communication from the Chairman

Dr. Davis moved to appropriate \$500. An amend-

Dr. Davis announced two resolutions which he asked should be considered on Friday morning. On motion of Dr. J. F. Hibberd, they were made the special order after the Addresses.

Dr. J. H. Hobart Burge, of Brooklyn, offered the following resolutions, which were adopted:

Resolved, That the Committees of Arrangements of the American Medical Association be expected hereafter to adopt efficient means to prevent conversation and loitering in the vestibule and all ante-rooms or the hall in which the general meetings of the Association are held.

Resolved, That it be the duty of the Permanent Secretary to place a copy of this resolution in the hands of each succeeding

Committee of Arrangements.

The Association adjourned until Friday, at 10 A.M.

FRIDAY, JUNE 10—FOURTH DAY.

The President called the Association to order at 10 A.M., and prayer was offered by Rev. W. H. Vibbert.

The Committee of Arrangements announced two charges against members; they were referred to the Jadicial Council.

The final report of the Nominating Committee was read. The following physicians were appointed to deliver addresses at the next meeting: On General Medicine, Dr. R. Beverly Cole, San Francisco, Cal.; Surgery, Dr. E. M. Moore, New York; Public Medicine, Dr. James L. Cabell, Virginia.

A committee consisting of Drs. J. M. Toner, Eugene Grissom, and Darwin Colvin, was appointed to notify those selected to deliver addresses, and in case

Surgeon General Hamilton, of the U.S. Marine prevention of vellow fever by inoculation:

George M. Sternberg, Surgeon U. S. Army, to proceed to registration officer shall provide for each registration table a Mexico and Brazil for the purpose of investigating the method there practiced for the prevention of yellow fever by inoculation;

WHEREAS, This report will be accompanied by photo-micographic illustrations of the appearance of the principal organs

of the body affected by yellow fever; therefore, be it

Resolved, That the Senate and House of Representatives be requested to cause such number of copies of Dr. Sternberg's report to be printed as may be needed by the profession of medcine of the United States; be it further resolved, that the resolution on this subject passed yesterday be resemded.

Dr. J. McF. Gaston objected that it was not in order. After some discussion, the previous question was demanded by the proper number. It was decided in the affirmative by a large vote, and the resolution of Dr. Hamilton was then adopted.

The Address on Dental and Oral Surgery was read

Section.

The Address on Medical Jurisprudence was read by Dr. I. N. Quimby, Chairman of the Section.

On motion of Dr. A. N. Bell, it was agreed that the Committees should be appointed as requested in tees for the publication of The JOURNAL, to enlarge and inthis Address.

The President appointed them as follows:

Criminality of Faticide and Measures for its Prevention-I. N. Quimby, N. J., W. B. Atkinson, Pa., W. H. Byford, Ill.

Duties Commonly Exercised by Coroners—H. O. Marcy, Mass, J. H. H. Burge, N. Y., W. W. Dawson, Ohio.

Dr. J. M. Toner reported that the necrological

notices had been published as before. The report of the Auditors was presented and ac-

cepted:

The undersigned, Auditing Committee of the ac-Association, and also of the Treasurer of the Board of Trustees, report that they have carefully examined the accounts of said officers, and find them correctly cast and properly vouched, and that the balances are as reported by said officers to the Association. In behalf of the Auditing Committee,

Alonzo Garcelon, Chairman.

Dr. Davis, of the Committee on Meteorological Investigations, etc., reported progress. On motion of Dr. Brodie, the report was accepted and the Committee continued.

Dr. Davis offered the following:

Resolved, That the regular graduates of such dental and oral schools and colleges as require of their students a standard of preliminary or general education, and a term of professional study equal to the best class of the medical colleges of this country, and embrace in their curriculum all the fundamental branches of medicine, differing chiefly by substituting practical and clinical instruction in dental and oral medicine and surgery, in place of practical and elimical instruction in general medicine and surgery, be recognized as members of the regular profession of medicine, and eligible to membership in this Association on the same conditions and subject to the same regulations as other members.

This was adopted by a large majority. Dr. N. S. Davis read the following:

Resolved, That the Committee of Airangements are hereby directed at each annual meeting of the Association, to so arrange the programmes regarding entertainments and receptions, cinnati. that the evening of the third day be reserved for a regular an-

WHEREAS. The President of the United States has appointed anual dinner under the following general regulations: The chief paper headed, "Annual Dinner of the American Medical Association," with two columns for names, one headed tickets without wines or liquors at a specified sum; the other tickets with wines, etc., at a specified sum; that each member when registering can have the opportunity to take a ticket for the dinner if he desires it, and can be entirely free to enjoy the dinner not only without using wines, but also without being required to assist in paying for that drank by others; while those who desire the addition of wines will enjoy the same liberty. It shall be the duty of the Committee of Arrangements to select a proper place for the dinner, to ascertain the cost per plate on the plan already indicated, that the price paid for the tickets will pay the entire cost of the dinner, leaving no part to be paid either by the local profession or by the Treasurer of the Association.

This was also adopted by a large majority.

Dr. A. H. Wilson, Mass., offered a resolution apby Dr. J. S. Marshall, of Illinois, Chairman of the propriating an honorarium of \$300 to the Permanent Secretary. After some discussion, Dr. Davis offered an amendment to strike out all after the word resolved, and insert the following:

> WHEREAS, It has been the unswerving policy of the Truscrease the value of THE JOURNAL as fast as the income of the

> Association will permit, therefore
>
> Resolved, That said Board of Trustees be a Standing Committee on Finance to which all propositions for the appropriation of money, made hereafter, shall be referred and reported upon before final action on the same by the Association.

> This was adopted. The vote was then taken on the resolution as amended, and it was adopted.

> Dr. D. J. Roberts offered a resolution on Medical Education, which, on motion of Dr. Brodie, was referred to the Section on State Medicine.

Dr. J. M. Toner offered a resolution that the Presidents of each State or Territorial Medical Society be an Honorary Vice-President of this Association. counts of the Treasurer of the American Medical On motion of Dr. D. J. Roberts, this was laid upon

> On motion of Dr. E. A. Wood, of Pa., the President was requested to appoint a committee of three to report on Dietetics. The President appointed as such committee Drs. E. A. Wood, of Pittsburgh, Pa., J. S. Whittaker, Cincinnati, O., and F. Woodbury, Philadelphia, Pa.

> Dr. T. E. Woodbridge, of Ohio, offered a resolution to appoint a committee to examine and report upon Sanitary Locations. On motion this was referred to the Section on State Medicine.

> The Permanent Secretary read a telegram from the President, Dr. A. Y. P. Garnett, thanking the Association for the honor conferred upon bim.

> On motion of Dr. Brodie, the thanks of the Association were tendered to the citizens and profession of Chicago, to Drs. R. N. Isham, N. S. Davis, C. Gilman Smith, and S. J. Jones, and to Mr. and Mrs. S. M. Nickerson and Mr. and Mrs. Rosenberg, and to the many who had so courteously invited the Association to enjoy their hospitalities, to the officers of the Association, and to all who had contributed to make this session a grand success.

> After some pleasant remarks from the retiring President, he declared the Association adjourned to meet on the second Tuesday of May, 1888, in Cin-WM. B. ATKINSON,

> > Permanent Secretary.

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